



**HISTORIC PRESERVATION  
ZEPHYRHILLS, FLORIDA**

**Thursday, September 4, 2025  
6:00 PM**

**Zephyrhills  
City Hall**

**Council  
Chambers**

Call to Order-Tracy Sullivan

Roll Call-William McCaw

1. CONSENT ITEMS

2. BUSINESS ITEMS

- 2.1 Certificate of Appropriateness - 5354 9th St
  - 1. Certificate of Appropriateness - 5394 9th St
- 2.2 Residential Historic Facade Grant - 5354 9th St
  - 1. Historic Facade Grant - 5394 9th St
- 2.3 Certificate of Appropriateness - 38537 5th Ave
  - 1. 5V Crimp vs Standing Seam roofing
  - 2. Jeffries Roof Report\_companyreport
  - 3. K25-1744 Estimate Rev Drip Edge
  - 4. Standing Seam Brochure
  - 5. 5V Crimp vs Standing Seam roofing

3. NOTED ITEMS

- 3.1 Revision to Historic Preservation Grant application form language
  - 1. REVISED Hist.Facade Grant\_Non-Res
  - 2. REVISED Hist.Facade Grant\_Res
  - 3. CURRENT Hist.Facade Grant\_Non-Res.2022(2)
  - 4. CURRENT Hist.Facade Grant\_Res.2022

## **ADJOURN**

**\* PLEASE NOTE: This is a Public Meeting. Should any interested party seek to appeal any decision made by the Council with respect to any matter considered at such meeting or hearing, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is to be based. F.S. 286.0105. If you are a person with a disability which requires reasonable accommodation in order to participate in this meeting, please contact the City Clerk at 813/780-0000 at least 48 hours prior to the public hearing. A.D.A. and F.S. 286.26.**



City of Zephyrhills  
 Historic Preservation Board  
 5335 8<sup>th</sup> Street  
 Zephyrhills, FL 33542  
 813-780-0002  
 www.ci.zephyrhills.fl.us

## Application for CERTIFICATE OF APPROPRIATENESS

### REQUIRED SUPPORTIVE MATERIALS

- Detailed plans (site plans and architectural renderings/elevations), if applicable.
- Color and material samples/examples and/or specifications.
- Color photographs of the property and specific areas to be addressed, in their current condition.
- Documentation showing that the proposed work is consistent with the City of Zephyrhills Historic Design Guidelines, US Secretary of the Interior's Standards, and CRA Design Standards.



### APPLICANT INFORMATION

\*Property Owner: MARIAN RIOPELLE  
 \*Mailing Address: 5354 9<sup>th</sup> ST. ZEPHYRHILLS 33542  
 \*Email Address: calliecat19622@aol.com \*Phone #: 813-782-0475  
 Applicant, if different: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### SUBJECT PROPERTY INFORMATION

\*Address: 5354 9<sup>th</sup> ST. ZEPHYRHILLS, 33542  
 Designation Name: \_\_\_\_\_ District Name: ZH  
 \*Parcel/Tax ID #: 11-26-21-0010-13600-0110 \*Acreage: 2 city lots  
 \*Property Type:  Owner-Occupied  Rental  Vacant  Other: \_\_\_\_\_  
 \*Square Footage: 3,000 \*Number of Stories/Floors: 2  
 Construction Year: 1920 approx. Architectural Style: GRAFFTSMAN/  
VICTORIAN  
 \*Exterior Wall Materials:  Brick  Wood Horizontal Siding  Asbestos  
 Concrete Block  Wood Vertical Siding  Vinyl  
 Stone  Wood Shingles  Aluminum/Metal  
 Stucco  Other: \_\_\_\_\_  
 \*Roof Materials:  Asphalt/Composition Shingles  Metal: 5V Crimp, Standing Seam, etc.  
 Asbestos  Other: \_\_\_\_\_

**PROPOSED PROJECT: Alterations/Changes**

**\*Project Type:** Please check all that apply.

Repairing Existing Structure(s) - **ROOF**

Restoration/Rehabilitation

New Construction/Addition

Relocation/Moving a Structure

Demolition

Paint

Interior Work Only

Excavation/Ground Disturbing Activities

Fencing/Landscaping

**\*Project Description:** Please describe in detail the proposed project, including any new construction, demolition or removal or replacement of existing materials, and all other proposed changes to the current structure. Attach an additional sheet if necessary.

REPLACING 20+ year old ROOF

**\*Effected Elements:** Please check any structural systems or elements that will be affected by this project.

Walls / Structural

Roof

Foundation

Siding / Stucco / Façade Work

Porches / Entryways / Porte-Cocheres

Steps or Stairways

Windows

Doors

Painting / Finishes

Decorative Architectural Details / Elements

I certify that the information provided above is true and accurate to the best of my knowledge. I understand and acknowledge that any false information or deviation from the original documents may render a certificate issued under this application null and void, unless approved by the Historic Preservation Board and/or its staff, as may be applicable.

Marian J. Biopelle  
Signature

MARIAN J. BIOPELLE  
Print Name

1-9-25  
Date



City of Zephyrhills  
 Historic Preservation Board  
 5335 8th Street  
 Zephyrhills, FL 33542  
 813-780-0002  
[www.ci.zephyrhills.fl.us](http://www.ci.zephyrhills.fl.us)

## Application for RESIDENTIAL HISTORIC FAÇADE GRANT

### REQUIRED SUPPORTIVE MATERIALS

- Detailed plans (site plans and architectural renderings/elevations), if applicable.
- Color and material samples/examples and/or specifications.
- Color photographs of the property and specific areas to be addressed, in their current condition.
- Documentation showing that the proposed work is consistent with the City of Zephyrhills Historic Design Guidelines, US Secretary of the Interior's Standards, and CRA Design Standards.
- Cost Estimates, from a licensed contractor, architect and/or engineer, for all proposed work.



### APPLICANT INFORMATION

\*Property Owner: MARIAN RIOPELLE  
 \*Mailing Address: 5354 9th ST. ZEPHYRHILLS 33542  
 \*Email Address: calliecat19622@aol.com \*Phone #: 813-782-0475

Applicant, if different: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about this program? I served on the HISTORICAL BOARD

Have you received prior funding under this program in the last 12 months?  Yes  No IN THE PAST

### SUBJECT PROPERTY INFORMATION

\*Street Address: 5354 9th ST. ZEPHYRHILLS 33542  
 Designation Name: \_\_\_\_\_ District Name: ZH  
 \*Parcel/Tax ID #: 11-26-21-0010-13600-0110 \*Acreage: 2 city lots  
 \*Construction Year: 1920 approx.

- Is the property listed on a Local, State or National Historic Registry?  Yes  No
- If no, are you in the process of applying for listing on a historic registry?  Yes  No



PROPERTY IS A CONTRIBUTING STRUCTURE  
 IN THE HISTORIC DISTRICT

**PROJECT PROPOSAL**

**\*Brief Description:** Please describe in detail the proposed project, including any new construction, demolition or removal or replacement of existing materials, and all other proposed changes to the current structure. List each type of work separately. Attach an additional sheet if necessary.

Install new GAF TIMBERLINE HDZ  
30 YEAR DIMENSIONAL SHINGLES.  
SELF-ADHERING PEEL AND STICK UNDERLAYMENT

\*Estimated Total Project Cost: \$15,395

\*Funding Amount Requested: \$5,000

\*Estimated City Match: \$

\*Estimated Project Start Date:

\*Estimated Project Completion Date:

I certify that the information provided above is true and accurate to the best of my knowledge. I further acknowledge and agree to abide by the terms and conditions of this program as presented in the program guidelines.

Marian Riopelle  
Signature

1-9-25  
Date

MARIAN RIOPELLE  
Print Name



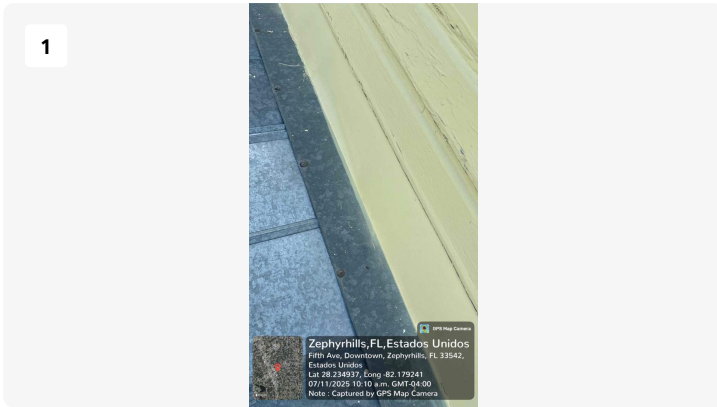
Linda Kerns

Hometown Roofing & Construction

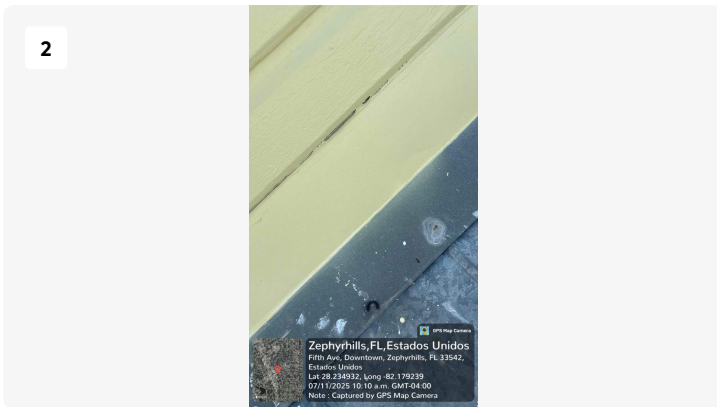
Jul 17, 2025 | 43 Photos

# Jeffries Roof Report

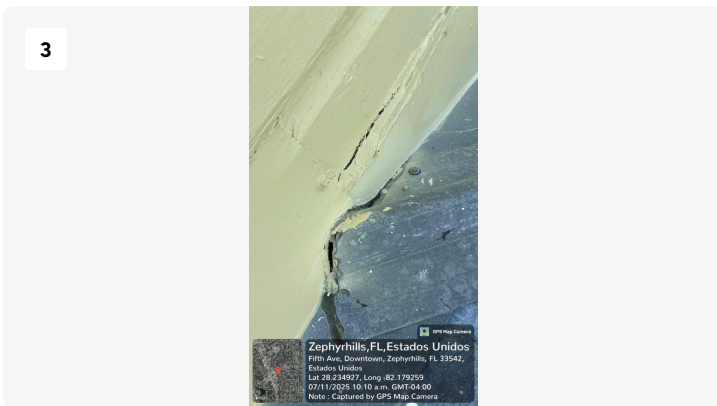
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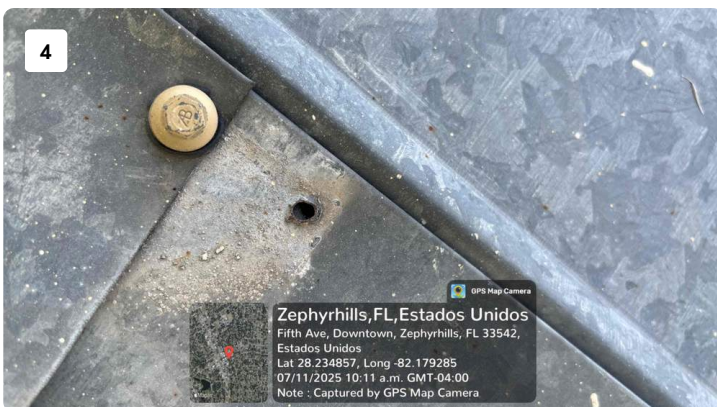
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Creator: Linda Kerns



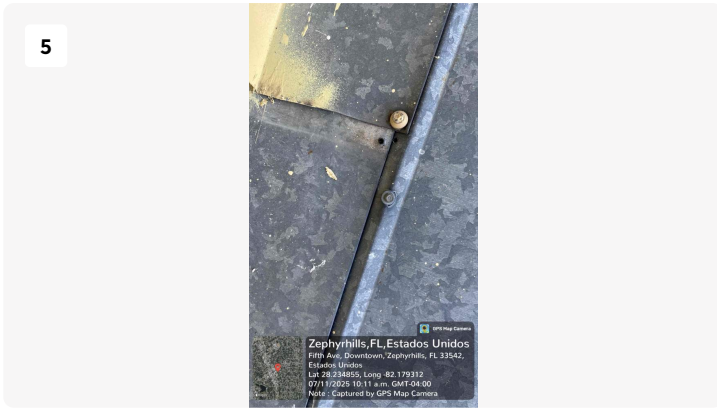
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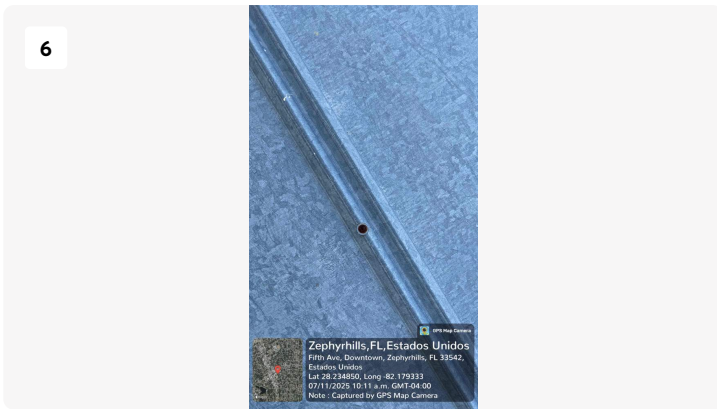
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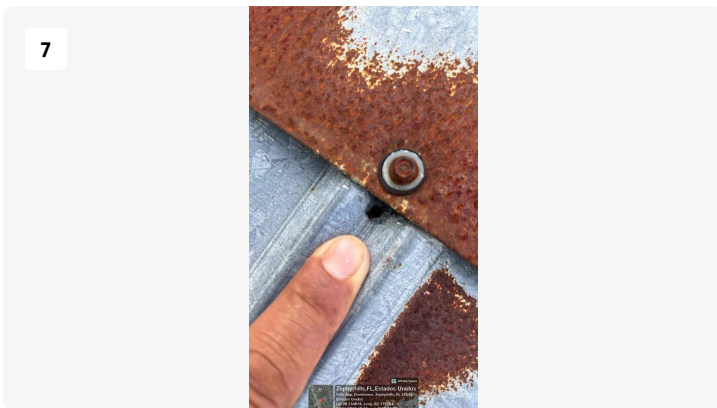
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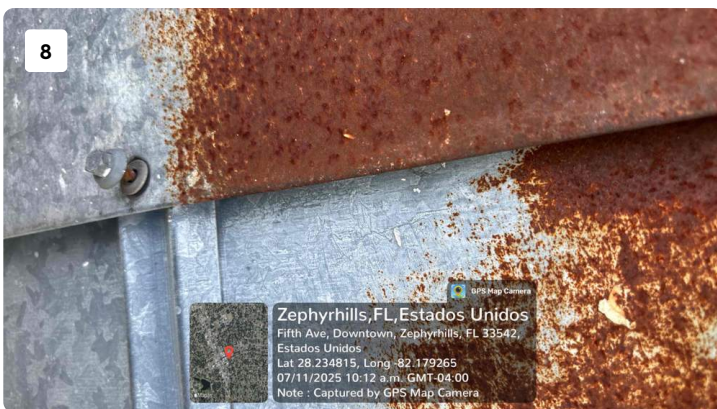
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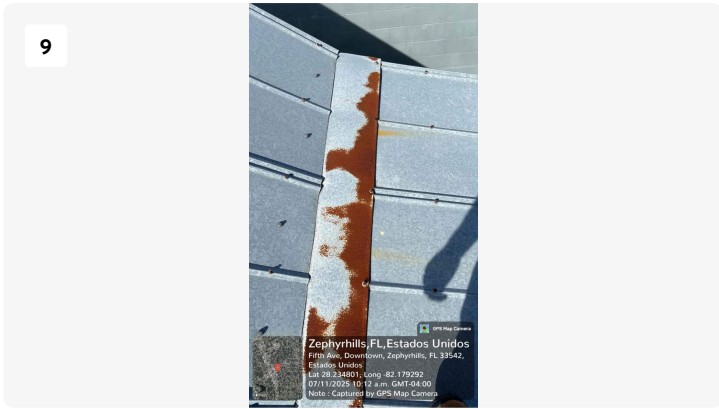
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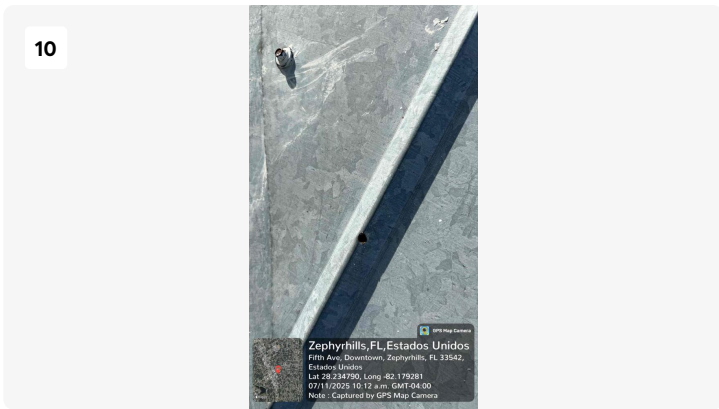
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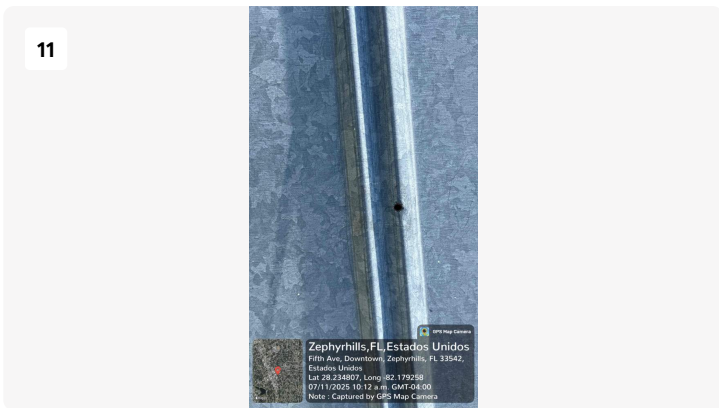
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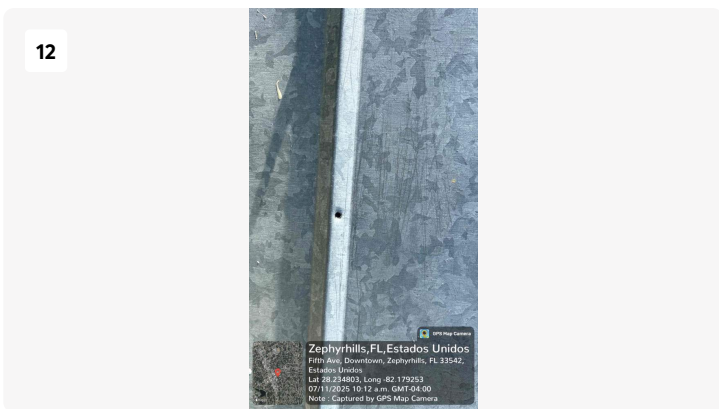
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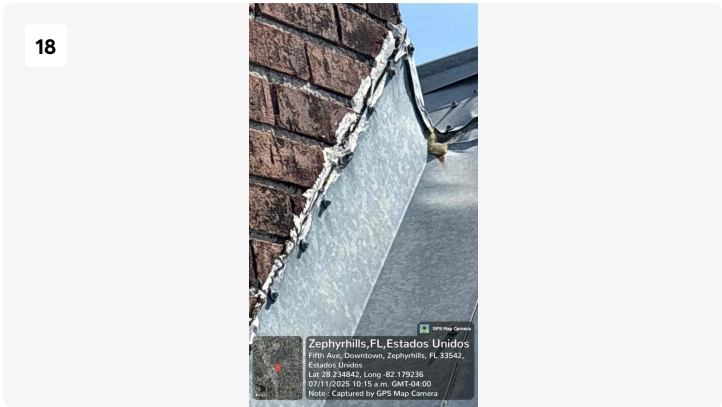
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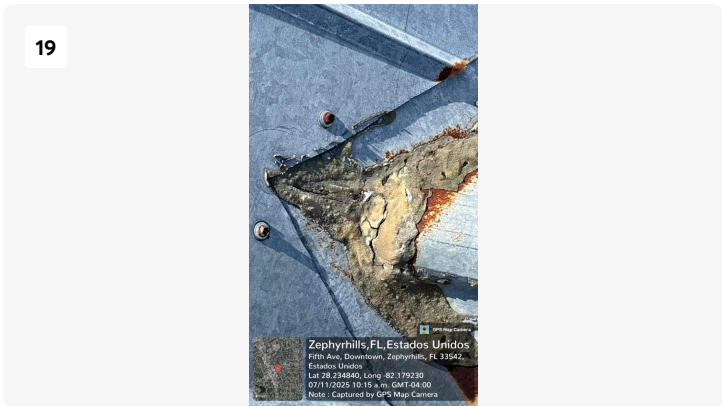
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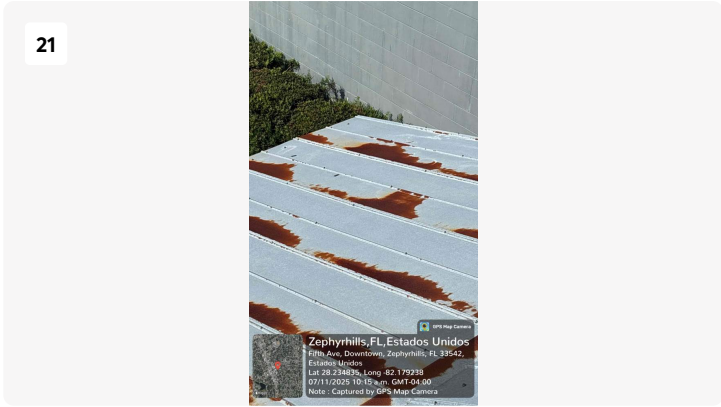
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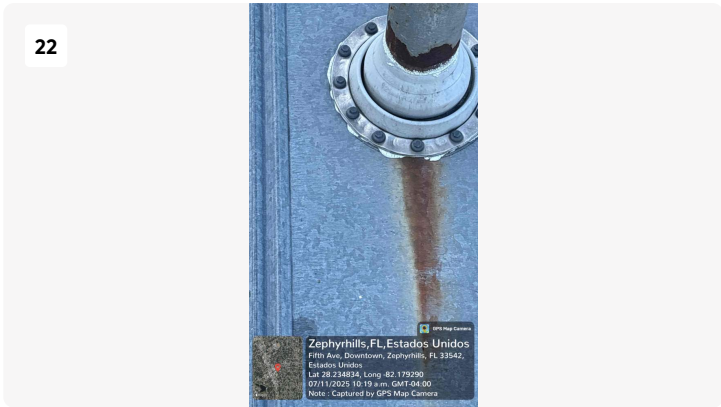
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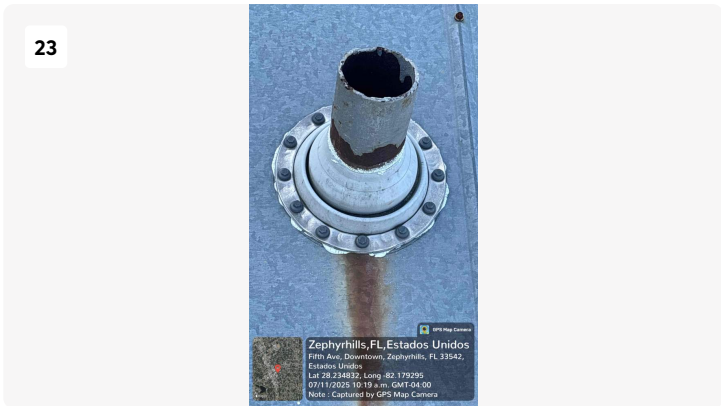
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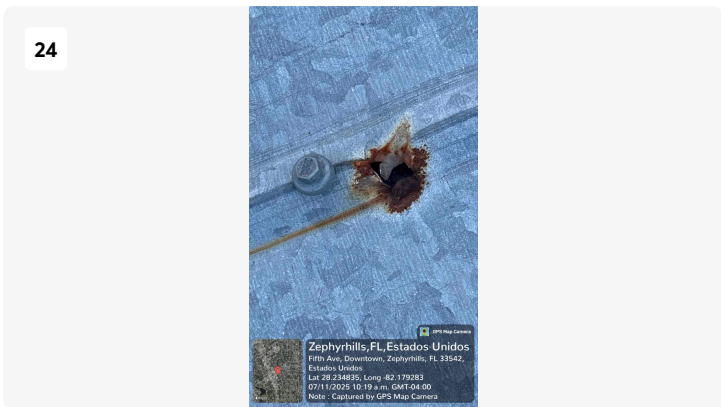
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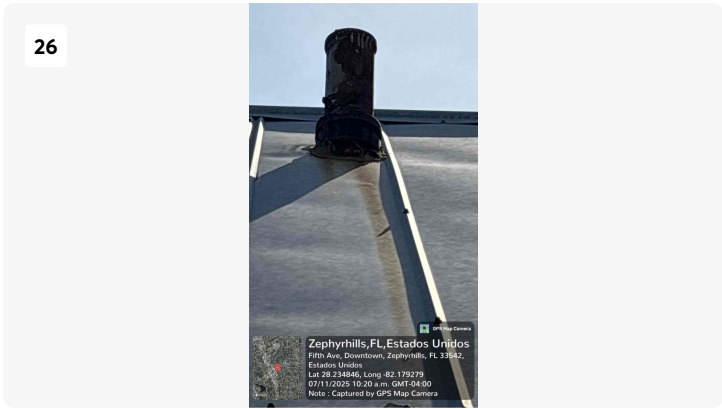
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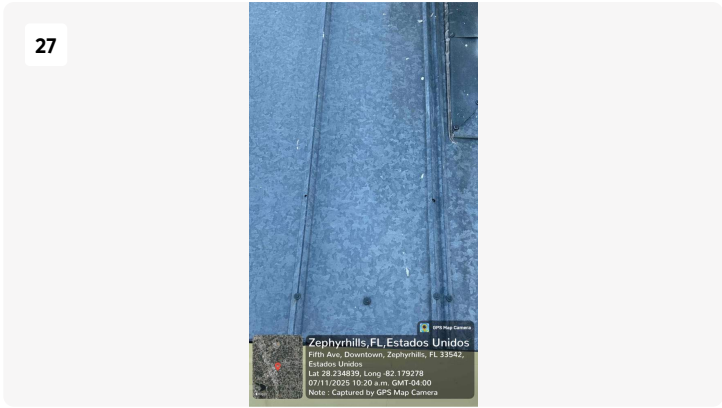
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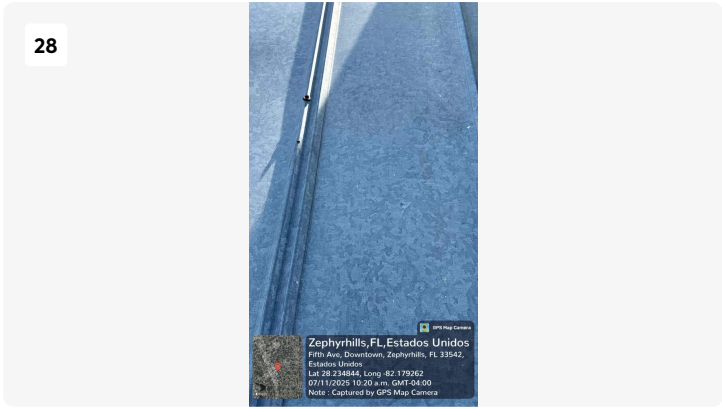
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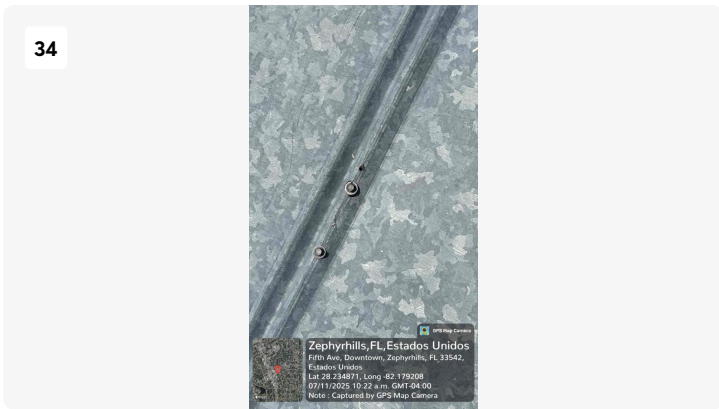
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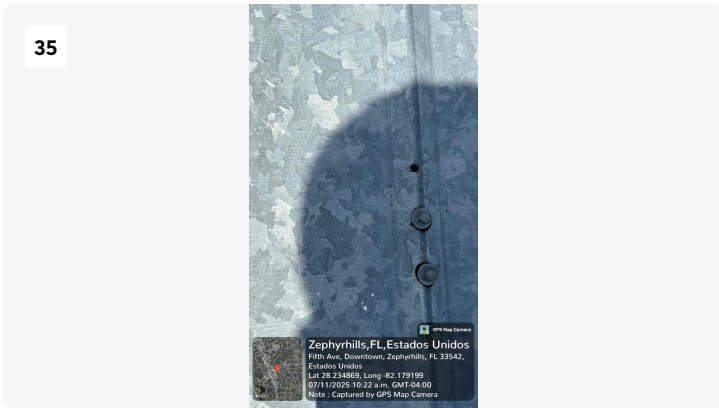
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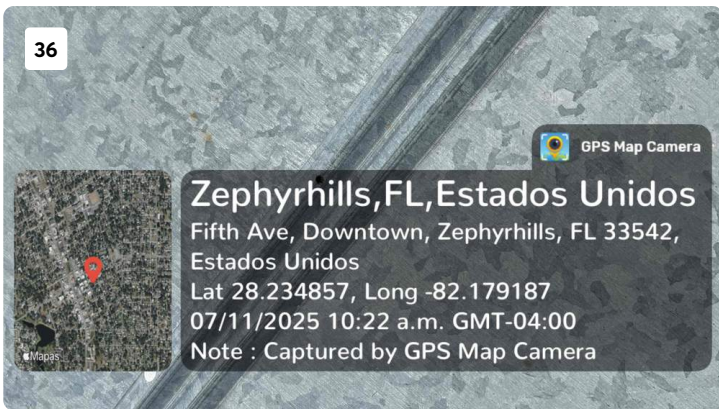
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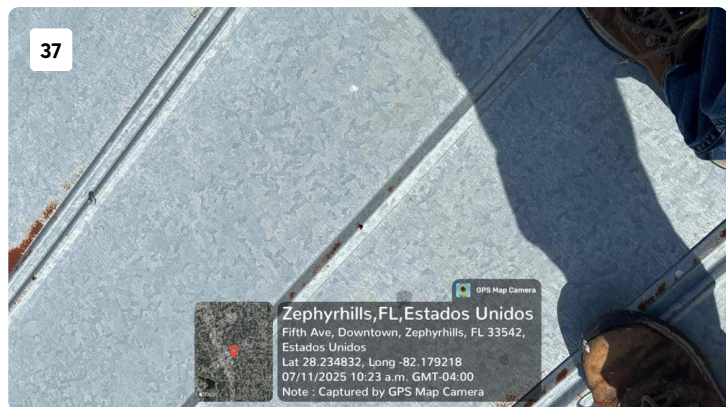
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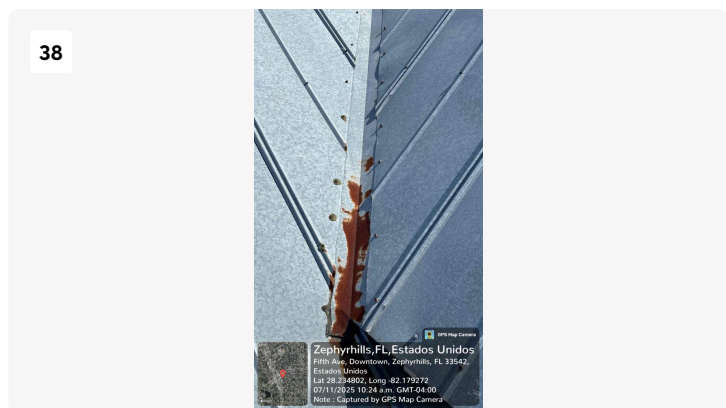
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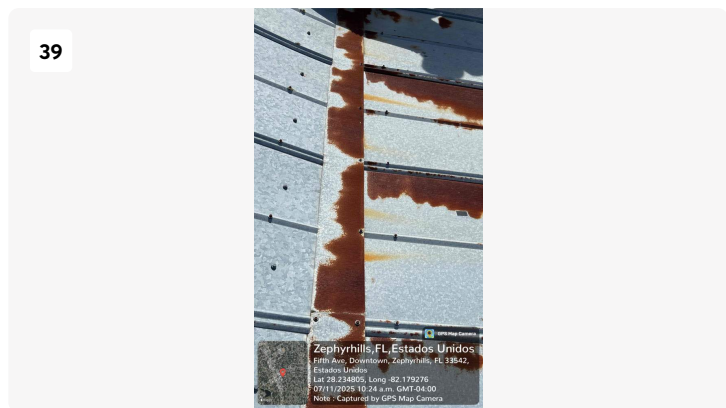
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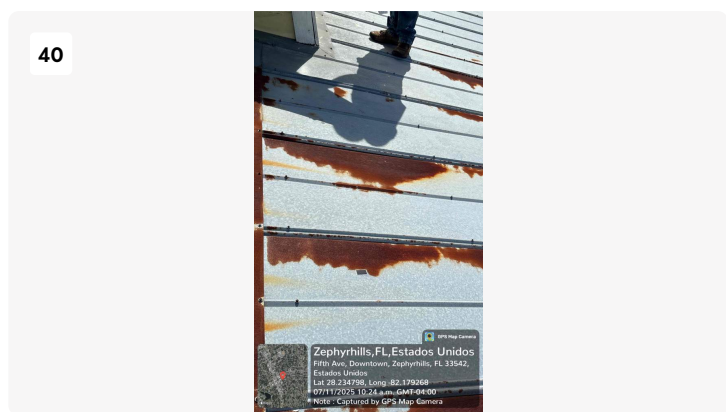
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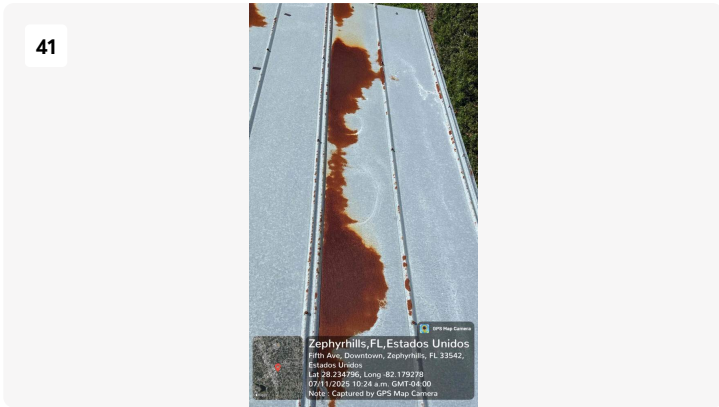
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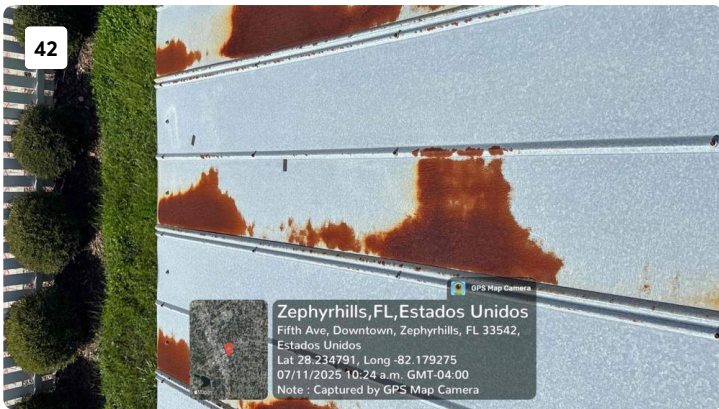
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Date: Jul 11, 2025, 10:24 AM  
Creator: Linda Kerns



Project: Jeffries House  
Date: Jul 17, 2025, 5:54 PM  
Creator: Linda Kerns

Kerns Family Construction Company, Inc.  
 CBC1255980  
 5031 Airport Rd  
 Zephyrhills, FL 33542 US  
 8139960772  
 LINDA@KFC-INC.COM  
 WWW.KFC-INC.COM

# Estimate



ADDRESS
City of Zephyrhills - Professional Services Contract 5335 8th Street Zephyrhills, FL 33542

ESTIMATE #	DATE	
1744	07/17/2025	

ACTIVITY	AMOUNT
K25-1744	
<b>Rehab</b> Remove and Replace metal panels and install new standing seam in Galvalume.  Install new flashing around chimney.  Install new plumbing stacks.  Install new ridge caps.  Install new drip edge	36,923.55
<b>Rehab</b> Specialty Wood Allowance - 120 LF	1,440.00
<b>Rehab</b> Wood Allowance - 2x4 or 2x6 wood at \$10 per linear foot. 48LF	480.00
<b>Rehab</b> Plywood Allowance - 1/2" plywood at \$80 per sheet. 1 Sheet	80.00
<b>Rehab</b> Allowance for hand loading, if required. Add \$25 per square to hand load materials, if required. Any wood to be remove and replace over the above allowances would be at the following rate:  Specialty wood \$12 per linear foot  2x4 or 2x6 wood at \$10 per linear foot.  1/2" plywood at \$80 per sheet.  Labor higher due to majority of roof being 10:12 or 12:12 pitch and 2 story.	825.00

SUBTOTAL	39,748.55
TAX	0.00
<b>TOTAL</b>	<b>\$39,748.55</b>

Accepted By

Accepted Date



**TCM-LOK**

Make Your Next Roof Your Last

[www.TriCountyMetals.com](http://www.TriCountyMetals.com)



16"



**TRI COUNTY  
METALS**

TCM 6/2025

# TCM-LOK

Make Your Next Roof Your Last

## OVERVIEW

The most popular residential standing seam metal roofing panel on the market today. The panel screws are actually concealed underneath the panel and are not visible. That is what makes this panel unique. Available in 24 Gauge.

Suitable for any roof with a pitch greater than 1/4" /12.

**Applications:** Residential and light commercial  
1" Rib Height available in 24 or 26 Gauge,  
or .032 Aluminum  
Aluminum panels available in 1" rib height  
1.5" Rib Height version available in 24 Gauge only

**Panel Profile:** 16" wide with 1" high ribs

**Substrate:** Steel and Aluminum

**Finish:** Max Defender, Core Defender, Coastal Defender and Acrylic coated Galvalume® AZ55

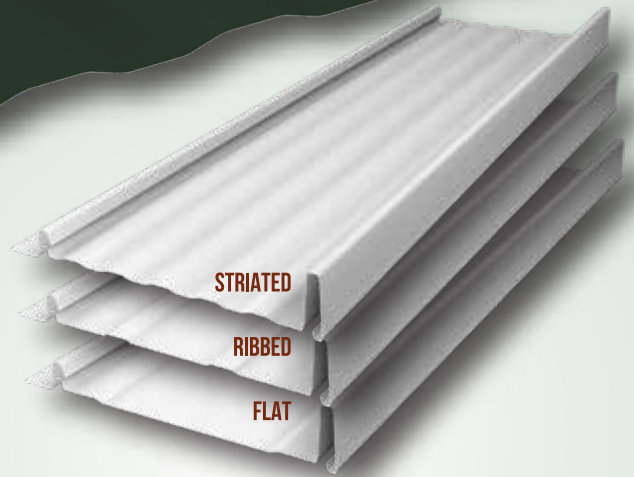
**Warranty:** 50-year limited paint warranty Core and Max,  
25-year limited paint warranty Coastal, or  
45 years limited Mill Finish warranty

**Available in:** Flat, Ribbed, or Striated

Minimum Slope shall comply with Florida Building Code, including Sections 1507.4.2, greater than .25/12 with recommending sealant under 2/12

## COLORS

Contact your salesperson for availability information.



## BENEFITS

- ✓ Superior Energy Star service colors with stability proven through extensive Valspar® testing.
- ✓ Galvalume® Mill finish or painted with TCM exclusive paint system are proven to have long life and low life cycle cost.
- ✓ Hidden fastener system for long life and low maintenance.
- ✓ FL Building Code approved to withstand harsh wind conditions. Some of our product approvals include HVHZ (High Velocity Hurricane Zone) approval. See product approval numbers below.

**FLORIDA PRODUCT APPROVALS:** A current list Florida Product Approvals available on our website.  
For the most up-to-date Florida Product Approvals, please visit our  
website: [TriCountyMetals.com/florida-product-approvals/](http://TriCountyMetals.com/florida-product-approvals/)

For other installation configurations, please inquire with your salesperson for site-specific accommodations.

Trenton 352-463-8400  
Ocala 352-622-5500  
Brooksville 352-587-8120  
Jacksonville 904-490-6004

Live Oak 386-330-0101  
Tallahassee 850-574-4001  
DeLand 386-738-2579  
Winter Haven 863-377-2805







# Zephyrhills

City of Zephyrhills

## Historic Façade Improvement Matching Grant Program

NON-RESIDENTIAL

### INTRODUCTION & PURPOSE

The purpose of the Historic Façade Improvement Matching Grant is to address areas of certain decline and encourage revitalization, rehabilitation and preservation of historic properties by providing funds for property owners to repair and rehabilitate the exterior of designated historic properties or contributing structures within a designated historic district, as identified in the Zephyrhills Local Register of Historic Places.

The program provides matching grants for repair, rehabilitation and/or restoration of facades and make eligible repairs particularly that correct code deficiencies, preserve or restore the historic character and integrity, and improve the appearance of historic properties. It is an incremental approach to continue revitalization efforts by improving the appearance and stabilizing property values of historic properties and neighborhoods.



*The Historic Façade Improvement Matching Grant Program grew out of concepts presented to the Historic Preservation Board, appointed by the Zephyrhills City Council by Ordinance No. 774-01. The program was developed in response to a need identified by the Historic Preservation Board for additional funding to encourage the improvement and rehabilitation of historic buildings. The City of Zephyrhills does not directly, indirectly, or contingently obligate itself to make any appropriation of any kind or pledge any form of taxation to support this program. The guidelines contained herein provide the procedures for administration of the Historic Façade Improvement Program.*

### **ASSISTANCE: Non-Residential Matching Grant.**

Assistance may be provided to eligible owners/lessees of historic non-residential properties to provide assistance for repairing, preserving, rehabilitating or restoring the exterior façade, and/or for correcting identified building code violations, including safety and structural issues, of eligible non-residential properties. Matching grants up to \$2,500 per building may be provided to assist eligible property owners with up to 50% of project costs required to complete repairs, preservation, rehabilitation and/or restoration. Maximum grant awards shall not exceed \$2,500\* per fiscal year. Prior to the City committing any funding for an eligible project, the applicant must provide evidence to the city that any match to complete the project has been secured.

- **Reimbursable Expenses:** Eligible expenses under the Non-Residential Historic Façade Matching Grant shall include:
  - Painting and associated preparation of exterior architectural features and elements;
  - Work to awnings, canopies, balconies and porches;
  - Work to correct building code violations;
  - Repairs, rehabilitation, preservation, restoration and/or replacement in-kind of historic windows, exterior walls, (i.e., siding, stucco, masonry);
  - Restoration of/repairs to original storefronts;
  - Structural system repairs;
  - Lead and/or asbestos abatement;
  - Architectural and/or engineering fees, if included as part of the approved project;

All work shall comply with the City's adopted Historic Design Guidelines, CRA Design Standards, and the U.S Secretary of the Interior's Standards.

- **Ineligible Expenses:** Expenses not eligible under this grant program include:
  - Termite and other pest-control treatments;
  - Roof material (cladding) replacement. *Trusses, eaves and other structural components and architectural features are eligible;*
  - HVAC and other mechanical systems;
  - Interior alterations;
  - Fences, landscaping or hardscaping;
  - New construction or additions;
  - Replacement features and/or materials inconsistent with the city's and U.S Secretary of the Interior's standards; and
  - Work completed without a certificate of appropriateness and/or proper permit;
  - Any work inconsistent with the City's adopted Historic Design Guidelines or the U.S Secretary of the Interior's Standards.

\*NOTE: The Historic Preservation, with the concurrence of City Council, may approve grants in excess of this amount on a case-by-case basis.

## GENERAL PROGRAM REQUIREMENTS

**Project Eligibility & Selection Criteria:** Applications shall be evaluated for eligibility by the Historic Preservation Board and its staff based on the following criteria:

1. The proposed project and expenses are for a designated NON-RESIDENTIAL historic property or contributing structure located within a designated historic district; or are for a historic property determined eligible for, but not currently listed on the local register or the National Register of Historic Places in accordance with the criteria of Ordinance No. 774-01, as amended, provided designation of the property is completed prior to disbursement of any funding.
2. The proposed project and expenses meet the eligibility criteria of the grant program, as well as all applicable federal, state and local regulations and policies.
3. The proposed project meets the City's Historic Design Standards and the U.S Secretary of the Interior's standards.
4. The proposed project meets applicable Zephyrhills Community Redevelopment Agency (CRA) Design Standards and has been approved by the CRA.
5. The subject property or applicant is not the subject of an active Code Enforcement violation, unless the applicant provides evidence that the violation was not a result of their own actions or inactions.
6. The property owner or applicant has not received prior funding for the subject property under this program during the same fiscal year (October 1 through September 30).

**Application Requirements:** Applications (attached hereto) may be submitted to the Historic Preservation Board through its staff in the Planning Department. Applications shall include the following information:

1. Name, telephone number and address of the property owner.
2. Name, telephone number and address of the applicant, *if different from the owner*.
3. Name, telephone number and address of the contractor or other professional conducting work associated with the project.
4. Application for a Certificate of Appropriateness.
5. Color photographs and aerial photograph or survey (diagram) of the property, showing the relationship of buildings to the subject property and the subject property to surrounding properties, streets and the neighborhood.
6. Purpose for which funds are requested.
7. Estimated cost of the entire proposed project.
8. Requested funding amount and applicant's match.

**Grant Agreement:** Upon the award (approval) of funding under this program, the applicant shall enter into a written agreement with the city which outlines the duties and responsibilities of both the city and the applicants.

**Disbursement Requests:** Funds awarded under this program shall be disbursed upon completion of the approved project, upon inspection and approval of such completed projects by the City, the Historic Preservation Specialist, and the Building Department. Grant recipients must provide documentation of project expenditures, including, but not limited to copies of canceled checks and contractor invoices or vendor receipt. The City will pay up to 50% of eligible project expenses submitted on each request for reimbursement, up to be not exceeding the maximum grant award (\$2,500). Requests for reimbursement may be submitted upon completion.

**General Award Conditions/Limitations:** Assistance provided under this program shall be subject to the following conditions:

1. Assistance shall be limited to one grant per historic property per fiscal year.
2. The maximum grant award shall be \$2,500 for all approved work under a NON-RESIDENTIAL Historic Façade Improvement Matching Grant, unless otherwise approved.
3. Funds shall be awarded on a first-come, first-served basis. It is recommended that prospective applicants contact the city to check the availability of funding prior to application.
4. Projects must be approved by the Historic Preservation Board established by the city, and comply with all applicable city ordinances, building codes, and land development codes.
5. Applicants shall seek and obtain a Certificate of Appropriateness, and if necessary a building permit, from the city prior to commencement of any work.
6. Projects must be completed within 9 months of approval, unless otherwise authorized by the Board. Extension(s) for an additional 6 months may be granted for delays caused by acts or neglect by the city or any contractor employed by the city, labor disputes, epidemics, fires, floods, extreme weather conditions, or other natural disasters.
7. Any amendments or deviation from the approved project or approved certificate of appropriateness shall require approval from the Board to remain eligible for reimbursement under this program. Any deviation from the approved project or certificate of appropriateness, or any work performed, without approval from the Board or its staff as may be applicable, shall render any agreement to funding under this program as null and void.
8. The recipient of monies provided under this program shall not discriminate on the basis of race, creed, religion, color, age, sex, marital or family status, national origin or handicap conditions in the lease, use or occupancy of any building funded hereunder.

**All conditions and approvals must be in writing. All verbal communication between planning staff and applicants is non-binding and shall be followed up with written communication for confirmation and clarification purposes. Proposed work for which grant funds are being requested shall not commence under any circumstances until such time as the grant has been officially rewarded. Any work that is conducted without written authorization shall be considered unauthorized and will result in grant funds being withheld. The city shall not recognize verbal agreements of any kind.**

**REQUIRED SUPPORTIVE MATERIALS**

- Detailed plans (site plans and architectural renderings/elevations), *if applicable*.
- Color and material samples/examples and/or specifications.
- Color photographs of the property and specific areas to be addressed, in their current condition.
- Documentation showing that the proposed work is consistent with the City of Zephyrhills Historic Design Guidelines, US Secretary of the Interior's Standards, and CRA Design Standards.



**APPLICANT INFORMATION**

**\*Property Owner:** \_\_\_\_\_  
**\*Mailing Address:** \_\_\_\_\_  
**\*Email Address:** \_\_\_\_\_ **\*Phone #:** \_\_\_\_\_

**Applicant, if different:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SUBJECT PROPERTY INFORMATION**

**\*Address:** \_\_\_\_\_  
 Designation Name: \_\_\_\_\_ District Name: \_\_\_\_\_  
**\*Parcel/Tax ID #:** \_\_\_\_\_ **\*Acreage:** \_\_\_\_\_

**\*Property Type:**  Owner-Occupied  Rental  Vacant  Other: \_\_\_\_\_

**\*Square Footage:** \_\_\_\_\_ **\*Number of Stories/Floors:** \_\_\_\_\_  
**Construction Year:** \_\_\_\_\_ **Architectural Style:** \_\_\_\_\_

**\*Exterior Wall Materials:**  Brick  Wood Horizontal Siding  Asbestos  
 Concrete Block  Wood Vertical Siding  Vinyl  
 Stone  Wood Shingles  Aluminum/Metal  
 Stucco  Other: \_\_\_\_\_

**\*Roof Materials:**  Asphalt/Composition Shingles  Metal: 5V Crimp, Standing Seam, etc.  
 Asbestos  Other: \_\_\_\_\_

## PROPOSED PROJECT: Alterations/Changes

**\*Project Type:** Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Repairing Existing Structure(s) | <input type="checkbox"/> Paint                                   |
| <input type="checkbox"/> Restoration/Rehabilitation      | <input type="checkbox"/> Interior Work Only                      |
| <input type="checkbox"/> New Construction/Addition       | <input type="checkbox"/> Excavation/Ground Disturbing Activities |
| <input type="checkbox"/> Relocation/Moving a Structure   | <input type="checkbox"/> Fencing/Landscaping                     |
| <input type="checkbox"/> Demolition                      |  |

**\*Project Description:** Please describe in detail the proposed project, including any new construction, demolition or removal or replacement of existing materials, and all other proposed changes to the current structure. Attach an additional sheet if necessary.

**\*Effected Elements:** Please check any structural systems or elements that will be affected by this project.

- |   |  |
|---|--|
| <input type="checkbox"/> Walls / Structural                   | <input type="checkbox"/> Steps or Stairways                          |
| <input type="checkbox"/> Roof                                 | <input type="checkbox"/> Windows                                     |
| <input type="checkbox"/> Foundation                           | <input type="checkbox"/> Doors                                       |
| <input type="checkbox"/> Siding / Stucco / Façade Work        | <input type="checkbox"/> Painting / Finishes                         |
| <input type="checkbox"/> Porches / Entryways / Porte-Cocheres | <input type="checkbox"/> Decorative Architectural Details / Elements |

I certify that the information provided above is true and accurate to the best of my knowledge. I understand and acknowledge that any false information or deviation from the original documents may render a certificate issued under this application null and void, unless approved by the Historic Preservation Board and/or its staff, as may be applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

### REQUIRED SUPPORTIVE MATERIALS

- Detailed plans (site plans and architectural renderings/elevations), *if applicable*.
- Color and material samples/examples and/or specifications.
- Color photographs of the property and specific areas to be addressed, in their current condition.
- Documentation showing that the proposed work is consistent with the City of Zephyrhills Historic Design Guidelines, US Secretary of the Interior's Standards, and CRA Design Standards.
- Cost Estimates, from a licensed contractor, architect and/or engineer, for all proposed work.



### APPLICANT INFORMATION

**\*Property Owner:** \_\_\_\_\_

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

\*Email Address: \_\_\_\_\_ \*Phone #: \_\_\_\_\_

**Applicant, if different:** \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**How did you hear about this program?** \_\_\_\_\_

**Have you received prior funding under this program in the last 12 months?**  Yes  No

### SUBJECT PROPERTY INFORMATION

\*Street Address: \_\_\_\_\_

Designation Name: \_\_\_\_\_ District Name: \_\_\_\_\_

\*Parcel/Tax ID #: \_\_\_\_\_ \*Acreage: \_\_\_\_\_

\*Construction Year: \_\_\_\_\_

Is the property listed on a Local, State or National Historic Registry?  Yes  No

If no, are you in the process of applying for listing on a historic registry?  Yes  No

## PROJECT PROPOSAL

**\*Brief Description:** Please describe in detail the proposed project, including any new construction, demolition or removal or replacement of existing materials, and all other proposed changes to the current structure. List each type of work separately. Attach an additional sheet if necessary.

\*Estimated Total Project Cost: \$ \_\_\_\_\_

\*Funding Amount Requested: \$ \_\_\_\_\_

\*Estimated City Match: \$ \_\_\_\_\_

\*Estimated Project Start Date: \_\_\_\_\_

\*Estimated Project Completion Date: \_\_\_\_\_

I certify that the information provided above is true and accurate to the best of my knowledge. I further acknowledge and agree to abide by the terms and conditions of this program as presented in the program guidelines.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business/Entity Name

\_\_\_\_\_  
Representative Capacity of Person Signing Above

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business/Entity Name

\_\_\_\_\_  
Representative Capacity of Person Signing Above



# Zephyrhills

City of Zephyrhills

## Historic Façade Improvement Matching Grant Program

RESIDENTIAL

### INTRODUCTION & PURPOSE

The purpose of the Historic Façade Improvement Matching Grant is to address areas of certain decline and encourage revitalization, rehabilitation and preservation of historic properties by providing funds for property owners to repair and rehabilitate the exterior of designated historic properties or contributing structures within a designated historic district, as identified in the Zephyrhills Local Register of Historic Places.

The program provides matching grants for repair, rehabilitation and/or restoration of facades and make eligible repairs particularly that correct code deficiencies, preserve or restore the historic character and integrity, and improve the appearance of historic properties. It is an incremental approach to continue revitalization efforts by improving the appearance and stabilizing property values of historic properties and neighborhoods.



*The Historic Façade Improvement Matching Grant Program grew out of concepts presented to the Historic Preservation Board, appointed by the Zephyrhills City Council by Ordinance No. 774-01. The program was developed in response to a need identified by the Historic Preservation Board for additional funding to encourage the improvement and rehabilitation of historic buildings. The City of Zephyrhills does not directly, indirectly, or contingently obligate itself to make any appropriation of any kind or pledge any form of taxation to support this program. The guidelines contained herein provide the procedures for administration of the Historic Façade Improvement Program.*

### **ASSISTANCE: Residential Matching Grant.**

Assistance may be provided to eligible owners of historic residential properties to provide assistance for repairing, preserving, rehabilitating or restoring the exterior façade, and/or for correcting identified building code violations, including safety and structural issues, of eligible residential properties. Matching grants up to \$5,000 per building may be provided to assist eligible property owners with up to 50% of project costs required to complete repairs, preservation, rehabilitation and/or restoration. Maximum grant awards shall not exceed \$5,000 per fiscal year. Prior to the City committing any funding for an eligible project, the applicant must provide evidence to the city that any match to complete the project has been secured.

- **Reimbursable Expenses:** Eligible expenses under the Residential Historic Façade Matching Grant shall include:
  - Painting and associated preparation of exterior architectural features and elements;
  - Work to awnings, canopies, balconies and porches;
  - Work to correct building code violations;
  - Repairs, rehabilitation, preservation, restoration and/or replacement in-kind of historic windows, exterior walls (i.e., siding, stucco, masonry);
  - Structural system repairs;
  - Lead and/or asbestos abatement;
  - Architectural and/or engineering fees, if included as part of the approved project;

All work shall comply with the City's adopted Historic Design Guidelines, CRA Design Standards, and the U.S Secretary of the Interior's Standards.

- **Ineligible Expenses:** Expenses not eligible under this grant program include:
  - Termite and other pest-control treatments;
  - Roof material (cladding) replacement. *Trusses, eaves and other structural components and architectural features are eligible;*
  - HVAC and other mechanical systems;
  - Interior alterations;
  - Fences, landscaping or hardscaping;
  - New construction or additions;
  - Replacement features and/or materials in consistent with the city's and U.S Secretary of the Interior's standards; and
  - Work completed without a certificate of appropriateness and/or proper permit;
  - Any work inconsistent with the City's adopted Historic Design Guidelines or the U.S Secretary of the Interior's Standards.

## GENERAL PROGRAM REQUIREMENTS

**Project Eligibility & Selection Criteria:** Applications shall be evaluated for eligibility by the Historic Preservation Board and its staff based on the following criteria:

1. The proposed project and expenses are for a designated RESIDENTIAL historic property or contributing structure located within a designated historic district; or are for a historic property determined eligible for, but not currently listed on the local register or the National Register of Historic Places in accordance with the criteria of Ordinance No. 774-01, as amended, provided designation of the property is completed prior to disbursement of any funding.
2. The proposed project and expenses meet the eligibility criteria of the grant program, as well as all applicable federal, state and local regulations and policies.
3. The proposed project meets the City's Historic Design Standards and the U.S Secretary of the Interior's standards.
4. The proposed project meets applicable Zephyrhills Community Redevelopment Agency (CRA) Design Standards and has been approved by the CRA.
5. The subject property or applicant is not the subject of an active Code Enforcement violation, unless the applicant provides evidence that the violation was not a result of their own actions or inactions.
6. The property owner or applicant has not received prior funding for the subject property under this program during the same fiscal year (October 1 through September 30).

**Application Requirements:** Applications (attached hereto) may be submitted to the Historic Preservation Board through its staff in the Planning Department. Applications shall include the following information:

1. Name, telephone number and address of the property owner.
2. Name, telephone number and address of the applicant, *if different from the owner*.
3. Name, telephone number and address of the contractor or other professional conducting work associated with the project.
4. Application for a Certificate of Appropriateness.
5. Color photographs and aerial photograph or survey (diagram) of the property, showing the relationship of buildings to the subject property and the subject property to surrounding properties, streets and the neighborhood.
6. Purpose for which funds are requested.
7. Estimated cost of the entire proposed project.
8. Requested funding amount and applicant's match.

**Grant Agreement:** Upon the award (approval) of funding under this program, the applicant shall enter into a written agreement with the city which outlines the duties and responsibilities of both the city and the applicants.

**Disbursement Requests:** Funds awarded under this program shall be disbursed upon completion of the approved project, upon inspection and approval of such completed projects by the City, the Historic Preservation Specialist, and the Building Department. Grant recipients must provide documentation of project expenditures, including, but not limited to copies of canceled checks and contractor invoices or vendor receipt. The City will pay up to 50% of eligible project expenses submitted on each request for reimbursement, up to be not exceeding the maximum grant award (\$5,000). Requests for reimbursement may be submitted upon completion.

**General Award Conditions/Limitations:** Assistance provided under this program shall be subject to the following conditions:

1. Assistance shall be limited to one grant per historic property per fiscal year.
2. The maximum grant award shall be \$5,000 for all approved work under a RESIDENTIAL Historic Façade Improvement Matching Grant, unless otherwise approved.
3. Funds shall be awarded on a first-come, first-served basis. It is recommended that prospective applicants contact the city to check the availability of funding prior to application.
4. Projects must be approved by the Historic Preservation Board established by the city, and comply with all applicable city ordinances, building codes, and land development codes.
5. Applicants shall seek and obtain a Certificate of Appropriateness, and if necessary a building permit, from the city prior to commencement of any work.
6. Projects must be completed within 9 months of approval, unless otherwise authorized by the Board. Extension(s) for an additional 6 months may be granted for delays caused by acts or neglect by the city or any contractor employed by the city, labor disputes, epidemics, fires, floods, extreme weather conditions, or other natural disasters.
7. Any amendments or deviation from the approved project or approved certificate of appropriateness shall require approval from the Board to remain eligible for reimbursement under this program. Any deviation from the approved project or certificate of appropriateness, or any work performed, without approval from the Board or its staff as may be applicable, shall render any agreement to funding under this program as null and void.
8. The recipient of monies provided under this program shall not discriminate on the basis of race, creed, religion, color, age, sex, marital or family status, national origin or handicap conditions in the lease, use or occupancy of any building funded hereunder.

**All conditions and approvals must be in writing. All verbal communication between planning staff and applicants is non-binding and shall be followed up with written communication for confirmation and clarification purposes. Proposed work for which grant funds are being requested shall not commence under any circumstances until such time as the grant has been officially rewarded. Any work that is conducted without written authorization shall be considered unauthorized and will result in grant funds being withheld. The city shall not recognize verbal agreements of any kind.**

### REQUIRED SUPPORTIVE MATERIALS

- Detailed plans (site plans and architectural renderings/elevations), *if applicable*.
- Color and material samples/examples and/or specifications.
- Color photographs of the property and specific areas to be addressed, in their current condition.
- Documentation showing that the proposed work is consistent with the City of Zephyrhills Historic Design Guidelines, US Secretary of the Interior's Standards, and CRA Design Standards.



### APPLICANT INFORMATION

**\*Property Owner:** \_\_\_\_\_  
**\*Mailing Address:** \_\_\_\_\_  
**\*Email Address:** \_\_\_\_\_ **\*Phone #:** \_\_\_\_\_

**Applicant, if different:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### SUBJECT PROPERTY INFORMATION

**\*Address:** \_\_\_\_\_  
Designation Name: \_\_\_\_\_ District Name: \_\_\_\_\_  
**\*Parcel/Tax ID #:** \_\_\_\_\_ **\*Acreage:** \_\_\_\_\_  
**\*Property Type:**  Owner-Occupied  Rental  Vacant  Other: \_\_\_\_\_  
**\*Square Footage:** \_\_\_\_\_ **\*Number of Stories/Floors:** \_\_\_\_\_  
Construction Year: \_\_\_\_\_ Architectural Style: \_\_\_\_\_

**\*Exterior Wall Materials:**  Brick  Wood Horizontal Siding  Asbestos  
 Concrete Block  Wood Vertical Siding  Vinyl  
 Stone  Wood Shingles  Aluminum/Metal  
 Stucco  Other: \_\_\_\_\_

**\*Roof Materials:**  Asphalt/Composition Shingles  Metal: 5V Crimp, Standing Seam, etc.  
 Asbestos  Other: \_\_\_\_\_

## PROPOSED PROJECT: Alterations/Changes

**\*Project Type:** Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Repairing Existing Structure(s) | <input type="checkbox"/> Paint                                   |
| <input type="checkbox"/> Restoration/Rehabilitation      | <input type="checkbox"/> Interior Work Only                      |
| <input type="checkbox"/> New Construction/Addition       | <input type="checkbox"/> Excavation/Ground Disturbing Activities |
| <input type="checkbox"/> Relocation/Moving a Structure   | <input type="checkbox"/> Fencing/Landscaping                     |
| <input type="checkbox"/> Demolition                      |  |

**\*Project Description:** Please describe in detail the proposed project, including any new construction, demolition or removal or replacement of existing materials, and all other proposed changes to the current structure. Attach an additional sheet if necessary.

**\*Effected Elements:** Please check any structural systems or elements that will be affected by this project.

- |   |  |
|---|--|
| <input type="checkbox"/> Walls / Structural                   | <input type="checkbox"/> Steps or Stairways                          |
| <input type="checkbox"/> Roof                                 | <input type="checkbox"/> Windows                                     |
| <input type="checkbox"/> Foundation                           | <input type="checkbox"/> Doors                                       |
| <input type="checkbox"/> Siding / Stucco / Façade Work        | <input type="checkbox"/> Painting / Finishes                         |
| <input type="checkbox"/> Porches / Entryways / Porte-Cocheres | <input type="checkbox"/> Decorative Architectural Details / Elements |

I certify that the information provided above is true and accurate to the best of my knowledge. I understand and acknowledge that any false information or deviation from the original documents may render a certificate issued under this application null and void, unless approved by the Historic Preservation Board and/or its staff, as may be applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

### REQUIRED SUPPORTIVE MATERIALS

- Detailed plans (site plans and architectural renderings/elevations), *if applicable*.
- Color and material samples/examples and/or specifications.
- Color photographs of the property and specific areas to be addressed, in their current condition.
- Documentation showing that the proposed work is consistent with the City of Zephyrhills Historic Design Guidelines, US Secretary of the Interior's Standards, and CRA Design Standards.
- Cost Estimates, from a licensed contractor, architect and/or engineer, for all proposed work.



### APPLICANT INFORMATION

**\*Property Owner:** \_\_\_\_\_

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

**\*Email Address:** \_\_\_\_\_ **\*Phone #:** \_\_\_\_\_

**Applicant, if different:** \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Have you received prior funding under this program in the last 12 months?  Yes  No

### SUBJECT PROPERTY INFORMATION

**\*Street Address:** \_\_\_\_\_

Designation Name: \_\_\_\_\_ District Name: \_\_\_\_\_

**\*Parcel/Tax ID #:** \_\_\_\_\_ **\*Acreage:** \_\_\_\_\_

**\*Construction Year:** \_\_\_\_\_

Is the property listed on a Local, State or National Historic Registry?  Yes  No

If no, are you in the process of applying for listing on a historic registry?  Yes  No

## PROJECT PROPOSAL

**\*Brief Description:** Please describe in detail the proposed project, including any new construction, demolition or removal or replacement of existing materials, and all other proposed changes to the current structure. List each type of work separately. Attach an additional sheet if necessary.

\*Estimated Total Project Cost: \$ \_\_\_\_\_

\*Funding Amount Requested: \$ \_\_\_\_\_

\*Estimated City Match: \$ \_\_\_\_\_

\*Estimated Project Start Date: \_\_\_\_\_

\*Estimated Project Completion Date: \_\_\_\_\_

I certify that the information provided above is true and accurate to the best of my knowledge. I further acknowledge and agree to abide by the terms and conditions of this program as presented in the program guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**City of Zephyrhills**

## **Historic Façade Improvement Matching Grant Program**

**NON-RESIDENTIAL**

### **INTRODUCTION & PURPOSE**

The purpose of the Historic Façade Improvement Matching Grant is to address areas of certain decline and encourage revitalization, rehabilitation and preservation of historic properties by providing funds for property owners to repair and rehabilitate the exterior of designated historic properties or contributing structures within a designated historic district, as identified in the Zephyrhills Local Register of Historic Places.

The program provides matching grants for repair, rehabilitation and/or restoration of facades and make eligible repairs particularly that correct code deficiencies, preserve or restore the historic character and integrity, and improve the appearance of historic properties. It is an incremental approach to continue revitalization efforts by improving the appearance and stabilizing property values of historic properties and neighborhoods.



*The Historic Façade Improvement Matching Grant Program grew out of concepts presented to the Historic Preservation Board, appointed by the Zephyrhills City Council by Ordinance No. 774-01. The program was developed in response to a need identified by the Historic Preservation Board for additional funding to encourage the improvement and rehabilitation of historic buildings. The City of Zephyrhills does not directly, indirectly, or contingently obligate itself to make any appropriation of any kind or pledge any form of taxation to support this program. The guidelines contained herein provide the procedures for administration of the Historic Façade Improvement Program.*

### **ASSISTANCE: Non-Residential Matching Grant.**

Assistance may be provided to eligible owners/lessees of historic non-residential properties to provide assistance for repairing, preserving, rehabilitating or restoring the exterior façade, and/or for correcting identified building code violations, including safety and structural issues, of eligible non-residential properties. Matching grants up to \$2,500 per building may be provided to assist eligible property owners with up to 50% of project costs required to complete repairs, preservation, rehabilitation and/or restoration. Maximum grant awards shall not exceed \$2,500\* per fiscal year. Prior to the City committing any funding for an eligible project, the applicant must provide evidence to the city that any match to complete the project has been secured.

- **Reimbursable Expenses:** Eligible expenses under the Non-Residential Historic Façade Matching Grant shall include:
  - Painting and associated preparation of exterior architectural features and elements;
  - Work to awnings, canopies, balconies and porches;
  - Work to correct building code violations;
  - Repairs, rehabilitation, preservation, restoration and/or replacement in-kind of historic windows, exterior walls, (i.e., siding, stucco, masonry);
  - Restoration of/repairs to original storefronts;
  - Structural system repairs;
  - Lead and/or asbestos abatement;
  - Architectural and/or engineering fees, if included as part of the approved project;

All work shall comply with the City's adopted Historic Design Guidelines, CRA Design Standards, and the U.S Secretary of the Interior's Standards.

- **Ineligible Expenses:** Expenses not eligible under this grant program include:
  - Termite and other pest-control treatments;
  - Roof material (cladding) replacement. *Trusses, eaves and other structural components and architectural features are eligible;*
  - HVAC and other mechanical systems;
  - Interior alterations;
  - Fences, landscaping or hardscaping;
  - New construction or additions;
  - Replacement features and/or materials inconsistent with the city's and U.S Secretary of the Interior's standards; and
  - Work completed without a certificate of appropriateness and/or proper permit;
  - Any work inconsistent with the City's adopted Historic Design Guidelines or the U.S Secretary of the Interior's Standards.

\*NOTE: The Historic Preservation, with the concurrence of City Council, may approve grants in excess of this amount on a case-by-case basis.

## GENERAL PROGRAM REQUIREMENTS

**Project Eligibility & Selection Criteria:** Applications shall be evaluated for eligibility by the Historic Preservation Board and its staff based on the following criteria:

1. The proposed project and expenses are for a designated NON-RESIDENTIAL historic property or contributing structure located within a designated historic district; or are for a historic property determined eligible for, but not currently listed on the local register or the National Register of Historic Places in accordance with the criteria of Ordinance No. 774-01, as amended, provided designation of the property is completed prior to disbursement of any funding.
2. The proposed project and expenses meet the eligibility criteria of the grant program, as well as all applicable federal, state and local regulations and policies.
3. The proposed project meets the City's Historic Design Standards and the U.S Secretary of the Interior's standards.
4. The proposed project meets applicable Zephyrhills Community Redevelopment Agency (CRA) Design Standards and has been approved by the CRA.
5. The subject property or applicant is not the subject of an active Code Enforcement violation, unless the applicant provides evidence that the violation was not a result of their own actions or inactions.
6. The property owner or applicant has not received prior funding for the subject property under this program during the same fiscal year (October 1 through September 30).

**Application Requirements:** Applications (attached hereto) may be submitted to the Historic Preservation Board through its staff in the Planning Department. Applications shall include the following information:

1. Name, telephone number and address of the property owner.
2. Name, telephone number and address of the applicant, *if different from the owner*.
3. Name, telephone number and address of the contractor or other professional conducting work associated with the project.
4. Application for a Certificate of Appropriateness.
5. Color photographs and aerial photograph or survey (diagram) of the property, showing the relationship of buildings to the subject property and the subject property to surrounding properties, streets and the neighborhood.
6. Purpose for which funds are requested.
7. Estimated cost of the entire proposed project.
8. Requested funding amount and applicant's match.

**Grant Agreement:** Upon the award (approval) of funding under this program, the applicant shall enter into a written agreement with the city which outlines the duties and responsibilities of both the city and the applicants.

**Disbursement Requests:** Funds awarded under this program shall be disbursed upon completion of the approved project, upon inspection and approval of such completed projects by the City, the Historic Preservation Specialist, and the Building Department. Grant recipients must provide documentation of project expenditures, including, but not limited to copies of canceled checks and contractor invoices or vendor receipt. The City will pay up to 50% of eligible project expenses submitted on each request for reimbursement, up to be not exceeding the maximum grant award (\$2,500). Requests for reimbursement may be submitted upon completion.

**General Award Conditions/Limitations:** Assistance provided under this program shall be subject to the following conditions:

1. Assistance shall be limited to one grant per historic property per fiscal year.
2. The maximum grant award shall be \$2,500 for all approved work under a NON-RESIDENTIAL Historic Façade Improvement Matching Grant, unless otherwise approved.
3. Funds shall be awarded on a first-come, first-served basis. It is recommended that prospective applicants contact the city to check the availability of funding prior to application.
4. Projects must be approved by the Historic Preservation Board established by the city, and comply with all applicable city ordinances, building codes, and land development codes.
5. Applicants shall seek and obtain a Certificate of Appropriateness, and if necessary a building permit, from the city prior to commencement of any work.
6. Projects must be completed within 9 months of approval, unless otherwise authorized by the Board. Extension(s) for an additional 6 months may be granted for delays caused by acts or neglect by the city or any contractor employed by the city, labor disputes, epidemics, fires, floods, extreme weather conditions, or other natural disasters.
7. Any amendments or deviation from the approved project or approved certificate of appropriateness shall require approval from the Board to remain eligible for reimbursement under this program. Any deviation from the approved project or certificate of appropriateness, or any work performed, without approval from the Board or its staff as may be applicable, shall render any agreement to funding under this program as null and void.
8. The recipient of monies provided under this program shall not discriminate on the basis of race, creed, religion, color, age, sex, marital or family status, national origin or handicap conditions in the lease, use or occupancy of any building funded hereunder.



City of Zephyrhills  
 Historic Preservation Board  
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 Zephyrhills, FL 33542  
 813-780-0002  
[www.ci.zephyrhills.fl.us](http://www.ci.zephyrhills.fl.us)

# Application for CERTIFICATE OF APPROPRIATENESS

## REQUIRED SUPPORTIVE MATERIALS

- Detailed plans (site plans and architectural renderings/elevations), *if applicable*.
- Color and material samples/examples and/or specifications.
- Color photographs of the property and specific areas to be addressed, in their current condition.
- Documentation showing that the proposed work is consistent with the City of Zephyrhills Historic Design Guidelines, US Secretary of the Interior's Standards, and CRA Design Standards.



## APPLICANT INFORMATION

**\*Property Owner:** \_\_\_\_\_

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

\*Email Address: \_\_\_\_\_ \*Phone #: \_\_\_\_\_

**Applicant, if different:** \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## SUBJECT PROPERTY INFORMATION

\*Address: \_\_\_\_\_

Designation Name: \_\_\_\_\_ District Name: \_\_\_\_\_

\*Parcel/Tax ID #: \_\_\_\_\_ \*Acreage: \_\_\_\_\_

\*Property Type:  Owner-Occupied  Rental  Vacant  Other: \_\_\_\_\_

\*Square Footage: \_\_\_\_\_ \*Number of Stories/Floors: \_\_\_\_\_

Construction Year: \_\_\_\_\_ Architectural Style: \_\_\_\_\_

\*Exterior Wall Materials:  Brick  Wood Horizontal Siding  Asbestos  
 Concrete Block  Wood Vertical Siding  Vinyl  
 Stone  Wood Shingles  Aluminum/Metal  
 Stucco  Other: \_\_\_\_\_

\*Roof Materials:  Asphalt/Composition Shingles  Metal: 5V Crimp, Standing Seam, etc.  
 Asbestos  Other: \_\_\_\_\_

## PROPOSED PROJECT: Alterations/Changes

**\*Project Type:** Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Repairing Existing Structure(s) | <input type="checkbox"/> Paint                                   |
| <input type="checkbox"/> Restoration/Rehabilitation      | <input type="checkbox"/> Interior Work Only                      |
| <input type="checkbox"/> New Construction/Addition       | <input type="checkbox"/> Excavation/Ground Disturbing Activities |
| <input type="checkbox"/> Relocation/Moving a Structure   | <input type="checkbox"/> Fencing/Landscaping                     |
| <input type="checkbox"/> Demolition                      |  |

**\*Project Description:** Please describe in detail the proposed project, including any new construction, demolition or removal or replacement of existing materials, and all other proposed changes to the current structure. Attach an additional sheet if necessary.

**\*Effected Elements:** Please check any structural systems or elements that will be affected by this project.

- |   |  |
|---|--|
| <input type="checkbox"/> Walls / Structural                   | <input type="checkbox"/> Steps or Stairways                          |
| <input type="checkbox"/> Roof                                 | <input type="checkbox"/> Windows                                     |
| <input type="checkbox"/> Foundation                           | <input type="checkbox"/> Doors                                       |
| <input type="checkbox"/> Siding / Stucco / Façade Work        | <input type="checkbox"/> Painting / Finishes                         |
| <input type="checkbox"/> Porches / Entryways / Porte-Cocheres | <input type="checkbox"/> Decorative Architectural Details / Elements |

I certify that the information provided above is true and accurate to the best of my knowledge. I understand and acknowledge that any false information or deviation from the original documents may render a certificate issued under this application null and void, unless approved by the Historic Preservation Board and/or its staff, as may be applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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# Application for NON-RESIDENTIAL HISTORIC FAÇADE GRANT

## REQUIRED SUPPORTIVE MATERIALS

- Detailed plans (site plans and architectural renderings/elevations), *if applicable*.
- Color and material samples/examples and/or specifications.
- Color photographs of the property and specific areas to be addressed, in their current condition.
- Documentation showing that the proposed work is consistent with the City of Zephyrhills Historic Design Guidelines, US Secretary of the Interior's Standards, and CRA Design Standards.
- Cost Estimates, from a licensed contractor, architect and/or engineer, for all proposed work.



## APPLICANT INFORMATION

**\*Property Owner:** \_\_\_\_\_

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

**\*Email Address:** \_\_\_\_\_ **\*Phone #:** \_\_\_\_\_

**Applicant, if different:** \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**How did you hear about this program?** \_\_\_\_\_

**Have you received prior funding under this program in the last 12 months?**     Yes     No

## SUBJECT PROPERTY INFORMATION

**\*Street Address:** \_\_\_\_\_

Designation Name: \_\_\_\_\_ District Name: \_\_\_\_\_

**\*Parcel/Tax ID #:** \_\_\_\_\_ **\*Acreage:** \_\_\_\_\_

**\*Construction Year:** \_\_\_\_\_

Is the property listed on a Local, State or National Historic Registry?     Yes     No

If no, are you in the process of applying for listing on a historic registry?     Yes     No

## PROJECT PROPOSAL

**\*Brief Description:** Please describe in detail the proposed project, including any new construction, demolition or removal or replacement of existing materials, and all other proposed changes to the current structure. List each type of work separately. Attach an additional sheet if necessary.

**\*Estimated Total Project Cost:** \$ \_\_\_\_\_

**\*Funding Amount Requested:** \$ \_\_\_\_\_

**\*Estimated City Match:** \$ \_\_\_\_\_

**\*Estimated Project Start Date:** \_\_\_\_\_

**\*Estimated Project Completion Date:** \_\_\_\_\_

I certify that the information provided above is true and accurate to the best of my knowledge. I further acknowledge and agree to abide by the terms and conditions of this program as presented in the program guidelines.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business/Entity Name

\_\_\_\_\_  
Representative Capacity of Person Signing Above

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business/Entity Name

\_\_\_\_\_  
Representative Capacity of Person Signing Above



City of Zephyrhills

## Historic Façade Improvement Matching Grant Program

### RESIDENTIAL

#### INTRODUCTION & PURPOSE

The purpose of the Historic Façade Improvement Matching Grant is to address areas of certain decline and encourage revitalization, rehabilitation and preservation of historic properties by providing funds for property owners to repair and rehabilitate the exterior of designated historic properties or contributing structures within a designated historic district, as identified in the Zephyrhills Local Register of Historic Places.

The program provides matching grants for repair, rehabilitation and/or restoration of facades and make eligible repairs particularly that correct code deficiencies, preserve or restore the historic character and integrity, and improve the appearance of historic properties. It is an incremental approach to continue revitalization efforts by improving the appearance and stabilizing property values of historic properties and neighborhoods.



*The Historic Façade Improvement Matching Grant Program grew out of concepts presented to the Historic Preservation Board, appointed by the Zephyrhills City Council by Ordinance No. 774-01. The program was developed in response to a need identified by the Historic Preservation Board for additional funding to encourage the improvement and rehabilitation of historic buildings. The City of Zephyrhills does not directly, indirectly, or contingently obligate itself to make any appropriation of any kind or pledge any form of taxation to support this program. The guidelines contained herein provide the procedures for administration of the Historic Façade Improvement Program.*

### **ASSISTANCE: Residential Matching Grant.**

Assistance may be provided to eligible owners of historic residential properties to provide assistance for repairing, preserving, rehabilitating or restoring the exterior façade, and/or for correcting identified building code violations, including safety and structural issues, of eligible residential properties. Matching grants up to \$5,000 per building may be provided to assist eligible property owners with up to 50% of project costs required to complete repairs, preservation, rehabilitation and/or restoration. Maximum grant awards shall not exceed \$5,000 per fiscal year. Prior to the City committing any funding for an eligible project, the applicant must provide evidence to the city that any match to complete the project has been secured.

- **Reimbursable Expenses:** Eligible expenses under the Residential Historic Façade Matching Grant shall include:
  - Painting and associated preparation of exterior architectural features and elements;
  - Work to awnings, canopies, balconies and porches;
  - Work to correct building code violations;
  - Repairs, rehabilitation, preservation, restoration and/or replacement in-kind of historic windows, exterior walls (i.e., siding, stucco, masonry);
  - Structural system repairs;
  - Lead and/or asbestos abatement;
  - Architectural and/or engineering fees, if included as part of the approved project;

All work shall comply with the City's adopted Historic Design Guidelines, CRA Design Standards, and the U.S Secretary of the Interior's Standards.

- **Ineligible Expenses:** Expenses not eligible under this grant program include:
  - Termite and other pest-control treatments;
  - Roof material (cladding) replacement. *Trusses, eaves and other structural components and architectural features are eligible;*
  - HVAC and other mechanical systems;
  - Interior alterations;
  - Fences, landscaping or hardscaping;
  - New construction or additions;
  - Replacement features and/or materials in consistent with the city's and U.S Secretary of the Interior's standards; and
  - Work completed without a certificate of appropriateness and/or proper permit;
  - Any work inconsistent with the City's adopted Historic Design Guidelines or the U.S Secretary of the Interior's Standards.

## GENERAL PROGRAM REQUIREMENTS

**Project Eligibility & Selection Criteria:** Applications shall be evaluated for eligibility by the Historic Preservation Board and its staff based on the following criteria:

1. The proposed project and expenses are for a designated RESIDENTIAL historic property or contributing structure located within a designated historic district; or are for a historic property determined eligible for, but not currently listed on the local register or the National Register of Historic Places in accordance with the criteria of Ordinance No. 774-01, as amended, provided designation of the property is completed prior to disbursement of any funding.
2. The proposed project and expenses meet the eligibility criteria of the grant program, as well as all applicable federal, state and local regulations and policies.
3. The proposed project meets the City's Historic Design Standards and the U.S Secretary of the Interior's standards.
4. The proposed project meets applicable Zephyrhills Community Redevelopment Agency (CRA) Design Standards and has been approved by the CRA.
5. The subject property or applicant is not the subject of an active Code Enforcement violation, unless the applicant provides evidence that the violation was not a result of their own actions or inactions.
6. The property owner or applicant has not received prior funding for the subject property under this program during the same fiscal year (October 1 through September 30).

**Application Requirements:** Applications (attached hereto) may be submitted to the Historic Preservation Board through its staff in the Planning Department. Applications shall include the following information:

1. Name, telephone number and address of the property owner.
2. Name, telephone number and address of the applicant, *if different from the owner*.
3. Name, telephone number and address of the contractor or other professional conducting work associated with the project.
4. Application for a Certificate of Appropriateness.
5. Color photographs and aerial photograph or survey (diagram) of the property, showing the relationship of buildings to the subject property and the subject property to surrounding properties, streets and the neighborhood.
6. Purpose for which funds are requested.
7. Estimated cost of the entire proposed project.
8. Requested funding amount and applicant's match.

**Grant Agreement:** Upon the award (approval) of funding under this program, the applicant shall enter into a written agreement with the city which outlines the duties and responsibilities of both the city and the applicants.

**Disbursement Requests:** Funds awarded under this program shall be disbursed upon completion of the approved project, upon inspection and approval of such completed projects by the City, the Historic Preservation Specialist, and the Building Department. Grant recipients must provide documentation of project expenditures, including, but not limited to copies of canceled checks and contractor invoices or vendor receipt. The City will pay up to 50% of eligible project expenses submitted on each request for reimbursement, up to be not exceeding the maximum grant award (\$5,000). Requests for reimbursement may be submitted upon completion.

**General Award Conditions/Limitations:** Assistance provided under this program shall be subject to the following conditions:

1. Assistance shall be limited to one grant per historic property per fiscal year.
2. The maximum grant award shall be \$5,000 for all approved work under a RESIDENTIAL Historic Façade Improvement Matching Grant, unless otherwise approved.
3. Funds shall be awarded on a first-come, first-served basis. It is recommended that prospective applicants contact the city to check the availability of funding prior to application.
4. Projects must be approved by the Historic Preservation Board established by the city, and comply with all applicable city ordinances, building codes, and land development codes.
5. Applicants shall seek and obtain a Certificate of Appropriateness, and if necessary a building permit, from the city prior to commencement of any work.
6. Projects must be completed within 9 months of approval, unless otherwise authorized by the Board. Extension(s) for an additional 6 months may be granted for delays caused by acts or neglect by the city or any contractor employed by the city, labor disputes, epidemics, fires, floods, extreme weather conditions, or other natural disasters.
7. Any amendments or deviation from the approved project or approved certificate of appropriateness shall require approval from the Board to remain eligible for reimbursement under this program. Any deviation from the approved project or certificate of appropriateness, or any work performed, without approval from the Board or its staff as may be applicable, shall render any agreement to funding under this program as null and void.
8. The recipient of monies provided under this program shall not discriminate on the basis of race, creed, religion, color, age, sex, marital or family status, national origin or handicap conditions in the lease, use or occupancy of any building funded hereunder.



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# Application for CERTIFICATE OF APPROPRIATENESS

## REQUIRED SUPPORTIVE MATERIALS

- Detailed plans (site plans and architectural renderings/elevations), *if applicable*.
- Color and material samples/examples and/or specifications.
- Color photographs of the property and specific areas to be addressed, in their current condition.
- Documentation showing that the proposed work is consistent with the City of Zephyrhills Historic Design Guidelines, US Secretary of the Interior's Standards, and CRA Design Standards.



## APPLICANT INFORMATION

\*Property Owner: \_\_\_\_\_

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

\*Email Address: \_\_\_\_\_ \*Phone #: \_\_\_\_\_

**Applicant, if different:** \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## SUBJECT PROPERTY INFORMATION

\*Address: \_\_\_\_\_

Designation Name: \_\_\_\_\_ District Name: \_\_\_\_\_

\*Parcel/Tax ID #: \_\_\_\_\_ \*Acreage: \_\_\_\_\_

\*Property Type:  Owner-Occupied  Rental  Vacant  Other: \_\_\_\_\_

\*Square Footage: \_\_\_\_\_ \*Number of Stories/Floors: \_\_\_\_\_

Construction Year: \_\_\_\_\_ Architectural Style: \_\_\_\_\_

\*Exterior Wall Materials:  Brick  Wood Horizontal Siding  Asbestos  
 Concrete Block  Wood Vertical Siding  Vinyl  
 Stone  Wood Shingles  Aluminum/Metal  
 Stucco  Other: \_\_\_\_\_

\*Roof Materials:  Asphalt/Composition Shingles  Metal: 5V Crimp, Standing Seam, etc.  
 Asbestos  Other: \_\_\_\_\_

## PROPOSED PROJECT: Alterations/Changes

**\*Project Type:** Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Repairing Existing Structure(s) | <input type="checkbox"/> Paint                                   |
| <input type="checkbox"/> Restoration/Rehabilitation      | <input type="checkbox"/> Interior Work Only                      |
| <input type="checkbox"/> New Construction/Addition       | <input type="checkbox"/> Excavation/Ground Disturbing Activities |
| <input type="checkbox"/> Relocation/Moving a Structure   | <input type="checkbox"/> Fencing/Landscaping                     |
| <input type="checkbox"/> Demolition                      |  |

**\*Project Description:** Please describe in detail the proposed project, including any new construction, demolition or removal or replacement of existing materials, and all other proposed changes to the current structure. Attach an additional sheet if necessary.

**\*Effected Elements:** Please check any structural systems or elements that will be affected by this project.

- |   |  |
|---|--|
| <input type="checkbox"/> Walls / Structural                   | <input type="checkbox"/> Steps or Stairways                          |
| <input type="checkbox"/> Roof                                 | <input type="checkbox"/> Windows                                     |
| <input type="checkbox"/> Foundation                           | <input type="checkbox"/> Doors                                       |
| <input type="checkbox"/> Siding / Stucco / Façade Work        | <input type="checkbox"/> Painting / Finishes                         |
| <input type="checkbox"/> Porches / Entryways / Porte-Cocheres | <input type="checkbox"/> Decorative Architectural Details / Elements |

I certify that the information provided above is true and accurate to the best of my knowledge. I understand and acknowledge that any false information or deviation from the original documents may render a certificate issued under this application null and void, unless approved by the Historic Preservation Board and/or its staff, as may be applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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## Application for RESIDENTIAL HISTORIC FAÇADE GRANT

### REQUIRED SUPPORTIVE MATERIALS

- Detailed plans (site plans and architectural renderings/elevations), *if applicable*.
- Color and material samples/examples and/or specifications.
- Color photographs of the property and specific areas to be addressed, in their current condition.
- Documentation showing that the proposed work is consistent with the City of Zephyrhills Historic Design Guidelines, US Secretary of the Interior's Standards, and CRA Design Standards.
- Cost Estimates, from a licensed contractor, architect and/or engineer, for all proposed work.



### APPLICANT INFORMATION

**\*Property Owner:** \_\_\_\_\_

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

**\*Email Address:** \_\_\_\_\_ **\*Phone #:** \_\_\_\_\_

**Applicant, if different:** \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**How did you hear about this program?** \_\_\_\_\_

**Have you received prior funding under this program in the last 12 months?**     Yes     No

### SUBJECT PROPERTY INFORMATION

**\*Street Address:** \_\_\_\_\_

Designation Name: \_\_\_\_\_ District Name: \_\_\_\_\_

**\*Parcel/Tax ID #:** \_\_\_\_\_ **\*Acreage:** \_\_\_\_\_

**\*Construction Year:** \_\_\_\_\_

Is the property listed on a Local, State or National Historic Registry?     Yes     No

If no, are you in the process of applying for listing on a historic registry?     Yes     No

## PROJECT PROPOSAL

**\*Brief Description:** Please describe in detail the proposed project, including any new construction, demolition or removal or replacement of existing materials, and all other proposed changes to the current structure. List each type of work separately. Attach an additional sheet if necessary.

\*Estimated Total Project Cost: \$ \_\_\_\_\_

\*Funding Amount Requested: \$ \_\_\_\_\_

\*Estimated City Match: \$ \_\_\_\_\_

\*Estimated Project Start Date: \_\_\_\_\_

\*Estimated Project Completion Date: \_\_\_\_\_

I certify that the information provided above is true and accurate to the best of my knowledge. I further acknowledge and agree to abide by the terms and conditions of this program as presented in the program guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name