TLCPD

Tallahassee-Leon County Planning Department

City of Tallahassee APPLICATION FOR INITIATION OF HISTORIC PRESERVATION DISTRICT VIABILITY STUDY

The undersigned, owner(s) of the hereinafter-described property, hereby petitions the City of Tallahassee for the initiation of a viability study for historic district designation:

Property Owner(s) within proposed district boundaries:

_____

_____

_____

Address(es):

_____

_____

_____

City _____ **State** _____ **Zip Code** _____

Phone: _____ **Email:** _____

Recommended boundaries for the proposed historic district (list of streets fronting outer limits of district):

_____

_____

_____

_____

_____

Justification for boundaries (e.g., original phase, unit, pod, etc. of plat):

_____

_____

_____

_____

_____

_____ _____

Planner **Property Owner(s)**

Date Stamp

Explain how the proposed district meets the criteria of Section 10-318 (a) of the Tallahassee Land Development Code to be listed on the local register as listed below:

1. It possesses integrity of location, design setting, materials, workmanship, feeling and association and;

   _____
   _____
   _____
   _____
   _____

2. It consists of a geographically definable area that possesses a significant concentration of sites, buildings or structures united by historically significant past events or aesthetically by plan or physical development, whose components may lack individual distinction.

   _____
   _____
   _____
   _____
   _____

TLCPD

Tallahassee-Leon County Planning Department

City of Tallahassee

PETITION FOR INITIATION OF HISTORIC DISTRICT STUDY

We the undersigned property owners of properties located within the boundaries of the proposed district on the attached map hereby petition the City of Tallahassee through the Tallahassee-Leon County Planning Department pursuant to City of Tallahassee Code of Ordinances Section 10-319 that the proposed district be considered for initiation of a viability study for Historic District designation.

Name	Address	Email	Phone	Signature

Date Stamp

Name	Address	Email	Phone	Signature

Date Stamp

Name	Address	Email	Phone	Signature

(Attach additional pages as needed.)

Date Stamp