

COMBINATION APPLICATION: FLOODPLAIN, CONSTRUCTION AND HARC

\$50.00 APPLICATION FEE NON-REFUNDABLE



City of Key West

3140 FLAGLER AVENUE
KEY WEST, FLORIDA 33040

Phone: 305.809.3956

www.cityofkeywest-fl.gov



HARC PERMIT NUMBER u/s		BUILDING PERMIT NUMBER 15-349		INITIAL & DATE
FLOODPLAIN PERMIT <input checked="" type="checkbox"/>			REVISION #	
FLOOD ZONE X	PANEL # 1516	ELEV. L. FL. —	SUBSTANTIAL IMPROVEMENT YES NO %	

ADDRESS OF PROPOSED PROJECT:

412 REAR Julia St # OF UNITS

RE # OR ALTERNATE KEY:

1028126

NAME ON DEED:

Lenora Banks PHONE NUMBER 305 797-6964

OWNER'S MAILING ADDRESS:

414 JULIA ST EMAIL lenurse2@att.net

CONTRACTOR COMPANY NAME:

Joseph Caffrey Bldg PHONE NUMBER 304 2847

CONTRACTOR'S CONTACT PERSON:

JOE CAFFEY EMAIL

ARCHITECT / ENGINEER'S NAME:

PHONE NUMBER

ARCHITECT / ENGINEER'S ADDRESS:

EMAIL

HARC: PROJECT INVOLVES A CONTRIBUTING HISTORIC STRUCTURE: YES NO (SEE PART C FOR HARC APPLICATION.)

CONTRACT PRICE FOR PROJECT OR ESTIMATED TOTAL FOR MAT'L., LABOR & PROFIT: \$27,000.00

FLORIDA STATUTE 837.06: WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING AND WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE PUNISHABLE PER SECTION 775.082 OR 775.083.

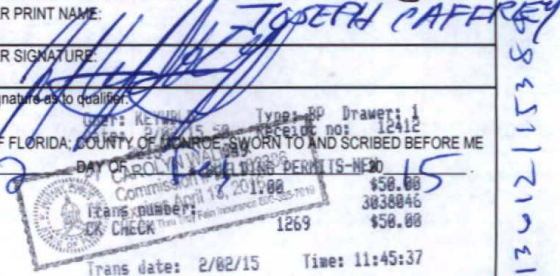
PROJECT TYPE: ONE OR TWO FAMILY MULTI-FAMILY COMMERCIAL NEW REMODEL
 CHANGE OF USE / OCCUPANCY ADDITION SIGNAGE WITHIN FLOOD ZONE
 DEMOLITION SITE WORK INTERIOR EXTERIOR AFTER-THE-FACT

DETAILED PROJECT DESCRIPTION INCLUDING QUANTITIES, SQUARE FOOTAGE ETC.,

REPAIR FLOOR JOISTS + ADD 3/4 plywood subfloor 450 S.F.
 REPAIR WALL STUDS + ADD 1/2" SHEATHING 325 S.F.
 REPAIR RAFTERS + ADD 3/8 Plywood sheathing 450 S.F.

I'VE OBTAINED ALL NECESSARY APPROVALS FROM ASSOCIATIONS, GOVT AGENCIES AND OTHER PARTIES AS APPLICABLE TO COMPLETE THE DESCRIBED PROJECT:

OWNER PRINT NAME: Lenora Banks	QUALIFIER PRINT NAME: JOSEPH CAFFEY
OWNER SIGNATURE: <i>Lenora Banks</i>	QUALIFIER SIGNATURE: <i>Joseph Caffrey</i>
Notary Signature as to owner:	Notary Signature as to qualifier:
STATE OF FLORIDA; COUNTY OF MONROE, SWORN TO AND SCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____	STATE OF FLORIDA; COUNTY OF MONROE, SWORN TO AND SCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____
Personally known or produced _____ as identification.	Personally known or produced _____ as identification.



130121538

PART B: SUPPLEMENTARY PROJECT DETAILS TO AVOID DELAYS / CALL-BACKS

PROPERTY STRUCTURES AFFECTED BY PROJECT: MAIN STRUCTURE ACCESSORY STRUCTURE

ACCESSORY STRUCTURES: GARAGE / CARPORT DECK FENCE OUTBUILDING / SHED

FENCE STRUCTURES: 4 FT. 6 FT. SOLID 6 FT. / TOP 2 FT. 50% OPEN

POOLS: INGROUND ABOVE GROUND SPA / HOT TUB PRIVATE PUBLIC

PUBLIC POOLS REQUIRE BD. OF HEALTH LICENSE APPLICATION AT TIME OF CITY APPLICATION.
 PUBLIC POOLS REQUIRE BD. OF HEALTH LICENSE PRIOR TO RECEIVING THE CITY CERTIFICATE OF OCCUPANCY.

ROOFING: NEW ROOF-OVER TEAR-OFF REPAIR AWNING
 5 V METAL ASPLT. SHGLS. METAL SHGLS. BLT. UP TPO OTHER

FLORIDA ACCESSIBILITY CODE: 20% OF PROJECT FUNDS INVESTED IN ACCESSIBILITY FEATURES.

SIGNAGE: # OF SINGLE FACE # OF DOUBLE FACE REPLACE SKIN ONLY BOULEVARD ZONE
 POLE WALL PROJECTING AWNING HANGING WINDOW
 SQ. FT. OF EACH SIGN FACE: _____

SUBCONTRACTORS / SPECIALTY CONTRACTORS SUPPLEMENTARY INFORMATION:

MECHANICAL: DUCTWORK COMMERCIAL EXH. HOOD INTAKE / EXH. FANS LPG TANKS
 A / C: COMPLETE SYSTEM AIR HANDLER CONDENSER MINI-SPLIT

ELECTRICAL: LIGHTING RECEPTACLES HOOK-UP EQUIPMENT LOW VOLTAGE
 SERVICE: OVERHEAD UNDERGROUND 1 PHASE 3 PHASE _____ AMPS

PLUMBING: ONE SEWER LATERAL PER BLDG. INGROUND GREASE INTCPTRS. LPG TANKS
 RESTROOMS: MEN'S WOMEN'S UNISEX ACCESSIBLE

PART C: HARC APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS

PLEASE ATTACH APPROPRIATE VARIANCES / RESOLUTIONS FROM HARC, PLANNING OR CITY COMMISSIONERS; ALSO INCLUDE 2 SETS OF SCALED PLANS; PHOTOS OF EXISTING AND ADJACENT BLDGS.; ILLUSTRATIONS OF PROPOSED PRODUCTS, ETC...

INDICATE TYPE OF CERT. OF APPROPRIATENESS: GENERAL DEMOLITION SIGN OTHER:

GENERAL: DESCRIPTION FROM PART B: _____

PROJECT SPECIFICATIONS		
ARCHITECTURAL FEATURES TO BE ALTERED:	ORIGINAL MATERIAL:	PROPOSED MATERIAL:
NONE		

DEMOLITION: ATTACHED IS HARC APPENDIX FOR PROPOSED DEMOLITION

DEMOLITION OF HISTORIC STRUCTURES IS NOT ENCOURAGED BY THE HISTORIC ARCHITECTURAL REVIEW COMMISSION.

SIGNAGE: (SEE PART B) BUSINESS SIGN BRAND SIGN OTHER: _____

BUSINESS LICENSE # _____ IF FAÇADE MOUNTED, SQ. FT. OF FAÇADE _____

SIGN SPECIFICATIONS

SIGN COPY:	PROPOSED MATERIALS:	SIGNS WITH ILLUMINATION:
		TYPE OF LTG.:
		LTG. LINEAL FTG.:
MAX. HGT. OF FONTS:		COLOR AND TOTAL LUMENS:
IF USING LIGHT FIXTURES PLEASE INDICATE HOW MANY: INCLUDE SPEC. SHEET WITH LOCATIONS AND COLORS.		

OFFICIAL USE ONLY: HARC STAFF OR COMMISSION REVIEW		
___ APPROVED ___ NOT APPROVED ___ DEFERRED FOR FUTURE CONSIDERATION ___ TABLED FOR ADD'L. INFO.		
HARC MEETING DATE:	HARC MEETING DATE:	HARC MEETING DATE:
REASONS OR CONDITIONS:		
STAFF REVIEW COMMENTS:		
HARC PLANNER SIGNATURE AND DATE:		HARC CHAIRPERSON SIGNATURE AND DATE:

PART D: STATE OF FLORIDA OFFICIAL NOTIFICATIONS AND WARNINGS

FLORIDA STATUTE 713.135: WARNING TO OWNER: YOUR FAILURE TO RECORD A 'NOTICE OF COMMENCEMENT' MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED WITH THE COUNTY RECORDER AND A COPY POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING A NOTICE.

FLORIDA STATUTE 469: ABESTOS ABATEMENT. AS OWNER / CONTRACTOR / AGENT OF RECORD FOR THE CONSTRUCTION APPLIED FOR IN THIS APPLICATION, I AGREE THAT I WILL COMPLY WITH THE PROVISIONS F. S. 469.003 AND TO NOTIFY THE FLORIDA D. E. P. OF MY INTENT TO DEMOLISH / REMOVE ASBESTOS. IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT APPLICATION, THERE MAY BE DEED RESTRICTIONS AND / OR ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF MONROE COUNTY AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENT ENTITIES SUCH AS AQUADUCT AUTHORITY, FLORIDA DEP OR OTHER STATE AGENCIES; ARMY CORPS OF ENGINEERS OR OTHER FEDERAL AGENCIES.

FEDERAL LAW REQUIRES LEAD PAINT ABATEMENT PER THE STANDARDS OF THE USDEP ON STRUCTURES BUILT PRIOR TO 1978.

15-349

OFFICIAL USE ONLY BY PLANS EXAMINER OR CHIEF BUILDING OFFICIAL:				CBO OR PL. EXAM. APPROVAL:
HARC FEES:	BLDG. FEES:	FIRE MARSHAL FEE:	IMPACT FEES:	<i>John Castro</i>
	648.00 27.00 10.12 10.12 2.00 <u>697.24</u>			
				DATE: 2-5-15

Change of owner or contractor for a permit that is not yet issued:

Project address: 412 JULIA ST. **Permit #** 15-349

1. Departing Contractor / Owner-builder

JOSEPH CAFFREY RLDG

I hereby affirm that I am no longer the contractor or owner-builder of record for the above-listed project, and I release the permit to the new owner/contractor.

CONT.

[Signature] 2/25/15
Signature of qualifier Date

State of FL County of Monroe

The foregoing instrument was acknowledged before me this 25 day of 2, 2015 by

JOSEPH CAFFREY

Marta Cabaleiro
Signature of Notary Public (seal) Personally known or Produced I.D. ___



2. New Contractor / Owner-builder

CONQUEST CARPENTRY

I hereby affirm that I am the new contractor or owner-builder of record for the above-listed project, and I assume all responsibilities for this project.

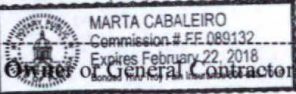
[Signature] 2/25/15
Signature of qualifier Date

State of FL County of Monroe

The foregoing instrument was acknowledged before me this 25 day of 2, 2015 by

RICHARD DIVOLL

Marta Cabaleiro
Signature of Notary Public (seal) Personally known or Produced I.D. ___



3. Property Owner or General Contractor (as applicable)

I am the property owner or General Contractor of record, and I agree to this change of contractor. I understand that all financial obligations are mine; if any refund is due the original contractor or previous owner; I hold the City of Key West harmless in that respect.

Signature of property owner /General Contractor Date

State of _____ County of _____
The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.

Signature of Notary Public (seal) Personally known _____ or Produced I.D. ___

Application Miscellaneous Information Maintenance

Application number : 15 00001283
RE #/PARCEL #/TAX ID etc . : 0002-7350-000000- -
Address : 412 JULIA

Type information, press Enter.

2=Change 4=Delete 5=Display

Opt	Code	Date	Print	Miscellaneous Information
-	DESC	4/08/15	Y	AFTER THE FACT: REVISION REPLACE 575
	DESC	4/08/15	Y	SQ/eT OF VARIOUS TYPES OF SIDING W/1/4
	DESC	4/08/15	Y	X 6 CEMENT SIDING. REPLACE 8 ALUMINUM
	DESC	4/08/15	Y	JALOUSIE WINDOWS W/SINGLE HUNG ALUM
	DESC	4/08/15	Y	WINDOWS. (STOP WORK ORDER BY LEO).
	DESC	4/08/15	Y	**NOC REQ** note that app fee paid
	DESC	4/08/15	Y	under 15-349
-	DESC	4/16/15	Y	contractor withdrew application;
	DESC	4/16/15	Y	paperwork was given back to contractor

Bottom

F3=Exit F6=Add F12=Cancel

COMBINATION APPLICATION: FLOODPLAIN, CONSTRUCTION AND HARC
\$50.00 APPLICATION FEE NON-REFUNDABLE

1283



City of Key West

3140 FLAGLER AVENUE
KEY WEST, FLORIDA 33040
Phone: 305.809.3956

HARC PERMIT NUMBER 15-01-482	BUILDING PERMIT NUMBER 15-0000349	INITIAL & DATE
FLOODPLAIN PERMIT		REVISION #
FLOOD ZONE	PANEL #	ELEV L FL
SUBSTANTIAL IMPROVEMENT		YES NO %

ADDRESS OF PROPOSED PROJECT:

RE # OR ALTERNATE KEY:

NAME ON DEED:

OWNER'S MAILING ADDRESS:

CONTRACTOR COMPANY NAME:

CONTRACTOR'S CONTACT PERSON:

ARCHITECT / ENGINEER'S NAME:

ARCHITECT / ENGINEER'S ADDRESS:

412 Julia St	# OF UNITS 1
1028126	PHONE NUMBER
LENDRA BANKS	EMAIL
4114 Julia St.	PHONE NUMBER (305) 304-2817
Key West	305-304-2847
CONQUEST	EMAIL conquest@hotmail.com
JOE CAFFEY	PHONE NUMBER
RICHARD DIVOLL	EMAIL
N/A	EMAIL

HARC: PROJECT LOCATED IN HISTORIC DISTRICT OR IS CONTRIBUTING: YES NO (SEE PART C FOR HARC APPLICATION.)

CONTRACT PRICE FOR PROJECT OR ESTIMATED TOTAL FOR MAT'L., LABOR & PROFIT: \$ 12,000.00

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PROJECT TYPE: ONE OR TWO FAMILY MULTI-FAMILY COMMERCIAL NEW REMODEL
 CHANGE OF USE / OCCUPANCY ADDITION SIGNAGE WITHIN FLOOD ZONE
 DEMOLITION SITE WORK INTERIOR EXTERIOR AFTER-THE-FACT AND

DETAILED PROJECT DESCRIPTION INCLUDING QUANTITIES, SQUARE FOOTAGE ETC., ~~REVISION~~

① REPLACE 575 SQUARE FEET OF VARIOUS TYPES OF SIDING WITH 1/4 x 6 CEMENT SIDING ② REPLACE Eight Aluminum Jalousie windows with single hung Aluminum

OWNER PRINT NAME	QUALIFIER PRINT NAME RICHARD L. DIVOLL
OWNER SIGNATURE	QUALIFIER SIGNATURE
Notary Signature as to owner:	Notary Signature as to qualifier:
STATE OF FLORIDA, COUNTY OF MONROE, SWORN TO AND Scribed BEFORE ME THIS DAY OF 20 15	STATE OF FLORIDA, COUNTY OF MONROE, SWORN TO AND Scribed BEFORE ME THIS DAY OF April 20 15
Type: Bp Drawers: 1 \$56.00 \$345.38 \$189.00 \$589.38 \$189.00 \$778.38	GERZALE R. CURRY HILL Commission # PF 091671 Expires May 11, 2018 Bonded This Troy Fan Insurance 800-385-7019

Gerzale Hill

From: Leo Hernandez
Sent: Monday, March 30, 2015 5:25 PM
To: Building; Code Compliance; HARC
Cc: Ron Wampler
Subject: 412 Julia Street Permit # 15-00349
Attachments: 15-000411 412 Julia Street pics.docx



I issued and posted a stop work order after Joe Caffey, employed by Conqwest Carpentry Inc. showed me what he has been working on versus the permit they were issued. The rear structure he has erected I believe is over the scope of mentioned permit. I checked for HARC certificate of appropriateness and also called Carolyn Walker and she also checked that they was not HARC approval for this permit.

Mr. Caffey was advised that he needed to gather his tools and visit our Building Department before he can commence work again.

Ron W., please review pictures enclosed and have a building inspector inspect property. This all happened after 5pm so I could not request assistance.

LEONARDO HERNANDEZ
CODE COMPLIANCE OFFICER
City of Key West, Florida
305.809.3730 Desk
305.797.8701 Cell



Scott P. Russell, CFA
Property Appraiser
Monroe County, Florida

Key West (305) 292-3420
Marathon (305) 289-2550
Plantation Key (305) 852-7130

Property Record Card -

Maps are now launching the new map application version

Website tested on IE8,
IE9, & Firefox.
Requires Adobe Flash
10.3 or higher

Alternate Key: 1028126 Parcel ID: 00027350-000000

Ownership Details

Mailing Address:
BANKS LENORA
414 JULIA ST
KEY WEST, FL 33040

Property Details

PC Code: 01 - SINGLE FAMILY
Millage Group: 11KW
Affordable Housing: No
Section-Township-Range: 06-68-25
Property Location: 412 JULIA ST KEY WEST
Legal Description: KW PT SUB 1 PT LOT 4 SQR 3 TR 11 G75-464/65 OR449-6/7 OR434-675 OR589-85 OR933-1143 OR947-457 OR953-2103 OR1057-1099/1100 OR2461-1579

