

Call for inspections:
93-6462
24-hour inspection line



THE CITY OF KEY WEST
BUILDING DEPARTMENT
P.O. BOX 1409
KEY WEST, FL 33041-1409
(305) 809-3956

Application Number 15-00000652 Date 4/23/15
Application pin number 266712
Property Address 1525 VON PHISTER ST
RE #/PARCEL #/TAX ID etc 0004-2660-000000-
Previous utility acct # 1043290.00
Application type description RENOVATION, ADDITION, CONVERSION: RESIDE
Property Zoning SINGLE FAMILY UNITS
Application valuation 135000

Owner

SHARKEY CAROLANN
1525 VON PHISTER ST
KEY WEST FL 33040

Contractor

BOTSFORD BUILDERS, INC.
P.O. BOX 421125
SUMMERLAND KEY FL 33042
(305) 743-9644

Permit BUILDING PERMIT
Additional desc GH
Permit Fee 3140.00
Issue Date 4/23/15 Valuation 135000
Expiration Date 4/22/17

Qty Unit Charge Per Extension
BASE FEE 3140.00

Special Notes and Comments

*****AFTER THE FACT*****
INSTALL NEW WINDOWS & DOORS, REPLACE
SIDING, NEW INTERIOR WALLS & FLOOR, NEW
PAINT. (NEED FILE N.O.C.) INTERIOR ONLY
T/S: 02/23/2015 11:54 AM KEYWMXC ---
STOP WORK ORDER BY CODE (MARY LOCKYEAR)
T/S: 03/03/2015 08:13 AM KEYWMXC ---

Other Fees APPLICATION FEE BLDG NEW 50.00
DCA SURCHARGE: FS553.721 50.63
EDUCATION FEE 2.00
FINES 3240.00
PLAN REVIEW FEE 135.00
DBPR SURCHARGE: FS468.631 50.63

Fee summary Charged Paid Credited Due
Permit Fee Total 3140.00 .00 .00 3140.00
Other Fee Total 3528.26 50.00 .00 3478.26
Grand Total 6668.26 50.00 .00 6618.26

Oper: KEYWBLD Type: BP Drawer: 1
Date: 4/27/15 58 Receipt no: 28543

THE PROPOSED CONSTRUCTION IS PERMITTED ON CONDITION OF
COMPLIANCE WITH ALL APPLICABLE CODES AND ORDINANCES AND
CONFORMANCE WITH ALL PLANS, SPECIFICATIONS AND ESTIMATES
SUBMITTED WITH THE SUBJECT APPLICATION. PERMIT VOID UNLESS
CONSTRUCTION COMMENCED WITHIN 180 DAYS OF ISSUE.

Trans date: 4/27/15 Time: 10:41:22

4/27/15
DATE ISSUED

BY



City of Key West

3140 FLAGLER AVENUE
KEY WEST, FLORIDA 33040

Phone: 305.809.3956

www.keywestcity.com



HARC PERMIT NUMBER 15-01-000240	BUILDING PERMIT NUMBER 15-652	INITIAL & DATE 2/17/15
FLOODPLAIN PERMIT		REVISION # #5478
FLOOD ZONE A12	PANEL # 1516	ELEV. L.F.L. 7
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:

1525 VONKISTEN STREET		# OF UNITS 1
Carol Ann Sparky		PHONE NUMBER
		EMAIL
Botstorf Builders, Inc.		PHONE NUMBER (305) 584-9988
Brian Botstorf		EMAIL Brian@BotstorfBuilders.com
Reynolds Engineering		PHONE NUMBER (305) 394-5987
22972 Overseas Hwy		EMAIL J.M@ReynoldsEngineering.com

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:

\$135,000.00

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: <input type="checkbox"/> ONE OR TWO FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REMODEL
<input type="checkbox"/> CHANGE OF USE / OCCUPANCY <input type="checkbox"/> ADDITION <input type="checkbox"/> SIGNAGE <input type="checkbox"/> WITHIN FLOOD ZONE
<input type="checkbox"/> DEMOLITION <input type="checkbox"/> SITE WORK <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR <input checked="" type="checkbox"/> AFTER-THE-FACT

DETAILED PROJECT DESCRIPTION INCLUDING QUANTITIES, SQUARE FOOTAGE ETC.,

Install New Windows &

Doors, Replaster Siding, New Interior Walls & Floor, New Plumbing, Electrical & New Paint.

I'VE OBTAINED ALL NECESSARY APPROVALS FROM ASSOCIATIONS, GOVT AGENCIES AND OTHER PARTIES AS APPLICABLE TO COMPLETE THE DESCRIBED PROJECT.	
OWNER PRINT NAME: Carol Ann Sparky	QUALIFIER PRINT NAME: Brian Botstorf
OWNER SIGNATURE: <i>[Signature]</i>	QUALIFIER SIGNATURE: <i>[Signature]</i>
Notary Signature as to owner: <i>[Signature]</i>	Notary Signature as to qualifier: <i>[Signature]</i>
STATE OF FLORIDA; COUNTY OF MONROE, SWORN TO AND Scribed BEFORE ME THIS 17th DAY OF February , 20 15	STATE OF FLORIDA; COUNTY OF MONROE, SWORN TO AND Scribed BEFORE ME THIS 17th DAY OF February , 20 15
 DEIDRE LEWIS NOTARY PUBLIC STATE OF FLORIDA Comm# EE142242 Expires 11/19/2015	 DEIDRE LEWIS NOTARY PUBLIC STATE OF FLORIDA Comm# EE142242 Expires 11/19/2015
Personally known or produced as identification.	Personally known or produced as identification.

8458-Pd
249-Pd

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:
INSTALL NEW WINDOWS + DOORS, SIDING + PAINT		

DEMOLITION: ☐ ATTACHED IS HARC APPENDIX FOR PROPOSED DEMOLITION

Oper: KEYWBLD Type: OC Drawer: 1
 Date: 2/23/15 53 Receipt no: 14322
 2015 1000240
 DEMOLITION OF HISTORIC STRUCTURES IS NOT ENCOURAGED BY THE HISTORIC ARCHITECTURAL REVIEW COMMISSION.
 1.00 \$50.00
 SIGNAGE: (SEE PART B) ☐ BUSINESS SIGN ☐ BRAND SIGN ☐ OTHER: Trans number: 3040425
 VN VISA/MASTERC \$100.00

BUSINESS LICENSE #

IF FAÇADE MOUNTED, SQ. FT. OF FAÇADE

Name: Date: 2/23/15 Time: 12:35:33

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		
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> DEFERRED FOR FUTURE CONSIDERATION <input type="checkbox"/> 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.

OFFICIAL USE ONLY BY PLANS EXAMINER OR CHIEF BUILDING OFFICIAL:				CBO OR PL. EXAM. APPROVAL:	
HARC FEES:	BLDG. FEES:	FIRE-MARSHAL FEE:	IMPACT FEES:	DATE:	
	3240.00 3240.00 Permit 135.00 50.00 50.00 2.00 <u>6718.26</u>			04-23-2015	

\$ 6718.26

Credit for \$50.00