

Official Use Only
Submittal Date:
HPS Sufficiency Date:



Official Use Only
Application Number:
JHPC Hearing:

REHAB Special Revenue Fund Grant Application

City of Jacksonville, Florida
Historic Preservation Section
Planning Department

Eligibility Criteria (Official Use Only)		
Is the building located within Jacksonville but outside of the Downtown Area, as defined in Section 55.105, Ordinance Code? <input type="radio"/> Yes <input type="radio"/> No		
Pursuant to Section 307.102(s), Ordinance Code, is the property architecturally or historically significant? <input type="radio"/> Yes <input type="radio"/> No		
Local Historic Designation:		
<input type="checkbox"/> Local Landmark _____	<input type="checkbox"/> Local Historic District	
<input type="checkbox"/> Declared a "Potential Landmark" _____	<input type="radio"/> Contributing	<input type="radio"/> Non-Contributing
Building Use:		
<input type="checkbox"/> Non-Residential Income Producing _____		
<input type="checkbox"/> Mixed-Use _____		
<input type="checkbox"/> Not-for-Profit Corporation _____		
Date of Construction:	Pre-Application Meeting:	HPS Staff Initials:

Part I: Critical Endangerment Review	
Property Information	
1. Historic Name (If Applicable):	2. Other Names (If Applicable)
3. Property Address(es):	4. Real Estate Number(s):
5. Date(s) of Construction:	6. Current Building Use:
7. Proposed Building Use:	
<input type="checkbox"/> Non-Residential Income-Producing: _____	
<input type="checkbox"/> Mixed-Use Income-Producing: _____	
<input type="checkbox"/> Owned by a Not-for-Profit Corporation: _____	

9. Is this repair and/or restoration a response to a code violation citation? If so, please specify the nature of the violation(s).
10. Have you previously been approved for City funding for the rehabilitation of this property? If so, when and for what amount?

Owner's Information (Please list all owners if more than one)	
9. Name(s):	10. Email(s):
11. Address(es) (including city, state, zip)	12. Preferred Telephone:

Applicant's Information (If different from owner)	
13. Name:	14. Email:
15. Address (including city, state, zip)	16. Preferred Telephone:

Critically Endangered Criteria

Ordinances 2023-0316 and 2024-0847, provides that, with respect to action upon the REHAB Special Revenue Fund Grant Application, the Historic Preservation Commission shall first determine whether, based upon the best available evidence, the property does or does not meet the criteria for critical endangerment. Such a determination shall be made by a vote of the Commission and shall be accompanied by a report stating the findings of the Commission concerning the relationship between the property and the criteria for potential designation set forth below. As such, **the Commission shall consider the following criteria:**

- (1) Evidence of a physical threat of loss, damage, or neglect.*
- (2) If the building is currently vacant.*
- (3) The building's susceptibility to development pressures or natural disasters.*
- (4) The building's suitability for preservation or rehabilitation.*
- (5) Any other criteria the JHPC may consider relevant.*

Statement of Endangerment

17. Given the aforementioned criteria by which the grant application will be reviewed, please describe how the building does or does not meet the criteria for critical endangerment. Provide as much information as you can. You may also attach a separate sheet, if necessary.

<p><i>(1) Evidence of a physical threat of loss, damage, or neglect.</i></p>	
<p><i>(2) If the building is currently vacant.</i></p>	
<p><i>(3) The building's susceptibility to development pressures or natural disasters.</i></p>	
<p><i>(4) The building's suitability for preservation or rehabilitation.</i></p>	
<p><i>(5) Any other criteria the JHPC may consider relevant.</i></p>	

Required Attachments (see Ordinance 2024-0847 and its associated Guidelines for details)

The following attachments must be included with submittal of the application.

- COA Application (Tracking Number: H -__ -__-__ -__-__)
- Proof of Property Ownership
- Rehabilitation Plan (Brief Summary of How the Funds Will Be Used to Rehabilitate the Building)
- Detailed Construction Budget (Spreadsheet with Costs Broken Down per Each Applicable Line Item)
- Evidence of Any City Nuisance Liens and/or Administrative Fines Being Closed (Notarized Letter)
- Evidence of Applicable Taxes Current (Notarized Letter)
- Evidence of Relevant Contractor Experience and Performance on Projects of Similar Type and Scale
- Proof of Contributing Structure or Landmark Status
- Evidence of 501(c)(3) tax exemption status (Not-for-Profit Corporations Only)

Authorization and Acknowledgment

I have read and reviewed my application. I understand that my application will not be deemed sufficient until all of the requested information has been supplied.

- I understand that prior to application submittal, a pre-application meeting with the Planning Department and/or the Downtown Investment Authority (DIA) and the Office of Economic Development (OED) is required.
- I am also aware that any proposed improvements that affect the exterior of the building including any alterations, new construction, demolition and relocation, will require a consistency review through a Certification of Appropriateness (COA) application. Depending on the scope of work, the COA can either be reviewed administratively or by the Commission.
- I understand that I will be notified of the date and place of any public meetings at which the referenced building will be considered by the Jacksonville Historic Preservation Commission for critical endangerment status. I understand that the owner and/or authorized agent should be present at all public hearings; otherwise, the application will be deferred. I understand Staff will issue the required public notice sign(s), which must be posted on the property at least fourteen (14) working days prior to the Commission meeting. It will be my responsibility to post and maintain the sign(s) until a determination has been made by the Commission.
- If my building is declared by the Commission as critically endangered, I understand that my application will be forwarded to the Downtown Investment Authority (DIA) and/or the Office of Economic Development (OED) for financial review. If the Commission decides not to declare my building as critically endangered, I understand that my grant application will be ineligible for funding.

- I have read and reviewed Ordinances 2023-316 and 2024-847 and the amended REHAB Special Revenue Fund Guidelines.
- I have read and reviewed my application. I understand that my application will not be deemed sufficient until all of the requested information has been supplied.

I hereby certify that I have read and understand the information contained in this application, that I am the owner or authorized agent for the owner with authority to make this application, and that all of the information contained in this application, including the attachments, is true and correct to the best of my knowledge.

Owner(s)	Applicant or Agent (if different than owner)
Print name: _____	Print name: _____
Signature: _____	Signature: _____
Print name: _____	<i>*The attached agent authorization letter is required if the application is made by any person other than the property owner.</i>
Signature: _____	

Submittal

This application must be typed or printed in ink and submitted along with the required attachments.

Digital applications can be submitted via email using: HistoricPreservation@coj.net

Paper applications can be submitted via mail using:

Historic Preservation Section
 Planning Department
 214 North Hogan Street, Suite 300
 Jacksonville, Florida 32202
 (904) 255-7800

AGENT AUTHORIZATION FORM

City of Jacksonville, Florida
Historic Preservation Section
Planning Department

Property Address(es): _____

Real Estate #(s): _____

To Whom it May Concern:

You are hereby advised that _____, as
(Printed name of PROPERTY OWNER)
_____ of _____,
(Title of PROPERTY OWNER) (Printed of COMPANY)

hereby certify that said undersigned is the Owner of the referenced property. Said owner hereby authorizes and empowers _____ to act as agent to file application(s) for _____ for the above (i.e., Demolition Review Permit, Local Landmark Designation) referenced address(es) and in connection with such authorization to file such applications, papers, documents, requests and other matters necessary for such requested change as submitted to the Jacksonville Planning Department.

(Signature of PROPERTY OWNER)

Date:

**STATE OF FLORIDA
COUNTY OF DUVAL**

Sworn to and subscribed and acknowledged before me by means of [] physical presence or [] online notarization, this _____ day of _____ 20____, by _____, who is personally known to me or who has produced _____ as identification and who took an oath.

(Signature of NOTARY PUBLIC)

(Printed name of NOTARY PUBLIC)

State of Florida at Large.

My commission expires: _____