



**CITY OF ST AUGUSTINE  
HISTORIC ARCHITECTURAL REVIEW BOARD APPLICATION**

- OPINION OF APPROPRIATENESS**
- CERTIFICATE OF APPROPRIATENESS**

Application Fee: \$30.00

BDAC Project No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Meeting Date \_\_\_\_\_

PLEASE PRINT OR TYPE

1. NAME OF APPLICANT \_\_\_\_\_

Business (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone (required) \_\_\_\_\_ Other phone \_\_\_\_\_

2. NAME OF PROPERTY OWNER \_\_\_\_\_

Business (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone (required) \_\_\_\_\_ Other phone \_\_\_\_\_

3. PROJECT STREET ADDRESS \_\_\_\_\_

4. LEGAL DESCRIPTION OF PROPERTY

Lot \_\_\_\_ Block \_\_\_\_ Subdivision \_\_\_\_\_ Parcel Number \_\_\_\_\_

5. EXISTING USE \_\_\_\_\_ PROPOSED USE \_\_\_\_\_

6. PROPOSED PROJECT WORK

A. DEMOLITION (If historic architectural features will be permanently removed a Certificate of Demolition is required and must be heard simultaneous with this application for HP-1, 2 & 3.)

- Yes
- No

B. REHABILITATION WORK (check and specify all work items that apply)

- | <u>REPAIR</u>            | <u>REPLACE</u>           |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Roof _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Roof structures (dormers, chimneys, etc.) _____        |
| <input type="checkbox"/> | <input type="checkbox"/> | Exterior finishes (stucco, masonry, siding) _____      |
| <input type="checkbox"/> | <input type="checkbox"/> | Porch/Deck/Balcony _____                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Awning/Canopy _____                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Exterior doors _____                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Windows _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Shutters _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Foundation (including infill) _____                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Exterior lighting & other appurtenances _____          |
| <input type="checkbox"/> | <input type="checkbox"/> | Existing fences, walls & gates _____                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Existing parking, walkways & other site features _____ |

C. NEW CONSTRUCTION (check and specify all work items that apply)

- New building \_\_\_\_\_
- New addition \_\_\_\_\_
- New roof structures (e.g. dormers, chimneys, etc.) \_\_\_\_\_
- New porch/deck/balcony \_\_\_\_\_
- New awning/canopy \_\_\_\_\_
- New entrances \_\_\_\_\_
- New window openings/sashes \_\_\_\_\_
- New exterior lighting \_\_\_\_\_
- New fence/wall/gate \_\_\_\_\_
- New parking/walkways/other site features \_\_\_\_\_
- Exterior utility service/mechanical equipment \_\_\_\_\_

D. PAINT COLORS (check one)

- Scheme with pre-approved paint colors (exterior colors available upon request)
- Custom color scheme (provide color samples & building elevations showing color placement)
- No painting associated with proposed project

7. OTHER INFORMATION FOR ACTION REQUESTED (attach additional pages if necessary)

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8. AGREEMENT

If the applicant is different than the property owner, the application must be signed by both parties. A letter of authorization signed by the property owner must be submitted in absence of the property owner's signature or where an authorized agent signs in lieu of the property owner.

*In filling out this application, I understand that it becomes part of the Public Record of the City of St. Augustine and hereby certify that all information contained herein is accurate to the best of my knowledge.*

*I further understand that if this application is for an Opinion of Appropriateness, I must still obtain a Certificate of Appropriateness before project work can begin. If this application is for a Certificate of Appropriateness and it is approved, I am required to obtain other development approvals, archeological review, and a building permit as necessary prior to starting project work.*

PRINT APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

PRINT OWNER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER \_\_\_\_\_

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Florida Statute 286.0105 states that a person appealing any decision by this board at any meeting regarding this application may need a verbatim record of the proceedings which includes testimony and evidence upon which the appeal is to be based.

**COMPLETENESS REVIEW CHECKLIST**

A Certificate of Appropriateness application and related plans shall be submitted for review and approval by the Historic Architectural Review Board for exterior alterations and new construction associated with any building in designated historic preservation zoning districts (HP-1 through HP-5). In addition, a Certificate of Appropriateness shall be required for any proposed work on buildings immediately adjacent and in view of historic preservation zoning districts HP-1, HP-2, and HP-3. All proposed work items shall be reviewed for consistency and compliance with the 1997 edition of the *Architectural Guidelines for Historic Preservation, City of Saint Augustine, Florida*. Copies of this document are available for a fee upon request.

Relevant information necessary for Certificate of Appropriateness review shall include but not be limited to the following items depending on the scope and scale of the project:

❖ General information:

OK Need N/A

- A clear and detailed description of all proposed construction
- Floor plans and elevations for all proposed construction
- Wall sections
- Paint colors not pre-approved (include paint chips or samples) and locations
- Photographs of existing conditions before construction begins

❖ Complete site plan of the property showing locations of:

OK Need N/A

- All structures and buildings
- Required yards
- Required parking, driveways, loading zones and dumpster locations
- Walkways
- Fences/Walls/Gates
- Landscaping areas (both perimeter and interior)
- Location of exterior mechanical equipment and screening, if needed
- Storm drainage retention areas
- Trees to be removed or retained (3 inches or larger at d.b.h. by species)

❖ Detailed drawings and/or specifications for the following:

OK Need N/A

- Roofs and roofing
- Roof structures
- Exterior finishes, trim and other ornamentation
- Porch/Deck/Balcony
- Awning/Canopy
- Doors including hardware
- Windows including hardware
- Shutters including hardware
- Foundation including infill
- Exterior Lighting
- Fence/Wall/Gate

❖ Other details necessary for review:

- \_\_\_\_\_
- \_\_\_\_\_

Reviewed by: _____	Date: _____
Meeting Date: _____ 2:00 PM, Alcazar Room of City Hall	