



DEVELOPMENT SERVICES

BUILDING | HISTORIC PRESERVATION | PLANNING & ZONING

FOR OFFICE USE ONLY

FILE #:

DATE SUBMITTED:

100 NW 1st AVENUE, DELRAY BEACH, FLORIDA 33444 | (561) 243-7040 | (561) 243-7221 (fax) | www.delraybeachfl.gov

HISTORIC PRESERVATION UNIVERSAL DEVELOPMENT APPLICATION

APPLICATION TYPE

- | | |
|--|---|
| <input type="checkbox"/> Certificate of Appropriateness (COA) (Single-family residential or duplex)
<input type="checkbox"/> COA - Color, Material & Architectural Changes
<input type="checkbox"/> COA- Demolition or Relocation
<input type="checkbox"/> COA - Sign
<input type="checkbox"/> COA & Class V Site Plan
<input type="checkbox"/> COA & Site Plan Modification (Choose One):
<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV
<input checked="" type="checkbox"/> Ad Valorem Historic Property Tax Exemption | <input type="checkbox"/> Relief Request (Select all that apply):
<input type="checkbox"/> Variance
<input type="checkbox"/> Waiver
<input type="checkbox"/> Internal Adjustment
<input type="checkbox"/> In-Lieu of Parking and Public Parking Fee Request
<input type="checkbox"/> Mural Permit
<input type="checkbox"/> Master Sign & Blanket Sign Program
<input type="checkbox"/> Other: |
|--|---|

Notes:

- This Application shall be submitted with the required items identified in the Application Checklist and Application Matrix.
- Separate applications must be submitted when multiple applications are associated with the same request.
- Contact Development Services at 561-243-7040, ext. 6055 to schedule an appointment for application submittal review.

PROJECT INFORMATION

PROJECT NAME

DARACK, CUNGAN DARACK RESIDENCE

ADDRESS

235 NE 1ST AVE, DELRAY, FL 33444

PROPERTY CONTROL NUMBER (PCN):

12 - 43 - 46 - 14 - 01 - 074 - 0031

REQUEST IS A RESULT OF A CODE ENFORCEMENT ACTION

☐ YES ☒ NO CASE NUMBER:

BUILDING PERMIT WAS SUBMITTED FOR THIS REQUEST

☒ YES ☐ NO PERMIT NUMBER:

ONCE IMPROVEMENTS ARE COMPLETE, WILL YOU BE SEEKING A HISTORIC PROPERTY AD VALOREM TAX EXEMPTION? ☒ YES ☐ NO

EXISTING PROPERTY INFORMATION

ZONING DISTRICT

OSSHAD

LAND USE DESIGNATION

RESIDENCE
OMU

HISTORIC DISTRICT, INDIVIDUALLY DESIGNATED, OR OVERLAY DISTRICT (INDICATE IF LOCAL, NATIONAL OR BOTH)

BOTH

DATE OF ORIGINAL CONSTRUCTION

1938

EXISTING USE

SFR

SIZE OF PROPERTY

____ SQ. FT.
.17 ACRES

LOT DIMENSIONS

55.5' WIDTH 132.4' DEPTH
____ FRONTAGE 7359 AREA

LEGAL DESCRIPTION (ATTACH SEPARATE SHEET IF NECESSARY IN A MS WORD FORMAT)

SEE WARRANTY DEED, ARCHITECT'S PLANS

PROPOSED REQUEST INFORMATION

DESCRIBE IN DETAIL THE PROPOSED REQUEST AND PROVIDE RELEVANT INFORMATION PERTAINING TO THE EXISTING PROPERTY AND USE. A SEPARATE NARRATIVE MAY BE SUBMITTED AS AN ATTACHMENT.

[Identify the existing and proposed use (principal and accessory) and proposed changes including site and building modifications. For use conversions, site expansion and new development, please identify the proposed hours of operation, use activities and operations, number of units, square footage, parking spaces, and indicate if the proposal will be constructed in phases. Indicate if other applications, including waiver and variance requests, have been or will be submitted in conjunction with this request.]

WORK COMPLETED, TTL 42 SQ FT ADDED.

SIGN REQUEST

Does signage presently exist on site? ☐ YES ☒ NO If yes, provide date of approval:

Quantity of signs:

Is request associated with a previously approved master sign/blanket sign program: ☐ YES ☐ NO

Location(s) of sign(s) on property/site/building:

Sign type(s) – include number of each sign if applying for more than one

☐ Freestanding

☐ Wall/Awning

☐ Directory

☐ Monument

☐ Under Canopy

☐ Projecting

CONTACT INFORMATION

PROPERTY OWNER

PROPERTY OWNER NAME: JOE DARACK, LAUREN CLINGMAN-DARACK

ADDRESS
235 NE 18TH AVE

CITY
DELRAY BEACH

STATE
FL

ZIP CODE
33444

TELEPHONE NUMBER
904-540-1733

EMAIL ADDRESS
JSDARACK@GMAIL.COM

APPLICANT (IF DIFFERENT THAN OWNER)

APPLICANT NAME:

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

DESIGNATED AGENT

APPLICANT NAME:

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

EMAIL ADDRESS

HISTORIC JUSTIFICATION STATEMENTS

Attach a Justification Statement as a separate sheet that addresses the following code sections as applicable:

- ☐ **SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION**
- ☐ **VISUAL COMPATABILITY STANDARDS** – LDR Section 4.5.1 (E) (7) & (8)
- ☐ **RELOCATION** – LDR Section 4.5.1 (E) (6)
- ☐ **DEMOLITION** – LDR Section 4.5.1 (F)

✶ HISTORIC AD VALOREM TAX EXEMPTION

Project completion date (Certificate of Occupancy from Building Division): 4/1/21

Project costs as indicated on Certificate of Occupancy: \$ 117,635

Total project costs (can attach separate sheet if necessary): \$ 167,635

Total project costs attributed solely to the historic structure: \$ 150,635

Use of property prior to improvements: SFR

Use of property after improvements: SFR

Date(s) of previous alterations: 1999, UNKNOWN

Has the building/structure ever been moved or relocated? ☐ YES ☒ NO If yes, when and where?

STATEMENT OF HISTORIC SIGNIFICANCE - Summarize how the building contributes to the significance of the historic district/area. This summary should relate to the significance of the district (including the district's period of significance) as identified in the historic district designation documentation (i.e., is it similar to other buildings in the district in scale, building materials, style, and period of construction?). Note important persons from the past associated with the building, former uses of the property, and the name of the architect or builder, if known. (Attach separate sheet if necessary).

IN KEEPING WITH PERIOD VERNACULAR.

DESCRIPTION OF PHYSICAL APPEARANCE PRIOR TO IMPROVEMENTS - Provide information about the major exterior and interior features of the building. Describe the building in its existing condition. Note the architectural style, exterior construction materials (wood, brick, etc.), type of roof (flat, gable, hipped, etc.), number of stories, basic plan (rectangular, irregular, L-shaped, etc.), and distinguishing architectural features (placement and type of windows, chimneys, porches, decorative interior features or spaces). Describe any changes that have been made to the building since its original construction (i.e., additions, porch enclosures, new storefronts, relocation of doors and windows, and alterations to the interior). Other buildings on the property such as carriage houses, barns and sheds should also be described. Describe how the building relates to others in the historic district/area in terms of siting, scale, construction/materials, and date of construction. (Attach separate sheet if necessary).


COTTAGE STYLE, CEDAR SIDING, SHINGLE ROOF SINGLE STORY
NO SIGNIFICANT ARCHITECTURAL CHANGES, UPDATED SYSTEMS AND
FLOOR PLAN. MASTER BATH ADDITION.


APPLICATION ACKNOWLEDGEMENTS

Please read the following and acknowledge below:


- A pre-application meeting with a member of the Historic Preservation Division is strongly recommended and can be scheduled by appointment at 561-243-7040, ext. 6055, or pzmail@mydelraybeach.com.
- All documentation submitted for this application is considered a public record subject to Chapter 119 of the Florida Statutes and shall be disclosed upon request.
- I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand that any knowingly false, inaccurate or incomplete information provided by me will result in the denial, revocation or administrative withdrawal of this application, request, approval or permit. I further acknowledge that additional information may be required by the City of Delray Beach, Florida to process this application.
- Per Ordinance No. 20-15, a resubmittal fee of \$500 is applied to third and subsequent resubmittals.
- Project waivers identified during the technical review of the proposal that were not identified in the initial submittal are subject to an increased fee (\$2,500) per request in accordance with Ordinance No. 20-15.
- The applicant is responsible for postponement and additional advertising fees along with providing revised notice requirements when a request for postponement is submitted by the applicant or the item is delayed due to an Act of God or the representative's absence/tardiness to attend the meeting and present the item.
- Certain documents such as, mailing list, certificate of attorney or consent forms, might be required to be revised or updated if older than 6 months from the application submittal date.
- Applications that are inactive for a period over three months, which there has been no action in good faith to move forward with the request, will receive a notification of closure and be given a grace period of 30-days before the file is closed. When a file is closed, a new, complete application, including any required fees, will be required to initiate the review process once again.
- When the applicable board reaches a decision, the decision is presented to the City Commission as "Report of Appealable Land Use Items", under consent items in a City Commission agenda. At the City Commission's discretion, the acting Board's decision can be appealed. Therefore, a Board decision is NOT final until the item is listed on a City Commission agenda as part of an approved Consent Agenda item. Board decisions appealed by the City Commission are scheduled for a new hearing at a later time.
- When a final decision is made at a public meeting, and the appeal period has passed, the request is considered final. A new application, including any required fees and documents, is required to be submitted for consideration of new and redesigned proposals or additions and changes to previously acted on proposals.


The aforementioned is acknowledged by:



SIGNATURE - OWNER/APPLICANT


PRINT NAME - OWNER/APPLICANT



SIGNATURE - DESIGNATED AGENT


PRINT NAME - DESIGNATED AGENT

OWNER'S CONSENT

I, Laurie Clingan-Darack (*Owner's Name as it appears on the recorded warranty deed, see notes below if owned by a business), the fee simple owner of the property with the following legal description (as it appears on the warranty deed; attach separate sheet if necessary):

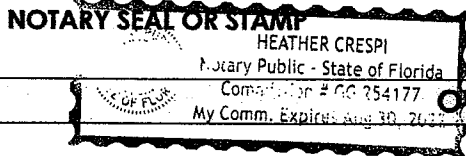
hereby petition to the City of Delray Beach for HISTORIC AD VALOREM TAX EXEMPT (application type). I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. I consent inspections, photographing and placement of signs on the subject property by City Staff for purposes of consideration of this application and/or presentation to the approving body. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Delray Beach, Florida, and are not returnable.

Laurie Clingan-Darack
SIGNATURE - OWNER

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 13th day of April, 2021, by Laurie Clingan-Darack (name of person acknowledging), who has produced FLORIDA D.L. as identification and/or is personally known to me:

Heather Crespi
SIGNATURE - NOTARY PUBLIC

Heather Crespi
PRINT NAME - NOTARY PUBLIC



My Commission Expires: 8-30-22

OWNER'S DESIGNATION OF AGENCY

I, _____ (*Owner's Name as it appears on the recorded warranty deed, see notes below if owned by a business), the fee simple owner of the property with the following legal description (as it appears on the warranty deed; attach separate sheet if necessary):

hereby affirm that _____ (Agent's Name) is hereby designated to act as agent of my behalf to petition the City of Delray Beach for _____ (application type). I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Delray Beach, Florida, and are not returnable.

SIGNATURE - OWNER

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____ (name of person acknowledging), who has produced _____ as identification and/or is personally known to me.

SIGNATURE - NOTARY PUBLIC

PRINT NAME - NOTARY PUBLIC

NOTARY SEAL OR STAMP

My Commission Expires: _____

*NOTE: When an application is executed on behalf of a corporation or business entity, documentation must be provided which demonstrates that the corporation's representative is authorized to act on behalf of the corporation; these forms are available on the website under Supplemental Forms.

OWNER'S CONSENT

I JOEL DARACK (*Owner's Name as it appears on the recorded warranty deed, see notes below if owned by a business), the fee simple owner of the property with the following legal description (as it appears on the warranty deed; attach separate sheet if necessary):

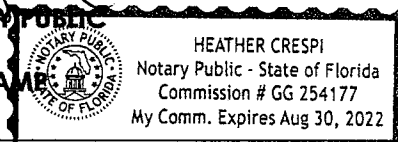
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[Signature]
SIGNATURE - OWNER

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 13th day of April, 2021, by JOEL DARACK (name of person acknowledging), who has produced FLORIDA D.L. as identification and/or is personally known to me.

[Signature]
SIGNATURE - NOTARY PUBLIC

NOTARY SEAL OR STAMP



Heather Crespi
PRINT NAME - NOTARY PUBLIC

My Commission Expires: 8-30-22

OWNER'S DESIGNATION OF AGENCY

I _____ (*Owner's Name as it appears on the recorded warranty deed, see notes below if owned by a business), the fee simple owner of the property with the following legal description (as it appears on the warranty deed; attach separate sheet if necessary):

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SIGNATURE - OWNER

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SIGNATURE - NOTARY PUBLIC

NOTARY SEAL OR STAMP

PRINT NAME - NOTARY PUBLIC

My Commission Expires: _____

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