

Attachment b:
Building permits issued prior to April 1, 2010

O. OF UNITS _____
EWER PAID _____
ARBAGE PAID _____
ESIDENTIAL _____
OMMERCIAL _____
EWER IMPACT FEE _____
OLID WASTE IMPACT FEE _____
RAFFIC IMPACT FEE _____
NERGY CODE REPORT _____
LEVATION CERTIFICATE _____
.A.R.C. COMPLIANCE _____

CITY OF KEY WEST

Office of The Building Inspector

CERTIFICATE OF OCCUPANCY

Owner MICHAEL KEATING Permit Number B-014130

THIS IS TO CERTIFY that the building located at 729 TRUMAN AVE.,
for which permit has heretofore been issued, has been completed according to plans and specifications
filed in the office of the BUILDING INSPECTOR, and that the proposed use of the building, to wit, as
a GUEST HOUSE UPSTAIRS, complies with all the building and health laws and ordinances of
the CITY OF KEY WEST and is approved for this use.

ALLOWABLE FLOOR LOAD PER SQUARE FOOT	MAXIMUM NUMBER OF PERSONS FOR EACH FLOOR
1st Floor	
2nd Floor	
3rd Floor	

DATED THIS 29th DAY OF JUNE 19 88

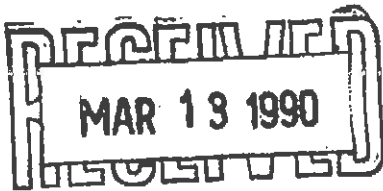
Ed. Dwyer D.B.O.
BUILDING INSPECTOR

CERTIFICATE NUMBER -798-

N/A
MECHANICAL INSPECTOR

N/A
FIRE MARSHALL

N/A
PLUMBING INSPECTOR
Ed. Dwyer D.B.O.
ELECTRICAL INSPECTOR



001193

APPLICATION FOR BUILDING PERMIT
BUILDING AND ZONING DEPARTMENT
CITY OF KEY WEST, FLORIDA

LOCATION OF CONSTRUCTION:

729 TRUMAN AVE.

DATE:

3/13/90

1. OWNER: MICHAEL KOSTING

TELEPHONE #: 294-1972

2. ADDRESS: 729 TRUMAN AVE.

3. CONTRACTOR: SELF

TELEPHONE #:

4. ADDRESS:

5. ARCH./ENG.:

TELEPHONE #:

6. ADDRESS:

7. ZONE HP2 RES. ☒ COMM. ☐ # OF UNITS 3 BEDROOMS 1 BATHROOMS 18. OFF STREET PARKING REQUIRED? YES ☐ NO ☐ # OF SPACES

9. DIMENSIONS OF EXISTING BUILDING(S):

10. DIMENSIONS OF NEW BUILDING(S) OR ADDITIONS:

11. REAR OF LOT ABUTS AN ALLEY: YES ☐ NO ☐ SETBACKS: FRONT ☐ REAR ☐ SIDE ☐

12. TYPE OF CONSTRUCTION: (FRAME, CBS, METAL)

13. FLOOD ZONE ☐ REQUIRED BASE FLOOD ELEVATION ☐ EXISTING ELEV. ☐14. TYPE OF WORK: NEW ☐ REMODEL ☐ REPAIR ☐ ALTERATION ☐ ADDITION ☐15. DESCRIPTION OF WORK: REMOVE KITCHEN CEILING PANELLING + REPLACE
SOME ROTTEN BOARDS

18. ESTIMATE COST OF COMPLETED WORK: \$ 600- PERMIT FEE: \$

19. SEWER ACCOUNT: 1019-1160-019-PD- SOLID WASTE ACCOUNT: 3007-0625-017

5-201-5459-015-PD-

SEC. 35.13(6) CITY OF KEY WEST CODE OF ORDINANCES: IF THE WORK DESCRIBED IN ANY BUILDING PERMIT HAS NOT BEGUN WITHIN NINETY (90) DAYS FROM THE DAY OF ISSUANCE OR IF THE WORK DESCRIBED IN ANY BUILDING PERMIT HAS NOT BEEN SUBSTANTIALLY COMPLETED WITHIN TWO (2) YEARS OF THE DATE OF ISSUANCE, SAID PERMIT SHALL EXPIRE AND BE CANCELLED BY THE CHIEF BUILDING OFFICIAL AND WRITTEN NOTICE THEREOF SHALL BE GIVEN TO THE PERSONS AFFECTED, TOGETHER WITH NOTICE THAT FURTHER WORK DESCRIBED IN THE CANCELLED PERMIT SHALL NOT PROCEED UNLESS AND UNTIL A NEW BUILDING PERMIT HAS BEEN OBTAINED.

"FAILURE TO COMPLY WITH THE MECHANICS' LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS."

OWNER OR CONTRACTOR

STATE CERTIFICATION OR REGISTRATION

ZONING DIRECTOR

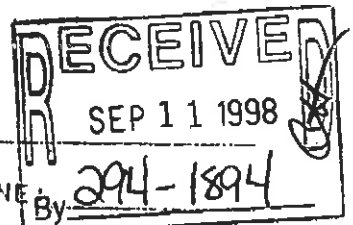
BUILDING OFFICIAL

DATE

3/16/90

DATE

KEY WEST BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT



ADDRESS OF CONSTRUCTION: 729 TRUMAN AVE

OWNER: MICHAEL LAUGHLIN (DEAN GRIFFIN) TELEPHONE: 294-1894

ADDRESS: 729 TRUMAN AVE

CONTRACTOR: _____ TELEPHONE: _____

CONTRACTOR ADDRESS: _____

ARCHITECT/ENGINEER: MARK HAYES TELEPHONE: 295-9287

ARCHITECT/ENGINEER ADDRESS: 1512 BERTHA ST. KEY WEST

PROPERTY IS: RESIDENTIAL _____ COMMERCIAL ☒

EXISTING # UNITS: 1 # UNITS AFTER CONSTRUCTION: same (1)

EXISTING # BEDROOMS: 5 # BEDROOMS AFTER CONSTRUCTION: same (5)

SQUARE FOOTAGE OF EXISTING BUILDING(S): 4000 APPROX

DIMENSIONS OF NEW BUILDING(S) OR ADDITION: _____

TYPE OF WORK: NEW _____ REMODEL _____ REPAIR _____ ADDITION _____

DESCRIPTION OF WORK: REMOVE EXISTING CLAPBOARD

SIDING

ESTIMATED COST OF COMPLETED WORK (LABOR & MATERIAL): \$ 500

SRC. 35.13(6) OF THE KEY WEST CODE OF ORDINANCES: If the work described in any building permit has not begun within ninety (90) days from the date of issuance thereof, said permit shall expire; it shall be canceled by the Chief Building Official, and written notice shall be given to the persons affected.

If the work described in any building permit has not been substantially completed within two (2) years of the date of issuance thereof, said permit shall expire and be canceled by the Chief Building Official and written notice thereof shall be given to the persons affected, together with notice that further work described in the canceled permit shall not proceed unless and until a new building permit has been obtained.

"FAILURE TO COMPLY WITH THE MECHANIC'S LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS"

[Signature]
OWNER OR CONTRACTOR

R30066828

99 12/5

KEY WEST BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT

ADDRESS OF CONSTRUCTION: 729 Truman ave
OWNER: Dean Corbison / Paul Hayes TELEPHONE: 294/1894
ADDRESS: 729 Truman ave
CONTRACTOR: Seneca untold of mia TELEPHONE: 294-5244
CONTRACTOR ADDRESS: 3314 Northside Drive # 29A
ARCHITECT/ENGINEER: N/A TELEPHONE: _____
ARCHITECT/ENGINEER ADDRESS: N/A
PROPERTY IS: RESIDENTIAL ☒ COMMERCIAL _____
EXISTING # UNITS: 2 # UNITS AFTER CONSTRUCTION: 2
EXISTING # BEDROOMS: 6 # BEDROOMS AFTER CONSTRUCTION 6
SQUARE FOOTAGE OF EXISTING BUILDING(S): 3000
DIMENSIONS OF NEW BUILDING(S) OR ADDITION: N/A
TYPE OF WORK: NEW _____ REMODEL _____ REPAIR ☒ ADDITION _____
DESCRIPTION OF WORK: Scrape & Prime & Paint
exter. Remove & Replace any Rotten
wood. 3000 S.F.

17840/2639

ESTIMATED COST OF COMPLETED WORK (LABOR & MATERIAL): \$ 12,000

SEC. 35.13(6) OF THE KEY WEST CODE OF ORDINANCES: If the work described in any building permit has not begun within ninety (90) days from the date of issuance thereof, said permit shall expire; it shall be canceled by the Chief Building Official, and written notice shall be given to the persons affected.

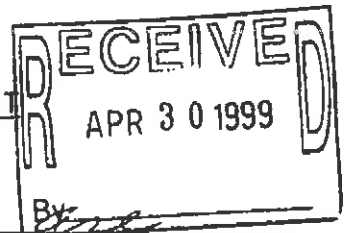
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"FAILURE TO COMPLY WITH THE MECHANIC'S LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS"



99 1506

KEY WEST BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT



ADDRESS OF CONSTRUCTION: 729 Truman
OWNER: MICHAEL LAUGHTON
Dean Carlson TELEPHONE: 294-4894

ADDRESS: 729 Truman Ave

CONTRACTOR: Cutler Drywall & Shores TELEPHONE: 294-5244

CONTRACTOR ADDRESS: 3314 Northside Dr # 29A

ARCHITECT/ENGINEER: N/A TELEPHONE: _____

ARCHITECT/ENGINEER ADDRESS: N/A

PROPERTY IS: RESIDENTIAL 1 COMMERCIAL V

EXISTING # UNITS: 1 # UNITS AFTER CONSTRUCTION: 1

EXISTING # BEDROOMS: 6 # BEDROOMS AFTER CONSTRUCTION 6

SQUARE FOOTAGE OF EXISTING BUILDING(S): 2500 D

DIMENSIONS OF NEW BUILDING(S) OR ADDITION: 2500 D

TYPE OF WORK: NEW _____ REMODEL _____ REPAIR V ADDITION _____

DESCRIPTION OF WORK: Remove Rusty old gutters
with new to match existing.
add Decorative Ginghambread to Porch
columns & Gables.

Gable element "E" and bracket element #660 are approved

ESTIMATED COST OF COMPLETED WORK (LABOR & MATERIAL): \$ 2000.00

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If the work described in any building permit has not been substantially completed within two (2) years of the date of issuance thereof, said permit shall expire and be canceled by the Chief Building Official and written notice shall be given to the persons affected.

1999/10/29
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