THE STATE OF Texas § COUNTY OF Trais §
AFFIDAVIT FOR CERTIFICATION OF HISTORIC OR ARCHEOLOGICAL SITES
Owner's Name Andrew Bowman and Rachel Lomas % Stahl Bernal & Davies Owner's Address_212 West 33rd Street Owner's Telephone_(512) 407-8703 Select one: Homestead Non-Homestead Check here if not 100% Homestead
BEFORE ME THE UNDERSIGNED NOTARY APPEARED ANNUAL BOWMAN [AFFIANT NAME HERE], WHO, BEING DULY SWORN ON OATH STATES:
My name is And rev Bown an RECIEVED
I am over 18 years of age and am competent to sign this Affidavit. JAN 22 2013
I am the owner of the property identified above. I am seeking a tax exemption for the property identified above. Planning & Development Review
The requirements concerning the preservation and maintenance of the historic landmark property ordinance (Chapter 25-11-216 of the City Code) are fully satisfied as of January 1 of the year for which this exemption is claimed.
This property is a Recorded Texas Historic Landmark No, or State Archeological Landmark No. OR This property is in need of tax relief to encourage its preservation because [state reason here] We Spect the State of appropriatives to the first of a many (construction of the state of appropriatives) to meet with Certificate of appropriatives (construction) to the state of the stat
I declare under perjury that the statements above are true and correct.
Subscribed and sworn to before me, by [owner] Andrew Bowman, this the day of January, 20\3, to certify which witness my hand and seal of office.
DELILAH MONTEMAYOR Notary Public, State of Texas My Commission Expires February 10, 2015 Deli al Maturay Notary Public, State of TX My commission expires Feb. 10, 2015

This form must be returned to the City of Austin Historic Preservation Office by January 15 of the year in which the property owner is seeking this property tax exemption.

AFFIDAVIT FOR CERTIFICATION OF HISTORIC OR ARCHEOLOGICAL SITES

Owner's Name <u>Andrew Bowman and Rachel</u> <u>Lomas % Stahl Bernal & Davies</u> Owner's Address <u>212 West 33rd Street</u> Owner's Telephone <u>(512) 407-8703</u> Select one: <u>Homestead</u> <u>Non-Homestead</u> <u>Check here if not 100% Homestead</u>	TCAD ID 02-1804-1301-0001 Property Name Simms House Property Address 212 West 33rd Street Zoning Case No. C14H-1996-0001-
CERTIFI	ICATION
To be completed by the City of Austin and forward	led to the Travis County Appraisal District:
relief to encourage its preservation and is being prese	dmark and is being preserved and maintained as which the exemption is requested is in need of tax erved and maintained as required by the City Code. which the exemption is requested is not in need of tax
Comments:	
O	
City	of Austin, Historic Preservation Officer Date



Date of inspection: $\frac{3/27//3}{NH}$

CITY OF AUSTIN HISTORIC LANDMARK TAX EXEMPTION INSPECTION FORM

Address: 212 West 33rd Street	Case #_C14H-1996-0001-
Owner: Andrew Bowman and Rachel Lomas % Sta	ahl Bernal & Davies Building name: Simms
House Owner phone: (512) 407-8703	
Owner phone. <u>1012/407-0700</u>	
Results of previous annual inspection: Pass - no control Notes from previous inspection: Permits issued in past year:	<u>leficiencies</u>
FOUNDATION: Visible dampness or poor drainage Visible structural deficiencies WALLS: Loose masonry units, vertical cracks, open mortar joints Siding damaged or rotting Siding needs repainting Visible structural deficiencies ROOF/DRAINAGE: Missing, loose, damaged, or clogged gutters, downspouts, or flashing Missing, loose, or cracked tiles or shingles DECORATIVE ELEMENTS: Railings/trim need repair/repainting Porch floors and supports need repair or repainting COMMENTS:	DOORS AND WINDOWS: Doors and/or door-frames need repair or repainting Broken or missing window panes Sills, lintels, or sashes need repair or repainting Damaged/torn screens Glazing putty needs repair/replacement GROUNDS, ACCESSORY BLDGS: Accessory buildings, fences, or other structures need repair Vermin, weeds, fallen trees or limbs, debris, abandoned vehicles or other refuse in yard OTHER: Unapproved alterations or additions Violations of sign regulations LANDMARK PLAQUE: Landmark plaque
Barking dog-from Street	no def. seen.
PHOTO LOG (Date/Photo #s):	
INSPECTION RESULTS:	A11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
PASS, no deficiencies PASS, minor deficiencies FAIL	4/2/13
Inspector	Date

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This form must be returned to the City of Austin Historic Preservation Office by January 15 of the year in which the property owner is seeking this property tax exemption.
THE STATE OF § COUNTY OF §
AFFIDAVIT FOR CERTIFICATION OF HISTORIC OR ARCHEOLOGICAL SITES
Owner's Name James Brand, M. D. Owner's Address_802 Barton Boulevard Owner's Telephone_(512) 326-9489 Select one: Homestead Non-Homestead Check here if not 100% Homestead
BEFORE ME THE UNDERSIGNED NOTARY APPEARED LAMES BRAND HO [AFFIANT NAME HERE], WHO, BEING DULY SWORN ON OATH STATES:
My name is JAMET BRAND MD.
I am over 18 years of age and am competent to sign this Affidavit. I am the owner of the property identified above. I am seeking a tax exemption for the property identified above.
The requirements concerning the preservation and maintenance of the historic landmark property ordinance (Chapter 25-11-216 of the City Code) are fully satisfied as of January 1 of the year for which this exemption is claimed.
This property is a Recorded Texas Historic Landmark <u>Yes</u> , or State Archeological Landmark <u>No</u> . OR This property is in peed of tax relief to encourage its process to be seen for the same for the sa
This property is in need of tax relief to encourage its preservation because [state reason here]
I authorize the City of Austin Historic Preservation staff to visit and inspect the exterior of the historic property, and any related books and records, as may be necessary to certify that the statements made in this Affidavit are true and correct. Signature Owner Applicant Date I declare under perjury that the statements above are true and correct.
Subscribed and sworn to before me, by [owner] TAMES RUTLAND BRAND, this the TTH day of TANUARY, 2013, to certify which witness my hand and seal of office.
MICHAEL A. ZAMORA Notary Public, State of Texas My Commission Expires November 23, 2014 Notary Public, State of
My commission expires $\frac{11/23/3014}{}$

AFFIDAVIT FOR CERTIFICATION OF HISTORIC OR ARCHEOLOGICAL SITES

Owner's Name <u>James Brand, M. D.</u> Owner's Address <u>802 Barton Boulevard</u> Owner's Telephone <u>(512) 326-9489</u> Select one: <u>Homestead</u> <u>Non-Homestead</u> <u>Check here if not 100% Homestead</u>	TCAD ID 01-0404-0114 Property Name Rocky Cliff House Property Address 802 Barton Boulevard Zoning Case No. C14H-1996-0002-
CERTIF	ICATION
To be completed by the City of Austin and forward	ded to the Travis County Appraisal District:
This is to certify that the historic property for v Historic Texas Landmark or State Archeological Lar required by the City Code.	
This is to certify that the historic property for relief to encourage its preservation and is being preservation	r which the exemption is requested is in need of tax erved and maintained as required by the City Code.
	which the exemption is requested is <u>not</u> in need of tax reserved and maintained as required by the City Code.
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City	y of Austin, Historic Preservation Officer Date
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	SROMAN A JAKADIM

CITY OF AUSTIN HISTORIC LANDMARK TAX EXEMPTION INSPECTION FORM

Address: 802 Barton Boulevard Case #_C14H-1996-0002-Owner: James Brand, M. D. Building name: Rocky Cliff House Owner phone: (512) 326-9489 Results of previous annual inspection: _Pass - minor deficiency Notes from previous inspection: Siding damaged or rotting. Sills, lintels or sashes need repair/repainting. Permits issued in past year: FOUNDATION: **DOORS AND WINDOWS:** Visible dampness or poor drainage ___ Doors and/or door-frames need repair or __ Visible structural deficiencies repainting Broken or missing window panes WALLS: _ Sills, lintels, or sashes need repair or Loose masonry units, vertical cracks, repainting open mortar joints Damaged/torn screens _ Siding damaged or rotting _ Glazing putty needs repair/replacement Siding needs repainting Visible structural deficiencies **GROUNDS, ACCESSORY BLDGS:** ___ Accessory buildings, fences, or other ROOF/DRAINAGE: structures need repair ____ Missing, loose, damaged, or cloqued Vermin, weeds, fallen trees or gutters, downspouts, or flashing limbs, debris, abandoned vehicles or other Missing, loose, or cracked tiles or refuse in yard shingles OTHER: **DECORATIVE ELEMENTS:** Unapproved alterations or additions ____ Railings/trim need repair/repainting Violations of sign regulations Porch floors and supports need repair LANDMARK PLAQUE: or repainting Landmark plaque COMMENTS: PHOTO LOG (Date/Photo #s):_____ **INSPECTION RESULTS:** PASS, no deficiencies PASS, minor deficiencies

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Inspector

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rner's Name Robert Tessen xas Osteopathic Medical Association yner's Address 1415 Lavaca yner's Telephone (512) 708-8662 ect one: Homestead Non-Homeste Check here if not 100% Homestead The Check here if not 100% Home	N OF HISTORIC OR ARCHEOLOGICAL SITES
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rner's Name Robert Tessen xas Osteopathic Medical Association yner's Address 1415 Lavaca yner's Telephone (512) 708-8662 ect one: Homestead Non-Homeste Check here if not 100% Homestead The Check here if not 100% Home	N OF HISTORIC OR ARCHEOLOGICAL SITES
was Osteopathic Medical Association oner's Address_1415 Lavaca oner's Telephone_(512) 708-8662 ect one: Homestead Non-Homestead Check here if not 100% Homestead Check here if not 10	
was Osteopathic Medical Association oner's Address_1415 Lavaca oner's Telephone_(512) 708-8662 ect one: Homestead Non-Homestead Check here if not 100% Homestead Check here if not 10	TCAD ID_02-1002-2601
rner's Address 1415 Lavaca rner's Telephone (512) 708-8662 ect one: Homestead Non-Homestea Check here if not 100% Homes FORE ME THE UNDERSIGNED NOTAR ME HERE], WHO BEING DULY SWOR rname is Fore and am competent to me the owner of the property identified above an seeking a tax exemption for the property in erequirements concerning the preservati inance (Chapter 25-11-216 of the City Cool is exemption is claimed. s property is a Recorded Texas Historic Lar OR s property is in need of tax relief to encoura	Property Name_Bartholomew - Robinson Building
rner's Telephone(512) 708-8662 ect one: Homestead Non-Homestead Check here if not 100% Homestead Check he	Property Address_1415_Lavaca Street
FORE ME THE UNDERSIGNED NOTAR ME HERE], WHO BEING DULY SWOR name is	Zoning Case NoC14H-1996-0003-
Check here if not 100% Homes FORE ME THE UNDERSIGNED NOTAR ME HERE], WHO BEING DULY SWOR In over 18 years of age and am competent to In the owner of the property identified above in seeking a tax exemption for the property is the requirements concerning the preservation in the City Cool in exemption is claimed. It is property is a Recorded Texas Historic Lar OR In property is in need of tax relief to encoura	
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n the owner of the property identified above in seeking a tax exemption for the property is requirements concerning the preservationance (Chapter 25-11-216 of the City Coccerning in a Recorded Texas Historic Lar OR s property is a Recorded Texas Historic Lar OR	
n the owner of the property identified above in seeking a tax exemption for the property is requirements concerning the preservationance (Chapter 25-11-216 of the City Coccerning in a Recorded Texas Historic Lar OR s property is a Recorded Texas Historic Lar OR	o sign this Affidavit.
requirements concerning the preservation in seeking a tax exemption for the property is requirements concerning the preservation in the City Cool exemption is claimed. It is property is a Recorded Texas Historic Lart OR It is property is in need of tax relief to encoura	e.
e requirements concerning the preservation in the City Cool exemption is claimed. s property is a Recorded Texas Historic Lar OR s property is in need of tax relief to encoura	
11	ndmark No, or State Archeological Landmark No. age its preservation because [state reason here]
stondards is costled partion	lever for a non- profet register
othorize the City of Austin Historic Preserventy, and any related books and records, a Affidavit are true and correct. Signate Clare under perjury that the statements above	Owner/Applicant Date
scribed and sworn to before me, by [owner]	
day of January, 2013	_, to certify which witness my hand and seal of office.
IF I THE REAL PROPERTY.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Martha J Danz	5 2/2000
My Commission Expires 08/29/2015	Tricians
FOF TO WARE TO THE TOTAL TO THE	
*****	Notary Public, State of Texas

JAN 09 2013

#### AFFIDAVIT FOR CERTIFICATION OF HISTORIC OR ARCHEOLOGICAL SITES

Owner's Name <u>Robert Tessen</u> <u>Texas Osteopathic Medical Association</u> Owner's Address <u>1415 Lavaca</u> Owner's Telephone <u>(512) 708-8662</u> Select one: <u>Homestead</u> <u>Non-Homestead</u> <u>Check here if not 100% Homestead</u>	TCAD ID <u>02-1002-2601</u> Property Name <u>Bartholomew - Robinson Building</u> Property Address <u>1415 Lavaca Street</u> Zoning Case No. <u>C14H-1996-0003-</u>
CERTIF	CATION
relief to encourage its preservation and is being preservation.  This is to certify that the historic property for vertile to encourage its preservation or is not being preservation.	which the exemption is requested is a Recorded and maintained as which the exemption is requested is in need of tax
Comments:	
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	A CONTRACTOR OF THE PARTY OF TH
City	of Austin, Historic Preservation Officer Date



Date	of	inspection:	

Case #_C14H-1996-0003-

### CITY OF AUSTIN HISTORIC LANDMARK TAX EXEMPTION INSPECTION FORM

Address: 1415 Lavaca Street

Owner: Robert Tessen Texas Osteopathic Medical Association Building name: Bartholomew - Robinson Building Owner phone:_(512) 708-8662 Results of previous annual inspection: _Pass - no deficiencies Notes from previous inspection:_ Permits issued in past year: DOORS AND WINDOWS: FOUNDATION: _ Visible dampness or poor drainage Doors and/or door-frames need repair or Visible structural deficiencies repainting Broken or missing window panes WALLS: Sills, lintels, or sashes need repair or ____ Loose masonry units, vertical cracks, repainting Damaged/torn screens open mortar joints _ Siding damaged or rotting _ Glazing putty needs repair/replacement Siding needs repainting Visible structural deficiencies **GROUNDS, ACCESSORY BLDGS:** ___ Accessory buildings, fences, or other structures need repair **ROOF/DRAINAGE:** ____ Missing, loose, damaged, or cloqged Vermin, weeds, fallen trees or gutters, downspouts, or flashing limbs, debris, abandoned vehicles or other Missing, loose, or cracked tiles or refuse in vard shingles OTHER: **DECORATIVE ELEMENTS:** Unapproved alterations or additions ____ Railings/trim need repair/repainting Violations of sign regulations Porch floors and supports need repair or repainting LANDMARK PLAQUE: _ Landmark plaque COMMENTS: PHOŢO LOG (Date/Photo #s):___ INSPECTION RESULTS: PASS, no deficiencies PASS, minor deficiencies Inspector

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