

Call for inspections:
293-6462
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 15-00004480 Date 1/11/16
Application pin number 315840
Property Address 3725 EAGLE AVE
RE #/PARCEL #/TAX ID etc: 0005-3660-000000-
Application type description POOLS/SPA - RESIDENTIAL
Property Zoning SINGLE FAMILY UNITS
Application valuation : 88618

Owner Contractor

EVANS JOHN AND OKSANA ISLAND POOLS AND SPAS
3725 EAGLE AVENUE 1819 6TH ST
KEY WEST FL 33040 SARASOTA FL 34236
(239) 219-6462

Permit POOL PERMIT
Additional desc
Permit Fee 275.00
Issue Date 11/03/15 Valuation 0
Expiration Date 11/02/17

Qty Unit Charge Per Extension
BASE FEE 275.00

Special Notes and Comments
Construction of 329 sq ft pool and 64 sq
ft spa. (noc REV'D 11/16/15). HARC
required, per KP. HARC does not have
jurisdiction on pool/spa**
T/S:10/29/2015 10:28 AM KEYWVXC ---

January 11, 2016 8:28:50 AM keywcaw.
Changed from Daniels Devel to Island
Pools and Spas. New NOC required.

Other Fees CHANGE OF CONTRACTOR FEE 100.00

Fee summary	Charged	Paid	Credited	Due
Permit Fee Total	275.00	275.00	.00	.00
Other Fee Total	100.00	.00	.00	100.00
Grand Total	375.00	275.00	.00	100.00

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

1/12/16
DATE ISSUED

BY

1/12/16
Type: PO
Date: 1/12/16
Time: 1:13 PM
User: [Signature]
[Signature]
[Signature]



Permit Number 15-00004486-000-
000-POLR-00

CITY OF KEY WEST BUILDING DEPARTMENT

CHANGE OF CONTRACTOR
(New Contractor)

I, ISLAND POOLS & SPAS am taking full responsibility for the entire project
(New Contractor)

located at 3728 EAGLE AVE KEY WEST, FL 33040
(Complete Address)

New Contractor Signature: *Myrian Murphy*

STATE OF FLORIDA
COUNTY OF Sarasota

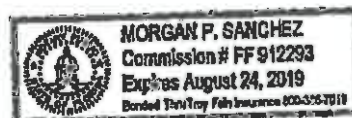
This instrument was acknowledged before me this 31st day of December 2015,
by the above referenced individual, Myrian Murphy, who acknowledged
that he/she is a duly licensed contractor with State of Florida, and who
acknowledged that he/she was authorized to execute this document. He/she is either
personally known to me ☒ or produced _____ as valid
identification.

WITNESS my hand and official seal this 31st day of December 2015.

Morgan P. Sanchez
Notary Public

Printed Name: Morgan P. Sanchez

My Commission Expires: August 24, 2019





Permit Number 15-00004480-000-
000-POLR-00

CITY OF KEY WEST BUILDING DEPARTMENT

CHANGE OF CONTRACTOR

(Departing Contractor)

DANIELIS DEVELOPMENT CO

I, OF SW FLORIDA, am requesting that I be removed from project
(Departing Contractor)

located at 3725 EAGLE AVE KEY WEST, FL, and have agreed to transfer
(Complete Address)

to WINDWARD ISLAND CONSTRUCTION POOL, SPA AND WATER FEATURES LLC
(New Contractor Name)

Departing Contractor Signature: _____

[Handwritten Signature]

STATE OF FLORIDA

COUNTY OF Pinellas

This instrument was acknowledged before me this 4 day of JANUARY, 2016,
by the above referenced individual, SCOTT E. BODINAK, who acknowledged
that he/she is a duly licensed contractor with DANIELIS DEVELOPMENT CO, and who
acknowledged that he/she was authorized to execute this document. He/she is either
personally known to me ☒ or produced _____ as valid
identification.

WITNESS my hand and official seal this 4 day of JANUARY, 2016.



CHRISTINE L. HALL
MY COMMISSION # FF 102225
EXPIRES: April 19, 2018
Bonded Thru Budget Notary Services

[Handwritten Signature]
Notary Public

Printed Name: Christine L. Hall

My Commission Expires: 4-19-18

City of Key West Building Department
3140 Flagler Avenue Key West Fl. 33040
Hold Harmless

Re: Property address: 3725 EAGLE AVE. KEY WEST, FL 33040

Permit # 15-00004480-000-000-POLR-00

Building Department:

I am the legal owner of the property listed above and I request the removal of the original contractor named on the permit DANIEL'S DEVELOPMENT

(contractor name)

Date of last inspection 11/16/15

I no longer authorize the previous contractor to proceed with the work covered by the permit. I hereby apply as owner-builder, or authorize (new contractor) WINDWARD ISLAND CONST. to apply for such permits as necessary to construct or complete the construction on subject property. I agree to hold the City of Key West, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fee) resulting from the cancellation of the existing permit or the issuance of a new permit. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting cancellation. In the event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to transfer the permit.

Property Owner:

John Evans
Printed

[Signature]
Signature

State of Florida

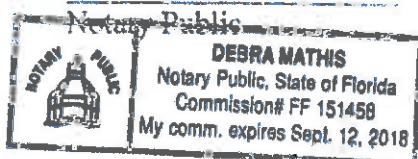
County of Monroe

The foregoing instrument was
acknowledged before me this

4 day of Jan, 2016.

By: Debra Mathis

Personally known or produced identification.





Permit Number 15-00004480-000-
000-POLR-00

CITY OF KEY WEST BUILDING DEPARTMENT

**CHANGE OF CONTRACTOR
(Property Owner)**

I, JOHN EVANS, am requesting a change of contractor at project
(Property Owner)

located at 3725 EAGLE AVE, from DANIEL'S DEVELOPMENT
(Complete Address) (Departing Contractor Name)

to WINDWARD ISLAND CONSTRUCTION POOL, SPA AND WATER FEATURES LLC
(New Contractor Name)

Property Owner Signature: _____

STATE OF FLORIDA

COUNTY OF MONROE

This instrument was acknowledged before me this 4 day of January,
by the above referenced individual, John Evans, who acknowledged
that he/she is the property owner, and who acknowledged that he/she is authorized to
execute this document. He/she is either personally known to me _____ or produced
FDLE 152461733790 as valid identification.

WITNESS my hand and official seal this 4 day of January, 2016.

Debra Mathis
Notary Public

Printed Name: Debra Mathis

My Commission Expires:



BY: MAC
JAN 11 2016



Permit Number 15-00004480-000-
000-POLR-00

CITY OF KEY WEST BUILDING DEPARTMENT

**CHANGE OF CONTRACTOR
(Property Owner)**

I, JOHN EVANS, am requesting a change of contractor at project
(Property Owner)

located at 3725 EAGLE AVE, from DANIEL'S DEVELOPMENT
(Complete Address) (Departing Contractor Name)

to WINDWARD ISLAND CONSTRUCTION POOL, SPA AND WATER FEATURES LLC
(New Contractor Name)

Property Owner Signature: [Signature]

STATE OF FLORIDA
COUNTY OF Monroe

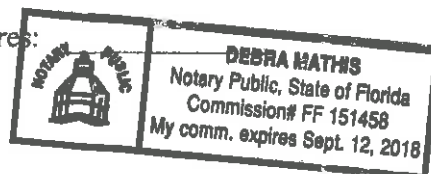
This instrument was acknowledged before me this 4 day of January,
by the above referenced individual, John Evans, who acknowledged
that he/she is the property owner, and who acknowledged that he/she is authorized to
execute this document. He/she is either personally known to me or produced
FDLE 152461733790 as valid identification.

WITNESS my hand and official seal this 4 day of January, 2016.

Debra Mathis
Notary Public

Printed Name: Debra Mathis

My Commission Expires:



City of Key West Building Department
3140 Flagler Avenue Key West Fl. 33040
Hold Harmless

Re: Property address: 3725 EAGLE AVE. KEY WEST, FL 33040

Permit # 15-00004480-000-000-POLR-00

Building Department:

I am the legal owner of the property listed above and I request the removal of the original contractor named on the permit DANIEL'S DEVELOPMENT.
(contractor name)

Date of last inspection 11/16/15

I no longer authorize the previous contractor to proceed with the work covered by the permit. I hereby apply as owner-builder, or authorize (new contractor) WINDWARD ISLAND CONST. to apply for such permits as necessary to construct or complete the construction on subject property. I agree to hold the City of Key West, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fee) resulting from the cancellation of the existing permit or the issuance of a new permit. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting cancellation. In the event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to transfer the permit.

Property Owner:

John Emme
Printed

[Signature]
Signature

State of Florida

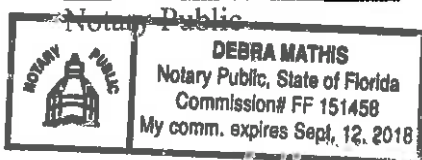
County of Monroe

The foregoing instrument was
acknowledged before me this

4 day of Jan, 2016.

By: Debra Mathis

Personally known or produced identification.



(seal)

City of Key West Building Department
3140 Flagler Avenue Key West Fl. 33040
Hold Harmless

Re: Property address: 3725 EAGLE

Permit # 1500004480-000-000-POLR-00

Building Department:

I am the legal owner of the property listed above or general contractor listed on the referenced permit # and I request the removal of the original contractor/subcontractor named on the permit DANIELS DEVELOPMENT CO OF FLORIDA
(contractor name to be removed)

Date of last inspection _____

I no longer authorize the previous contractor / subcontractor to proceed with the work covered by the permit. I hereby ~~apply as owner-builder, or authorize (new contractor)~~ ISA MUA ADAMS & SPAS to apply for such permits as necessary to construct or complete the construction on subject property. I agree to hold the City of Key West, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fee) resulting from the cancellation of the existing permit or the issuance of a new permit. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting cancellation. In the event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to transfer the permit.

Property Owner or General Contractor responsible for job.

John Evans

Printed

Signature

State of Florida

County of Monroe

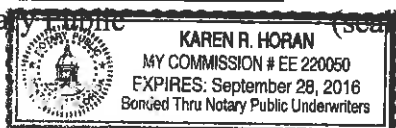
The foregoing instrument was
acknowledged before me this

11th day of Jan., 2016.

By: Karen R. Horan

Personally known or ~~produced identification~~

Notary Public





Permit Number 15-00004486-000-
000-POLR-00

CITY OF KEY WEST BUILDING DEPARTMENT

CHANGE OF CONTRACTOR
(New Contractor)

I, ISLAND POOLS & SPAS am taking full responsibility for the entire project
(New Contractor)

located at 3728 EAGLE AVE KEY WEST, FL 33040
(Complete Address)

New Contractor Signature: *Myriam Murphy*

STATE OF FLORIDA
COUNTY OF Sarasota

This instrument was acknowledged before me this 31st day of December 2015,
by the above referenced individual, Myriam Murphy, who acknowledged
that he/she is a duly licensed contractor with State of Florida, and who
acknowledged that he/she was authorized to execute this document. He/she is either
personally known to me ☒ or produced _____ as valid
identification.

WITNESS my hand and official seal this 31st day of December 2015.

Morgan P. Sanchez
Notary Public

Printed Name: Morgan P. Sanchez

My Commission Expires: August 24, 2019





Permit Number 15-00004480-000-
000-POLR-00

CITY OF KEY WEST BUILDING DEPARTMENT

CHANGE OF CONTRACTOR

(Departing Contractor)

DANIEL'S DEVELOPMENT CO

I, OF SW FLORIDA, am requesting that I be removed from project
(Departing Contractor)

located at 3725 EAGLE AVE KEY WEST, FL, and have agreed to transfer
(Complete Address)

to WINDWARD ISLAND CONSTRUCTION POOL, SPA AND WATER FEATURES LLC
(New Contractor Name)

Departing Contractor Signature: SCOTT E BODZAK

STATE OF FLORIDA

COUNTY OF PINELAS

This instrument was acknowledged before me this 4 day of JANUARY 2016
by the above referenced individual, SCOTT E BODZAK, who acknowledged
that he/she is a duly licensed contractor with DANIEL'S DEVELOPMENT
CO OF SW FL, and who
acknowledged that he/she was authorized to execute this document. He/she is either
personally known to me ☒ or produced _____ as valid
identification.

WITNESS my hand and official seal this 4 day of JANUARY 2016.



CHRISTINE L. HALL
MY COMMISSION # FF 102225
EXPIRES: April 19, 2018
Bonded Thru Budget Notary Services

Christine L Hall
Notary Public

Printed Name: Christine L Hall

My Commission Expires: 4-19-18

Receipt# 373753

AMY HEAVILIN
CLERK OF COURT
MONROE COUNTY
500 WHITEHEAD STREET
KEY WEST, FL
33040

Doc#: 2059752 Pgs: 1
Type: NOTICE OF COMMENCEMENT
Book: 2777 Page: 1398

COPIES	\$	1.00
RECORDING	\$	10.00

Type: MISCELLANEOUS Cnt: 1		
MISCELLANEOUS	\$	0.49

Total	\$	11.49
Cash Tendered	\$	12.00
Change Due	\$	0.51
Balance	\$	0.00

Total Documents: 2
Total Fees: 3

Client Name GENERAL PUBLIC
Filed By LOT 6&7 3725 EAGLE AVE
Jan 11 2016 1:08:43 PM

Cashier: Krystal Martin

NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

A Notice of Commencement must be filed with Clerk of Court, and recorded copy submitted to Building Department prior to first inspection, if the job valuation is \$2,500 or more (FS Section 713.02(5)). This does not apply to a direct contract to REPAIR or REPLACE an EXISTING heating or air-conditioning system in the an amount less than \$7,500 (FS Section 713.135(d)), or to any political subdivision, agency, or department of the state, a municipality, or other governmental entity. (FS 713.01(23))

PERMIT NO. _____ TAX FOLIO NO: _____

STATE OF FLORIDA, COUNTY OF MONROE

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Space above reserved for use of recording office.

PREPARED BY (Name and Address):

John Evans
3725 Eagle Ave
Key West FL 33040

1. Legal description of property: Lot 6 & 7 Block _____ Bldg # _____ Unit # _____
Subdivision _____
Street address if available: 3725 Eagle Ave. Key West, FL 33040
2. General description of improvement: Construction of new pool, spa, water features
3. a. Owner(s), or Lessee Contracted for Improvement Name: John Evans
Address: 3725 Eagle Ave. Key West, FL 33040
b. Interest in property: _____
c. Name and address of fee simple titleholder: Same as above
(if different from Owner listed above): _____
4. a. Contractor's Name: Windward Island Const. Pool, Spa and Water Features b. Phone number: (239) 219-6462
Address: 6901 Allico Rd. Fort Myers, FL 33912
5. Surety (if applicable, a copy of the payment bond is attached): c. Amount of Bond \$ _____
a. Name: N/A b. Phone number _____
Address: _____
6. a. Lender's Name: N/A b. Phone number: _____
Address: _____
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: a. Name: Steeven C. Knight
Address: 6901 Allico Rd. Fort Myers, FL 33912
b. Phone numbers of designated persons: 1-239-641-2628
8. a. In addition to himself/herself, Owners designates _____ of _____
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
b. Phone number of person or entity designated by owner: _____
9. Expiration date of this Notice of Commencement: _____ (the expiration date is 1 year from the date of recording unless a different date is specified).

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUTES

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true, to the best of my knowledge and belief.

Signature(s) of Owner(s) or Lessee, or Owner(s)' or Lessee's Authorized Officer/Director/Partner/Manager

Print Name John Evans

Title/Office _____

Print Name _____

Title/Office _____

STATE OF FL COUNTY OF MONROE

The foregoing instrument was acknowledged before me this 4 day of January 2006 By John Evans

☐ Individually, or ☐ as _____ for _____

☐ Personally known, or ☒ produced the following type of identification: FDL E152 461733790

Signature of Notary Public: Debra Mathis

DEBRA MATHIS

Print Name: Debra Mathis

