

# 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

Application # _____	Date Submitted _____
Name of Owner/Applicant: _____ Phone: _____	
Name of Co-Owner/Co-Applicant: _____ Phone: _____	
Mailing Address: _____	
Name of Property (if applicable): _____	
Property Address: _____	
Legal Description: <u>Block(s):</u> _____ <u>Lot (s):</u> _____ <u>Subdivision:</u> _____	
Folio Number: _____	
Project Type:	
<input type="checkbox"/> Restoration of building exterior <input type="checkbox"/> Structural or site stabilization <input type="checkbox"/> Electrical, mechanical, and plumbing upgrades/repairs <input type="checkbox"/> Preventative maintenance, including termite damage <input type="checkbox"/> Other, as approved by the HRRB on an individual basis	
Estimated Project Cost: \$ _____ Requested Amount of Grant Fund: \$ _____	
Attach the following items:	
<input type="checkbox"/> Photos of main façade <input type="checkbox"/> Detail photos of area to undergo improvements <input type="checkbox"/> Site plan <input type="checkbox"/> Architectural/engineering drawings and specifications <input type="checkbox"/> Written contract and cost estimate for work <input type="checkbox"/> Proof of insurance <input type="checkbox"/> Proof of financial resources <input type="checkbox"/> Proof of not-for-profit status, for non-residential properties	
<p>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.</p>	
<b>Owner/Applicant</b> (required) _____	Date _____
<b>Co-Owner/Co-Applicant</b> (required) _____	Date _____

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<b>Description of the project for which the matching grant fund is requested:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<b>Owner's description of his/her financial resources for the required matching fund:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

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<b>FOR OFFICE USE</b>	
<b>Application #</b> _____	<b>Date Submitted</b> _____
<b>ACTION TAKEN</b>	<b>DATE</b>
<input type="checkbox"/> Reviewed	_____
<input type="checkbox"/> Approved	_____
<input type="checkbox"/> Not approved	_____
Reasons for action taken:	
<input type="checkbox"/> Application meets the criteria	
Explanation: _____	
_____	
_____	
<input type="checkbox"/> Application does not meet the criteria	
Explanation: _____	
_____	
_____	
_____	