



CITY OF EUSTIS

APPLICATION FOR DESIGNATION OF HISTORIC DISTRICT

Office Use Only
Date Received: _____
File #: _____

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Work): _____ Phone (Home): _____

Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Work): _____ Phone (Home): _____

Recommended boundaries for the proposed historic district:

Justification for boundaries: _____

Explain how the proposed district meets at least two (2) of the criteria required for designation as a historic landmark or historic site as listed below:

1. Its value as a significant reminder of the cultural, historical, architectural, or archaeological heritage of the city, state, or nation.
2. Its location is the site of a significant local, state, or national event.
3. It is identified with a person or persons who significantly contributed to the development of the city, state, or nation.
4. It is indentified as the work of a master builder, designer, or architect whose individual work has influenced the development of the city, state, or nation.
5. Its value as a building is recognized for the quality of its architecture, and it retains sufficient elements showing its architectural significance.
6. It has distinguishing characteristics of an architectural style valuable for the study of a period, method of construction, or use of indigenous materials.
7. Its character is a geographically definable area or neighborhood possessing a significant concentration, or continuity of sites, buildings, objects, or structures united in past events, or united in culture, architectural style, or aesthetically by plan or physical development.
8. Its suitability for preservation or restoration.

Explanation: _____

(Attach additional pages as needed.)

APPLICATION SUBMITTAL REQUIREMENTS:

1. Attach petition containing the name, address, phone number, and signature of at least thirty percent (30 %) of the property owners within the proposed district according to the latest available tax rolls from the county property appraiser's office.
2. Attach list identifying all buildings, structures, and sites within the proposed historic district and the proposed classification of each as contributing or non-contributing with an explanation of the criteria utilized for the proposed classification.
3. Provide photographs indicating examples of contributing and non-contributing structures within the proposed historic district. The photographs must be clear (Polaroid type photographs are unacceptable) and be marked "contributing" or "non-contributing."
4. Attach design guidelines for proposed district. Design guideline for the proposed Historic District shall identify what actions would require a Certificate of Appropriateness. (See City of Eustis Code of Ordinances Section 46-163 for developing a taskforce).
5. Attach map showing recommended boundaries.
6. Attach a list showing names and addresses of all owners of real property in the City of Eustis within the boundaries of the proposed historic district and the alternate key numbers for the property within the boundaries of the land within the proposed historic district.

(Note: All applications shall be signed by the owner of a property within the proposed district, or some other duly authorized by the owner to sign. The authorization of a person other than the owner to sign must be attached to this application.)

OWNER'S AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF LAKE
CITY OF EUSTIS**

Before me, the undersigned authority personally appeared _____
who by me first duly worn on oath, deposes and says:

- 1) The he/she is the fee-simple owner of the following described property to-wit (give legal description—attach, if insufficient space) in the proposed historic district:

- 2) That he affirms and certifies that he understands and will comply with all Ordinances, Regulations, and Provisions of the City of Eustis, and that all statements and diagrams submitted herewith are true and accurate to the best of his knowledge; and further, that this Application and attachments shall become part of the Official Records of the City of Eustis, and are not returnable.

- 3) That he understands that upon passage of the historic district designation, the City Clerk shall cause the designating ordinance and the ballot certification to be recorded in the official records of the county at the expense of the applicant for the designation.

- 4) That he has appointed _____ to act as Agent on his behalf.
(If no agent is appointed, please complete the "APPLICANT'S AFFIDAVIT.")

(Owners Signature)

NOTARIZATION

The foregoing instrument was acknowledged before me this _____ day of _____
20____, by _____, who is personally known to me or
who has produced _____ as identification.

(Signature)

(Printed or Typed Name)

My Commission Expires: _____

Notary Serial # _____

APPLICANT'S AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF LAKE
CITY OF EUSTIS**

Before me, the undersigned authority personally appeared _____
who being by me first duly sworn on oath, deposes and says:

- 1) That he desires Historic District Approval for the following described neighborhood:
(give legal description—attach, if insufficient space)

- 2) That he affirms and certifies that he understands and will comply with all Ordinances, Regulations, and Provisions of the City of Eustis, and that all statements and diagrams submitted herewith are true and accurate to the best of his knowledge; and, further, that this Application and attachments shall become part of the Official Records of the City of Eustis, and are not returnable.

- 3) That he understands that upon passage of the historic district designation, the City Clerk shall cause the designating ordinance and the ballot certification to be recorded in the official records of the county at the expense of the applicant for the designation.

(Applicant's signature)

NOTARIZATION

The foregoing instrument was acknowledged before me this _____ day of _____
20____, by _____, who is personally known to me or
who has produced _____ as identification.

(Signature)

(Printed or Typed Name)

My Commission Expires: _____ Notary Serial # _____

