

# 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

<b>ADDRESS OF PROPOSED PROJECT:</b>		
<b>NAME ON DEED:</b>		<b>PHONE NUMBER</b>
<b>APPLICANT NAME:</b>		<b>PHONE NUMBER</b>
<b>APPLICANT'S ADDRESS:</b>		<b>EMAIL</b>
<b>APPLICANT'S SIGNATURE:</b>		<b>DATE</b>

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 at least fifteen (15) days prior to the historic architectural review commission public hearing where the request will be reviewed. The Historic Architectural Review Commission **may** allow the substituted material.

**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
<b>MATERIAL OR PRODUCT SUBSTITUTION PROPOSED:</b>
<b>MATERIAL OR PRODUCT REQUIRED BY THE HISTORIC ARCHITECTURAL GUIDELINES OF THE CITY OF KEY WEST:</b>
<b>APPROXIMATE COST DIFFERENCE OR AMOUNT OF SAVINGS:</b>

**THE APPLICANT MUST COMPLY WITH ONE OF THE THREE CATEGORIES BELOW.  
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 \_\_\_\_\_
  - d. **AND** my total household income is below eighty (80) percent of the median income for the City of Key West \_\_\_\_\_
  
- 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** of the applicable criteria for which I am requesting an undue economic hardship. A total of \_\_\_\_\_ (number of documents) documents described as \_\_\_\_\_  
\_\_\_\_\_ (title of document(s)) are attached with this affidavit as proof of evidence.

\_\_\_\_\_  
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](mailto:CITY_HARC@CITYOFKEYWEST-FL.GOV)**