

HISTORIC ARCHITECTURAL REVIEW COMMISSION 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



City of Key West

1300 White Street
Key West, Florida 33040

HARC COA#
INITIAL & DATE RECEIVED

ADDRESS OF PROPOSED PROJECT:

NAME ON DEED:

PHONE NUMBER

APPLICANT NAME:

PHONE NUMBER

APPLICANT'S ADDRESS:

EMAIL

APPLICANT'S SIGNATURE:

DATE

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 to the city historic preservation survey.

Owners within the preceding areas who seek relief from potential economic hardship resulting from application of the Historic Architectural Guidelines of the City of Key West shall use this affidavit affirmed by a notary public and return it to HARC Staff. If it does not meet the criteria, it will be submitted to the next available Historic Architectural Review Commission agenda for their review.

PROJECT INVOLVES A CONTRIBUTING STRUCTURE: YES___ NO___ **INVOLVES A HISTORIC STRUCTURE: YES___ NO___**

PROJECT INVOLVES A STRUCTURE THAT IS INDIVIDUALLY LISTED ON THE NATIONAL REGISTER: YES___ NO___

PROPOSED PROJECT INFORMATION
MATERIAL OR PRODUCT SUBSTITUTION PROPOSED:
MATERIAL OR PRODUCT REQUIRED BY THE HISTORIC ARCHITECTURAL GUIDELINES OF THE CITY OF KEY WEST:
APPROXIMATE COST DIFFERENCE OR AMOUNT OF SAVINGS:

**THE APPLICANT MUST COMPLY WITH ONE OF THE THREE CATEGORIES BELOW.
PLEASE SELECT ALL APPLICABLE CRITERIA.**

- 1) I am currently in receipt of:
 - a. Supplemental Nutrition Assistance Program (SNAP) _____
 - b. Aid to families with dependent children _____
 - c. **OR** that my total household income does not exceed current City of Key West Qualifying Maximum Limits for Affordable Housing Units for a household with median income _____

- 2) I am currently receiving assistance through one of 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 said program: _____

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

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

This affidavit is filled out with the **applicant's information, proposed project information, and applicable criteria certified by the applicant**. As part of this affidavit, I am **submitting documentary evidence of assistance received** in the form of:

- a. Income tax returns for the last two years _____
- b. **OR** documentation showing I am in receipt of SNAP _____

Affiant's Signature _____
Date

STATE OF _____
COUNTY OF _____

The forgoing instrument was acknowledged before me on this _____ day of _____,
_____.

By (Print name of Affiant) _____ who is personally known to me
or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: _____
Print Name: _____

Notary Public - State of Florida (seal)
My Commission Expires: _____

**PLEASE SUBMIT THIS AFFIDAVIT WITH THE REQUIRED EVIDENTIARY SUPPORTING DOCUMENTS TO
HARC STAFF IN PERSON AT CITY HALL OR VIA EMAIL AT CITY_HARC@CITYOFKEYWEST-FL.GOV**