# Hillsborough County Historic Preservation Matching Grant Application

Planning & Growth Management, 601 E. Kennedy Blvd., 20th Floor, P.O. Box 1110 Tampa, FL 33601  
Phone: (813) 276-5920  Fax: (813) 276-8583

<table>
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<th>Application #</th>
<th>Date Submitted</th>
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Name of Owner/Applicant: _____________________________  Phone: ____________
Name of Co-Owner/Co-Applicant: ________________________  Phone: ____________
Mailing Address: ___________________________________

Name of Property (if applicable): ______________________
Property Address: ___________________________________
Legal Description: Block(s):  Lot(s):  Subdivision: 

Folio Number: ______________________

Project Type:
- ☐ Restoration of building exterior
- ☐ Structural or site stabilization
- ☐ Electrical, mechanical, and plumbing upgrades/repairs
- ☐ Preventative maintenance, including termite damage
- ☐ Other, as approved by the HRRB on an individual basis

Estimated Project Cost: $ ________  Requested Amount of Grant Fund: $ ________

Attach the following items:
- ☐ Photos of main façade
- ☐ Detail photos of area to undergo improvements
- ☐ Site plan
- ☐ Architectural/engineering drawings and specifications
- ☐ Written contract and cost estimate for work
- ☐ Proof of insurance
- ☐ Proof of financial resources
- ☐ Proof of not-for-profit status, for non-residential properties

By signing below, the undersigned hereby agree(s) that if awarded, this grant shall be used for the restoration of his/her Historic Landmark designated property located within Unincorporated Hillsborough County in accordance with the plans and scope of work reviewed and approved by the County. The undersigned further agree(s) to match 100% of the requested amount of the grant awarded and to provide proof of same, and acknowledges that execution of a Historic Preservation Grant Award Agreement by the undersigned and Hillsborough County will be required.

**Owner/Applicant** (required)  Date

**Co-Owner/Co-Applicant** (required)  Date
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Description of the project for which the matching grant fund is requested:

________________________________________________________________________
________________________________________________________________________
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Owner’s description of his/her financial resources for the required matching fund:

________________________________________________________________________
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Reasons for action taken:

- Application meets the criteria
  Explanation: ____________________________________________
  ____________________________________________
  ____________________________________________

- Application does not meet the criteria
  Explanation: ____________________________________________
  ____________________________________________
  ____________________________________________
  ____________________________________________