

**Instructions:** Upon completion of the restoration, rehabilitation or renovation, return this form with photographs of the completed work (both exterior and interior views for buildings) to the the City of Gainesville Historic Preservation Office, as applicable. These photographs must provide a comprehensive description of the completed work. They should be the same views as the *before* photographs included in the Preconstruction Application. Type or print clearly in black ink. The final recommendation of the Division of Historical Resources or the Local Historic Preservation Office, as applicable, with respect to the requested historic preservation property tax exemption is made on the basis of the descriptions in this Request for Review of Completed Work.

**1. Property identification and location:**

Property Identification Number 11937-000-000  
Address of property: Street 825 NE 3<sup>rd</sup> Ave  
City Gainesville County Alachua Zip Code 32601

**2. Data on restoration, rehabilitation or renovation project:**

Project starting date: 1/10/15 Project completion date 6/20/15  
Estimated cost of entire project: \$ 45,844  
Estimated costs attributed solely to work on historic buildings or archaeological sites: \$ 45,844

**3. Owner attestation:** I hereby apply for the historic preservation property tax exemption for the restoration, rehabilitation or renovation work described above and in the Preconstruction Application for this project which received approval on Oct 7, 20 15. I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed project conforms to the *Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitation Historic Buildings*, and is consistent with the work described in the Preconstruction Application. I also attest that I am the owner of the property described above, if the property is not owned by an individual, that I am the duly authorized representative of the owner. Further, by submission of this application, I agree to allow access to the property by representatives of the Division of Historical Resources or the Local Historic Preservation Office, where such office exists, and appropriate representatives of the local government from which the exemption is being requested, for the purpose of verification of information provided in this application. I understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the local government granting the exemption in which must agree to maintain the character of the property and the qualifying improvements for the term of the exemption. I also understand that falsification of factual representations in this application is subject to criminal sanctions pursuant to the Laws of Florida.

Christine Overoever [Signature] 9/1/15  
Name Signature Date

Title Organization Name

Social Security or Taxpayer Identification Number [Redacted]

Mailing Address 825 NE 3<sup>rd</sup> Ave

City Gainesville State FL Zip Code 32601

Daytime Telephone Number ( 352 ) 672-5193



**List Additional Owners:**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security or Taxpayer Identification Number \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security or Taxpayer Identification Number \_\_\_\_\_

*If there are additional owners, provide the indicated information for each on a separate sheet of paper.*

**PART 2 – FINAL APPLICATION FOR REVIEW OF COMPLETED WORK**

For Local Historic Preservation Office or Division Use Only

Property Identification Number 11937-000-000

Property Address 825 NE 3<sup>rd</sup> Avenue

The ( ) Local Historic Preservation Office ( ) Division has reviewed Part 2 (Request for Review of Completed Work) of the Historic Preservation Property Tax Exemption Application for the above named property and Hereby:

- (☒) Determines that the completed improvements to the above referenced property are consistent with the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitation Historic buildings, and the criteria set forth in Chapter 1A-38, F.A.C., and, therefore, recommends approval of the requested historic preservation tax exemption.
- ( ) Determines that the completed improvements to the above referenced property are not consistent with the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitation Historic buildings, and the criteria set forth in Chapter 1A-38, F.A.C., and, therefore, recommends denial of the requested historic preservation tax exemption.

Review Comments: \_\_\_\_\_

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Additional comments attached? Yes ( ) No ( )

Signature Jason Simmons

Typed or printed name Jason Simmons

Title Planner

Date 10/20/15