



CITY OF DADE CITY

Proud Heritage. Promising Future.

HISTORICAL PRESERVATION ADVISORY BOARD

APPLICATION FOR BOARD REVIEW

PROJECT INFORMATION

SUBJECT PROPERTY ADDRESS:

PARCEL ID NUMBER(S):

CONTACT INFORMATION

PROPERTY OWNER:

FIRM:

ADDRESS:

NUMBER(S): _____ PHONE _____
EMAIL: _____

PETITIONER:

FIRM:

ADDRESS:

PHONE NUMBER(S): _____ EMAIL: _____

Established 1889

P.O. BOX 1355 • 38020 MERIDIAN AVENUE • DADE CITY, FL 33526-1355 • (352) 523-5050 FAX (352) 521-1422

AUTHORIZED AGENT:

FIRM:

ADDRESS:

PHONE NUMBER(S): EMAIL:

NOTE THE FOLLOWING REQUIREMENTS

1. DESCRIPTION OF WORK (Sketch Elevation Required)

2. MATERIALS TO BE INCORPORATED INTO PROJECT (Paint Color, Etc.)

the petition, including, but not limited to advertisement fees and consultant review fees as well as future required development fees, permit fees, impact fees and other review process fees.

SUBMITTED BY (FIRM):

SIGNATURE: OWNER SIGNATURE:

PRINT NAME: PRINT NAME:

DATE: DATE:

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

STATE OF FLORIDA

COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this () day of (), (),
Date Month Year
by ()

Established 1889

Signature

(NOTARY SEAL) (Signature of Notary Public-State of Florida)
(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Established 1889

P.O. BOX 1355 • 38020 MERIDIAN AVENUE • DADE CITY, FL 33526-1355 • (352) 523-5050 FAX (352) 521-1422