

HISTORIC PRESERVATION PROPERTY TAX EXEMPTION  
PART 2 - REQUEST FOR REVIEW OF COMPLETED WORK

**INSTRUCTIONS:**

Upon completion of the restoration, rehabilitation or renovation, return this form with photographs of the completed work (both exterior and interior views for the buildings) to the Historic Preservation Division. These photographs must provide a comprehensive description of the completed work. They should be the same views as the *before* photographs included in the Preconstruction Application. The final recommendations of the Historic Preservation Division with respect to the requested historic preservation property tax exemption is made on the basis of the descriptions in this Request for Review of Completed Work.

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**PROPERTY IDENTIFICATION AND LOCATION**

Property Identification Number: \_\_\_\_\_

Address of Property: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

**DATA ON RESTORATION, REHABILITATION OR RENOVATION PROJECT**

Project starting date: \_\_\_\_\_

Project completion date: \_\_\_\_\_

Estimated cost of entire project: \_\_\_\_\_

Estimated costs attributed solely to work on historic buildings: \_\_\_\_\_

**OWNER ATTESTATION**

I hereby apply for the historic preservation property tax exemption for the restoration, rehabilitation or renovation work described above and in the Preconstruction Application for this project which received approval on \_\_\_\_\_. I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed project conforms to the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings, and is consistent with the work described in the Preconstruction Application. I also attest that I am the owner of the property described above or, if the property is not owned by an individual, that I am the duly authorized representative of the owner. Further, by submission of this application, I agree to allow access to the property by representatives of the Historic Preservation Division and appropriate representatives of the governments from which the exemption is being requested, for the purpose of verification of information provided in this application. I understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the governments granting the exemption in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption. I also understand that falsification of factual representations in this application is subject to criminal sanctions pursuant to the Laws of Florida.

\_\_\_\_\_  
Name Signature Date

*Complete the following if signing for an organization or multiple owners:*

\_\_\_\_\_  
Title Organization Name

Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_