

**Application Package  
DEMOLITION of Florida Master Site File Structures**

APPLICATION NUMBER \_\_\_\_\_ - **FMSF** - \_\_\_\_\_  
(FOR OFFICIAL USE ONLY)

DATE RECEIVED BY NEIGHBORHOOD AND DEVELOPMENT SERVICES DEPARTMENT: \_\_\_\_\_



# Historic Preservation

## DEMOLITION Florida Master Site File Structures APPLICATION PACKAGE

# Application Package

## DEMOLITION of Florida Master Site File Structures

### Applicability:

Demolition of FMSF structures require either Staff or Historic Preservation Board approval prior to issuance of a demolition permit if the building(s) or structure(s) is potentially eligible for consideration by the National Register of Historic Places, historic designation by the City of Sarasota, or as a contributing building to a historic district.

### Application and Approval Process:

- 1. Building Permit for Demolition Application, Completeness Review:** Applicants should submit the required forms for a building permit for demolition to the Neighborhood and Development Services Department. The applicant should be sure that a complete set of documents, including a narrative description of the measures taken to avoid, minimize or mitigate the adverse effect to the historic resource, is submitted. The Neighborhood and Development Services Department will refer the completed Building Permit for Demolition Application to the Historic Preservation staff and/or Historic Preservation Board for review.
- 2. Florida Master Site File Structure Demolition Application:** Applications for demolition of Florida Master Site File structures are to be filed with the Neighborhood and Development Services Department. Please see the attached Submission Requirements Check List - FMSF Demolition.
- 3. Completeness Review:** Upon receipt of a FMSF Demolition Application the Neighborhood and Development Services Department will review the application for completeness and may request additional information from the applicant.
- 4. Historic Review:** If upon a historic review of the structure by staff it is determined the FMSF structure is non-contributing or is not eligible for either local or national designation, the Director of Neighborhood and Development Services may authorize demolition of the non-contributing structure.
- 5. Historic Preservation Board Action:** Structures that are determined by staff's historic review to be contributing to a Historic District or individually eligible for Local or National Designation require approval by the majority vote of the Historic Preservation Board.
- 6. Agenda Deadline for the Historic Preservation Board:** Applications for Demolition - FMSF Structures must be filed twenty-one (21) days prior to the Board meeting at which the applicant desires to present the proposed application. The Board normally meets on the second Tuesday of each month.

## Application Package DEMOLITION of Florida Master Site File Structures

7. **Historic Preservation Action:** The Historic Preservation Board will hold a public review on each application for Demolition of FMSF Structures. The applicant, or the legal agent of the applicant, must attend the Historic Preservation Board Meeting to explain the request to the Board. Following the Historic Preservation Board review, the Board may grant, grant with conditions, or deny the Application for Demolition.
  
8. **Certificate of Approval:** After the Board grants approval, or approval with conditions, the Neighborhood and Development Services Department will issue a FMSF Structure Demolition Approval to Permitting staff. A copy of the Certificate of Approval for FMSF Structure demolition will be issued to the applicant with the demolition permit.

### **Attachments:**

- Application Form - Demolition of FMSF Structure
  
- Submission Requirements Checklist - Demolition of FMSF Structure
  
- Demolition Questionnaire
  
- Special Power of Attorney Affidavit Forms

### **Further Information:**

When materials from the structure to be demolished require re-used the applicant should contact salvage organizations. For further information call Dr. Clifford Smith of the Neighborhood and Development Services Department at (941) 365-2200 Ext. 4361.

# Application Package DEMOLITION of Florida Master Site File Structures

## Submission Requirements Checklist – Demolition Historic Structure(s)

| <b>Submission Requirements</b>  |  | Please Check             |
|---|--|--------------------------|
| <b>NOTE: All items are to be folded to approximately 8 ½ X 11” size, collated and assembled into complete sets.</b> |  |                          |
|   | Original and two (2) copies of this FMSF Structure - Demolition Application Package. <i>(Includes checklist, application form, and questionnaire)</i>  | <input type="checkbox"/> |
|   | Original and two (2) copies of the Special Power of Attorney Affidavit. <b>[If applicable].</b>  | <input type="checkbox"/> |
|   | Demolition documents submitted with a Building Permit Application for Demolition, which have been reviewed for completeness by the Building Division, including: <ul style="list-style-type: none"> <li>○ Ten (10) complete sets of demolition plans, no larger than 11 x 17 in size.</li> <li>○ Original and two (2) copies of a written, detailed description of the scope of work.</li> </ul> | <input type="checkbox"/> |
|   | Three (3) sets of photographs showing all elevations of the existing structure(s), plus the structure(s) relationship to the site.<br><i>(Digital Photographs on CD are acceptable)</i>  | <input type="checkbox"/> |

**I HEREBY CERTIFY THAT THE INFORMATION STATED IN THE ATTACHED APPLICATION FOR CERTIFICATE OF APPROPRIATENESS IS TRUE AND CORRECT.**

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*(Signature)*

**Application Package**  
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**Approval Application for a Florida Master Site File Structure - DEMOLITION**

1. Type of Structure to be Demolished: \_\_\_\_\_

2. Site Address: \_\_\_\_\_

3. Tax PIN #: \_\_\_\_\_ Existing Zoning: \_\_\_\_\_

4. Legal Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Check if Attached)

5. List item(s) to be Permitted:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Representative's Name: \_\_\_\_\_

Check if Representative/Agent (requires a Special Power of Attorney, see attached form)

a. Mailing address: \_\_\_\_\_  
(Street number and name, city, and zip code.)

b. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

7. Owner(s) Name: \_\_\_\_\_

a. Mailing address: \_\_\_\_\_  
(Street number and name, city, and zip code)

b. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

8. Owner's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

9. Agent's Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

**Application Package**  
**DEMOLITION of Florida Master Site File Structures**

**QUESTIONNAIRE**

PLEASE PRINT OR TYPE - If insufficient space is provided, please attach your response and any supplemental materials or explanation.

**Compliance with the Land Development Regulations, Section IV-824 b**

In approving the issuance of a demolition permit, the Historic Preservation Board will consider the criteria listed in the City of Sarasota Land Development Regulations, Section IV-824 b, Demolition Stay - Florida Master Site File Structures (see below).

**Please explain how the proposed demolition will comply with each of the criterion listed below.**

1. The historic or architectural significance of the building or structure.

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2. The importance of the building or structure to the ambiance of a district, if applicable.

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3. Whether salvage of elements of building or structure because of their design, texture, material, or detail is possible.

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**Application Package  
DEMOLITION of Florida Master Site File Structures**

4. The future utilization of the site.

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5. Whether documentation of the building or structure can be or has been completed.

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6. Whether the building or structure could be moved to a different location, considering its physical condition, its current location and whether the anticipated expense of the move would be economically feasible.

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**Application Package**  
**DEMOLITION of Florida Master Site File Structures**

**SPECIAL POWER OF ATTORNEY AFFIDAVIT (NOT CORPORATION)**

**STATE OF FLORIDA**  
**COUNTY OF SARASOTA**

This \_\_\_\_\_ day of \_\_\_\_\_  
I, \_\_\_\_\_ of, \_\_\_\_\_  
the owner contract purchaser of \_\_\_\_\_  
(describe zoning lot(s) by address and tax PIN number and attach legal description) make, constitute,  
and appoint \_\_\_\_\_  
of \_\_\_\_\_(insert address), my true and lawful attorney-in-fact,  
and in my name, place and stead giving unto said \_\_\_\_\_  
full power and authority to do and perform all acts and make all representations necessary, without any  
limitations whatsoever, to make application for said Certificate of Appropriateness-Demolition  
Application.

The right, powers, and authority of said attorney-in-fact herein granted shall commence and be in full  
force and effect on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and shall remain in full force and effect  
thereafter until actual notice, be certified mail, return receipt requested is received by the City of  
Sarasota Planning & Development Division stating that the terms of this power have been revoked or  
modified.

\_\_\_\_\_  
**Signature - Owner/Contract Purchaser (circle one)**

**Print Name:** \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF SARASOTA**

The foregoing Special Power of Attorney Affidavit was acknowledged before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ who is personally known to me  
or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
State of Florida at Large

My commission expires: \_\_\_\_\_



**Application Package**  
**DEMOLITION of Florida Master Site File Structures**

**SPECIAL POWER OF ATTORNEY AFFIDAVIT (CORPORATION)**

STATE OF FLORIDA  
COUNTY OF SARASOTA

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I, \_\_\_\_\_ as  
\_\_\_\_\_ (title of officer) of \_\_\_\_\_ (name of corporation),  
a \_\_\_\_\_ (state of incorporation) corporation, on behalf of the corporation as  
the owner contract purchaser of \_\_\_\_\_ (describe zoning lot(s)  
by address and tax PIN number and attach legal description) make, constitute, and appoint  
\_\_\_\_\_ of \_\_\_\_\_ (insert  
address), my true and lawful attorney-in-fact, and in my name, place and stead giving unto said  
\_\_\_\_\_ full power and authority to do and  
perform all acts and make all representations necessary, without any limitations whatsoever, to make  
application for said Certification of Appropriateness–Demolition Application.

The right, powers, and authority of said attorney-in-fact herein granted shall commence and be in full  
force and effect on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and shall remain in full force and effect  
thereafter until actual notice, be certified mail, return receipt requested is received by the City of  
Sarasota Planning & Development Division stating that the terms of this power have been revoked or  
modified.

\_\_\_\_\_  
Name of Corporation

By: \_\_\_\_\_  
(Signature)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF SARASOTA

The foregoing Special Power of Attorney Affidavit was acknowledged before me this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ (title of officer) of  
\_\_\_\_\_(name of corporation), on behalf of the corporation. He/she is  
personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
State of Florida at Large

My commission expires: \_\_\_\_\_