

**HISTORIC ARCHITECTURAL REVIEW COMMISSION
CITY OF KEY WEST**

**AFFIDAVIT
QUALIFICATION FOR ECONOMIC HARDSHIP CONSIDERATION
FOR**

**APPLICANTS SEEKING APPROVAL OF SUBSTITUTION OF ALTERNATIVE
BUILDING MATERIALS FOR HISTORIC OR TRADITIONAL MATERIALS
UNDER SECTION 102-190**

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Pursuant to the intent of Chapter 102- Historic Preservation- Division 2 Economic Hardship of the City of Key West Code of Ordinances, this affidavit is required from owners of buildings located in any of the following areas:

- (1) In the historic preservation districts of the city;
- (2) In tidal waters contiguous to and within 600 feet of the historic preservation districts;
- (3) In a location so as to directly affect any building, structure or property listed in the city historic sites survey as may be amended from time to time and the National Register of Historic Places; or
- (4) Within a building, structure, archaeological site or district classified as contributing on the city historic preservation survey.

Owners within the preceding areas who seek relief from potential economic hardship resulting from application of the Architectural Design Guidelines of the City of Key West shall use this affidavit affirmed by a notary public and return it at least fifteen days prior to the historic architectural review commission public hearing where the request will be reviewed. The Historic Architectural Review Commission **may** allow the substitution material.

**Part I
Applicant's information**

Applicant's name (s): _____

Applicant's address: _____

Phone number: _____

Proposed project address

**Part II
Proposed project information**

Certificate of Appropriateness number

Material or product substitution proposed:

**Material or product required by the Architectural Design Guidelines
of the City of Key West:**

Approximate cost difference or amount of savings:

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Part III

Personal statement

The applicant must comply with one of these three categories

I _____ certify that I meet **one or more** of the following criteria for undue economic hardship as defined in Section 102-186 (2) of the City of Key West Code of Ordinances.

Please select all applicable criteria

_____ (1) I am currently receiving fixed income benefits such as;
_____ a. Social Security
_____ b. Aid to families with dependent children
_____ c. Private pension benefits
_____ **and** my total household income is below 80 percent of the median income for the city.

OR _____ (2) I am currently receiving assistance through one the following;
_____ a. The Mayor's revolving loan fund
_____ b. Rental rehabilitation program
_____ c. Other program which is income-indexed and which provides for physical improvements to the subject property-Name of the program

OR _____ (3) My corporation currently has tax-exempt status as a nonprofit corporation under section 501(c)(3) of the Internal Revenue Code

As part of this affidavit I am **submitting documentary evidence of assistance received** of the applicable criteria for which I am requesting an undue economic hardship. **This affidavit consists of three parts**, applicant's information, proposed project information and personal statement, all of them filled; and _____ (number of documents) described as _____

_____ (title of document (s)), attached as proof of evidence.

Applicant's Signature _____ Date _____

STATE OF _____
COUNTY OF _____

SWORN AND SUBSCRIBED before me this ____ day of _____, 20_____,
by _____ . Personally known
_____ or produced _____ as identification.
Notary Public State of _____

Notary Signature _____
Printed Name _____
Commission number _____

Seal: