



# TOWN OF BELLEAIR SPECIAL CERTIFICATE OF APPROPRIATENESS APPLICATION

## FOR STAFF USE ONLY

COA#: \_\_\_\_\_

Town Manager Recommendation: \_\_\_\_\_

Date: \_\_\_\_\_

Historic Preservation Board Recommendation: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** All required supporting materials must be provided; incomplete applications will not be evaluated. If additional space is needed, attach additional sheets. The Special Certificate of Appropriateness is valid for a period of 365 days after the date of approval, unless otherwise specifically provided by the approval. An extension of up to 180 days may be requested to complete work in-progress if requested prior to the expiration date, work has commenced, and the scope of work originally approved has not changed. Otherwise, the owner must re-apply.

### A. GENERAL INFORMATION (To be completed by all applicants).

#### 1. Property Identification and Location:

Name of Property/Business: Residence - "Casa McCormick"

Property Identification Number (from tax records): 21-29-15-06462-075-0050

Address of Property: 1574 Druid Rd. S

#### 2. Mailing Addresses:

Property Owner: Katherine McCormick (under contract to close sale to Philip + Amanda

Address: 1574 Druid Rd. S. Wolf - SEE ATTACHED

City: Belleair State: FL Zip Code: 33756 Authority)

Phone Number (H): \_\_\_\_\_ (W): \_\_\_\_\_

Occupant: Contract Purchaser - Philip + Amanda Wolf

Address: 3105 W. Fielder St.

City: Tampa State: FL Zip Code: 33611

Phone Number (H): (813) 777-9797 (W): \_\_\_\_\_

Agent/Engineer/Architect: \_\_\_\_\_

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

#### 3. Existing Uses and Building Condition: Unoccupied Residence - Poor + Dilapidated Condition Exterior + Interior

#### 4. Type of Request:

#### Proposed Use:

<input type="checkbox"/> Alteration of an archaeological site	<input checked="" type="checkbox"/> Single-family residence	<input type="checkbox"/> New construction
<input checked="" type="checkbox"/> Exterior alteration of building/structure	<input type="checkbox"/> Multi-family residence	<input type="checkbox"/> Relocation
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:	

## 5. Estimated Cost of Work:

\$610,000

## 6. Written Description of Proposed Work:

All applications must include at least two photographs with different views showing the sides of the designated property which will be altered. Also, if required, include photographs of all adjacent properties. Explain what changes will be made and how they will be accomplished. If required, submit detailed plans and elevation drawings and specifications to support the written description.

Exterior Building Features (include material samples when necessary)	
Structural Systems:	Roofs and Roofing:
See Attached Addendum titled	Supplemental Materials for Historical
Windows and Doors:	Materials (masonry, wood, metal):
" "	" "
Porches, Awnings, Steps and Fences:	Painting and Finishes:
" "	" "
Environmental Features (grading, landscaping, parking, subsurface work, etc.):	
" "	

Improvements

## 7. Criteria for Evaluating Applications:

In addition to all other article provisions, the Commission shall consider the following criteria in evaluating applications for a Special Certificate of Appropriateness for demolition of designated properties:

- |   | Y                                   | N                        |
|---|-------------------------------------|--------------------------|
| a. Is the structure of such interest or quality that it would reasonably meet national, state, or local criteria for designation as a historic structure or is so designated?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Is the structure of such design, craftsmanship, or material that it could be reproduced only with great difficulty and/or expense?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Is the structure one of the last remaining examples of its kind in the neighborhood, the county, or region?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Does the structure contribute significantly to the historic character of a designated district?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. Would retaining the structure promote the general welfare of the town by providing an opportunity for study of local history, architecture, and design or by developing an understanding of the importance and value of a particular culture and heritage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Are there definite plans for reuse of the property if the proposed demolition is carried out, and what will be the effect of those plans on the character of the surrounding area?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## 8. Owner Attestation:

The information on this application represents an accurate description of the proposed work. The undersigned has omitted nothing that might affect the decision of the Town Commission, and hereby certifies that the project described in this application, as detailed by plans and specifications enclosed, will be constructed in exact accordance with aforesaid plans and specifications. It is understood that approval of this application by the Town Commission in no way constitutes approval of building permit or other required Town or County permit.

Signature (Owner):

*Shirley* on behalf of Katherine  
McLormack

Date:

10/5/18

Signature (Agent):

Date:

\* See Enclosed Authorization Letter.

September \_\_, 2018

Town of Belleair Historic Preservation Board  
1075 Ponce de Leon Blvd.  
Belleair, FL 33756

To whom it may concern:

I, Katherine McCormick, as the sole property owner of 1574 Druid Road South (the "Property"), do hereby grant permission and authority to Philip and Amanda Wolf, as prospective purchasers of the Property, to apply to the Town of Belleair and the Pinellas County Property Appraiser's Office for approval of a Special Certificate of Appropriateness and a historic tax exemption, for their proposed rehabilitation of the Property.

Signature: \_\_\_\_\_

Katherine McCormick

State of New York)

County of New York ) ss

On the 18 day of Sept. in the year 2018 before me, the undersigned, personally appeared Katherine McCormick personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Signature and office of individual taking acknowledgment

Witness Signature: \_\_\_\_\_

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



State of New York)

County of \_\_\_\_\_ ) ss

On the \_\_\_\_ day of \_\_\_\_ in the year \_\_\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he/she/they reside(s) in \_\_\_\_\_ (if the place of residence is in a city, include the street and street number, if any, thereof); that he/she/they know(s) \_\_\_\_\_ to be the individual described in and who executed the foregoing instrument; that said subscribing witness was present and saw said \_\_\_\_\_ execute the same; and that said witness at the same time subscribed his/her/their name(s) as a witness thereto.

Signature and office of individual taking acknowledgment