



Planning and Development Division
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TAX ELIGIBILITY HISTORIC PRESERVATION OFFICER

I. PROPERTY INFORMATION

Street Address/Location, or

Legal Description (Lot Number, Block Number, Subdivision)

Latest value of property as assessed by the Galveston Central Appraisal District:

Year _____ Land Value _____ Improvements _____ Total _____

II. APPLICANT INFORMATION

Property Owner Name

Telephone

Mailing Address

E-mail Address

Applicant/Representative Name

Telephone

Mailing Address

E-mail Address

III. ACKNOWLEDGEMENTS

I certify that [] I am the legal owner on record, or [] I have secured the property owner's permission and have full authority to make this application, and that the above information is correct and complete to the best of my knowledge and ability.

Please read and initial below:

_____ I understand that all documents submitted with this application are subject to open records requests in accordance with the Open Records Act / Texas Public Information Act.

_____ I understand that receipt of an application does not constitute application completeness and that staff will review the application and return incomplete applications.

_____ I understand that if I am not present or represented at the public hearing, the Landmark Commission may defer or disapprove/deny the application.

_____ I understand that, in considering my application, the Landmark Commission will determine whether the proposed work complies with the City of Galveston's *Financial Incentives for Historic Properties* program.

Printed Name and Signature of Applicant

Date

Printed Name and Signature of Property Owner

Date

IV. APPLICANT CHECKLIST

- ✓ All documents should be provided in 8.5" x 11", or please fold to appropriate size if larger. All drawings must be to scale.
- ✓ Please provide electronic copies, if available. Other pertinent information to support said request should also be attached.

- [] **Pre-Application Meeting with City Staff** (Staff initial here if waived: _____)
- [] **Narrative of proposed work**
- [] **Statement of expected costs of improvements**
- [] **The projected time schedule for completion**

RESULT OF ELIGIBILITY DETERMINATION – STAFF USE ONLY

_____ The proposal meets the requirements for eligibility for the Substantial Rehabilitation for Historic Properties Program. Please note, when the work is complete an application for Tax Verification must be submitted for review by the Landmark Commission and City Council.

_____ The proposal does **NOT** meet the requirements for eligibility for the Substantial Rehabilitation for Historic Properties Program.

Historic Preservation Officer

Date