Call for inspections: 293-6462 24-hour inspection line



#### THE-GITY OF-KEY-WEST

#### **BUILDING DEPARTMENT**

P.O. BOX 1409 KEY WEST, FL 33041-1409 (305) 809-3956

Application Number Application pin num Property Address RE #/PARCEL #/TAX Application type do Property Zoning . Application valuation	mber : : : : : : : : : : : : : : : : : : :	15-00001443 936386 3317 HARRIE 0005-2960-00 RENOVATION, SINGLE FAMIL	T AVE 02400- ADDITION, CO LY UNITS	Date 4/2	1/15 RESIDE
Owner BABIC IVETA D/BABIC 3305 HARRIET AVE KEY WEST		Cont: KEY I	ractor NEST BOYZ COM 19TH ST NEST ) 797-4266	PANY INC.	
Permit	. 240.0 4/21/1 4/20/1	PERMIT  0 5 Va:	luation		7500
Qty Unit Char	rge Per BA	SE FEE		Exte 2	nsion 40.00
Special Notes and (DEMO AS PER ENGINE SO/FT FOOTPRINT. 1 T/S:04/21/2015 09	Comments EER SPECS AP N.O.C. REQUI :13 AM KEYWG	PROX. 825 RED. GH			
Other Fees		DCA SURCHARGE DUCATION FIFTH PLAN REVIEW DBPR SURCHAI	GE: FS553.721 EE FEE RGE: FS468.63	3.7 2.0 10.0 1 3.7	5 0 0 5
Fee summary  Permit Fee Total Other Fee Total Grand Total	Charged 240.00 19.50 259.50	Paid .00 .00	Credited .00 .00	Due 240.00 19.50 259.50	

THE PROPOSED CONSTRUCTION IS PERMITTED ON CONDITION OF 1259.58 COMPLIANCE WITH ALL APPLICABLE CODES AND ORDINANCES AND 184.871 CONFORMANCE WITH ALL PLANS, SPECIFICATIONS AND ESTIMATES 1259.58 SUBMITTED WITH THE SUBJECT APPLICATION. PERMIT VOID UNLESS CONSTRUCTION COMMENCED WITHIN 180 DAYS, OF 125.50 Fine: 11:52:36

DATEISSUED

# 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

HARC PERMIT	NUMBER	BUILDING PE	MIT NUMBER 1443	INITIAL & DATE
FLOODPLAIN P	ERMIT	1		REVISION #
FLOOD ZONE	PANEL #	ELEV L FL	SUBSTANTIAL	IMPROVEMENT
		and the second	YES	NO%

SPECIFICATION OF THE PARTY OF T	Alternated upp			YESNO
ADDRESS OF PROPOSED PROJECT:	330\$ HA	MIET AVE		# OF UNITS
RE# OR ALTERNATE KEY:		All and a second	1	
NAME ON DEED:	IVETA	D BAbic	PHONE NUMBE	R
OWNER'S MAILING ADDRESS:			EMAIL	
CONTRACTOR COMPANY NAME:	Ken WEST	Boyz (6)	PHONE NUMBE	757-426b
CONTRACTOR'S CONTACT PERSON:	Frank 4	Auto	EMAIL	177-4068
RCHITECT / ENGINEER'S NAME:	PELEZ	Alle	PHONE NUMBER	302-9440
ARCHITECT / ENGINEER'S ADDRESS:	1010 EAST 1	(enney DR	EMAIL	415 (110
	Suite 201	Keny lext	E1 3304	)
CHANGE OF USE / DEMOLITION		ITION SIGNAGE	AND RESIDENCE OF THE PARTY OF T	the second secon
ETAILED PROJECT DESCRIPTION INCL	UDING QUANTITIES, SQU	UARE FOOTAGE ETC.,		
Domo Ax D	En Pholini	un sper		- x - 32 m - 22 m
ADDROX 825	- 10	FOOT Print		
	00			A Section 1
/E OBTAINED ALL NECESSARY APPROVALS FR	OM ASSOCIATIONS GOVT AGE	ENCIES AND OTHER PARTIE		MPLETE THE DESCRIBED PROJECT
WNER SIGNATURE	711-		PICANUCI	White
	700	QUALIFIER SIGNATU	pull vien	Any
stary Signature as to owner:	10,15	Notary Signature as to	qualifier:	
ATE OF FLORIDA; COUNTY OF MONROE, SWOR	N TO AND SORIBE PORE M	STATE OF FLORIDA		ORN TO AND SCRIBED BEFORE ME
DAY OF	31	THIS	DAY OF API	20 15
	2	NONTE	GERZ/US DO	441

& Paid

as identification.

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

PROPERTY STRUCTURES AFFECTED BY PROJECT: MAIN STRUCTURE ACCESSORY STRUCTURE SITE
ACCESSORY STRUCTURES: GARAGE / CARPORT DECK FENCE OUTBUILDING / SHED
FENCE STRUCTURES:4 FT6 FT. SOLID6 FT. / TOP 2 FT. 50% OPEN
POOLS:INGROUNDABOVE GROUNDSPA / HOT TUBPRIVATEPUBLIC
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
POLEWALLPROJECTING AWNING HANGING WINDOW
SQ. FT. OF EACH SIGN FACE:
SUBCONTRACTORS / SPECIALTY CONTRACTORS SUPPLEMENTARY INFORMATION:
MECHANICAL:DUCTWORKCOMMERCIAL EXH. HOOD INTAKE / EXH. FANS LPG TANKS
A / C:COMPLETE SYSTEM AIR HANDLER CONDENSER MINI-SPLIT
ELECTRICAL: LIGHTINGRECEPTACLES HOOK-UP EQUIPMENT LOW VOLTAGE
SERVICE:OVERHEADUNDERGROUND 1 PHASE 3 PHASE AMPS AMPS PLUMBING:ONE SEWER LATERAL PER BLDG INGROUND GREASE INTCPTRS LPG TANKS
RESTROOMS: MEN'S WOMEN'S UNISEX ACCESSIBLE
MENTS WOMEN S ONISEA ACCESSIBLE
DADT C. HADC ADDI ICATION FOR A CERTIFICATE OF ADDRODUATEMENT
PART C: HARC APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS
APPLICATION FEES: PAINTING SINGLE FAMILY: \$10 STAFF APPROVAL: \$50 COMMISSION REVIEW \$100
PLEASE ATTACH APPROPRIATE VARIANCES / RESOLUTIONS FROM HARC, PLANNING BOARD OR TREE COMMISSION.
ATTENTION: NO BUILDING PERMITS WILL BE ISSUED PRIOR TO HARC APPROVAL.
PLEASE SEND ELECTRONIC SUBMISSIONS TO: harc@cityofkeywest-fl.gov
NDICATE TYPE OF CERTIFICATE. OF APPROPRIATENESS:GENERALDEMOLITIONSIGNPAINTINGOTHER
ADDITIONAL INFORMATION:
PROJECT SPECIFICATIONS: PLEASE PROVIDE PHOTOS OF EXISTING CONDITIONS, PLANS, PRODUCT SAMPLES, TECHNICAL DATA
RCHITECTURAL FEATURES TO BE ALTERED: ORIGINAL MATERIAL: PROPOSED MATERIAL:
DEMOLITION: PLEASE FILL OUT THE HARC APPENDIX FOR PROPOSED DEMOLITION.
DEMOLITION OF HISTORIC STRUCTURES IS NOT ENCOURAGED BY THE HISTORIC ARCHITECTURAL REVIEW COMMISSION.
IGNAGE: (SEE PART B) BUSINESS SIGN BRAND SIGN OTHER:
SUSINESS LICENSE # IF FACADE MOUNTED, SQ. FT, OF FACADE

CIAN CARY.	SIGN SPECIFICATION	5	
SIGN COPY:	PROPOSED MATERIALS:	SIGNS W	ITH ILLUMINATION:
		TYPE OF	LTG.:
		LTG. LIN	EAL FTG.:
MAX. HGT. OF FONTS:		COLOR	AND TOTAL LUMENS:
F USING LIGHT FOXTURES PLEASE INDICATE HO	W MANY: INCLUDE SPEC. SHEET	WITH LOCATIONS AND COLOR	25.
OFFICIAL USE ONLY:	HARC STAFF OR COMMISSION	REVIEW	
APPROVED NOT APPROVE	DEFERRED FOR FUTURE CO	NSIDERATION TAE	ILED FOR ADD'L. INFO.
HARC MEETING DATE:	HARC MEETING DATE	HARC ME	ETING DATE:
REASONS OR CONDITIONS:			
TATE DESIGNATION OF THE PROPERTY OF THE PROPER			
STAFF REVIEW COMMENTS:			
	•		
IARC PLANNER SIGNATURE AND DATE:	HARC CHA	RPERSON SIGNATURE AND DA	TE:
HARC PLANNER SIGNATURE AND DATE:	HARC CHAI	RPERSON SIGNATURE AND DA	TE
	HARC CHAI		
PART D: STATE OF F FLORIDA STATUTE 713.135: WARNING TO OWNE MPROVEMENTS TO YOUR PROPERTY. A NOTICE	LORIDA OFFICIAL NOTIFICAL REPORT OF COMMENCEMENT MUST BE RECORDED	CATIONS AND WA COMMENCEMENT MAY RESU WITH THE COUNTY RECORDER	RNINGS  LT IN YOUR PAYING TWICE FOR  AND A COPY POSTED ON THE JOB SITE
PART D: STATE OF F LORIDA STATUTE 713.135: WARNING TO OWNE MPROVEMENTS TO YOUR PROPERTY. A NOTICE DEFORE THE FIRST INSPECTION. IF YOU INTEND LORIDA STATUTE 469: ABESTOS ABATEMENT. A AGREE THAT I WILL COMPLY WITH THE PROVISE	LORIDA OFFICIAL NOTIFICAL NOTIFICAL R: YOUR FAILURE TO RECORD A 'NOTICE OF OF COMMENCEMENT MUST BE RECORDED TO OBTAIN FINANCING CONSULT WITH YOU AS OWNER / CONTRACTOR / AGENT OF RECORDS F. S. 469.003 AND TO NOTIFY THE FLOR	CATIONS AND WA COMMENCEMENT MAY RESU WITH THE COUNTY RECORDER R LENDER OR AN ATTORNEY E DRD FOR THE CONSTRUCTION JDA D. E. P. OF MY INTENT TO E	RNINGS LT IN YOUR PAYING TWICE FOR AND A COPY POSTED ON THE JOB SITE EFORE RECORDING A NOTICE.  APPLIED FOR IN THIS APPLICATION, DEMOLISH / REMOVE ASBESTOS.
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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.

Alternate Key: 8687745 Parcel ID: 00052960-002400

### **Ownership Details**

Mailing Address:

BABIC IVETA D 3305 HARRIET AVE KEY WEST, FL 33040-4677 All Owners:

BABIC IVETA D, BABIC PETER T/C

### **Property Details**

PC Code: 01 - SINGLE FAMILY

Millage Group: 10KW

Affordable No Housing:

Section-Township- 34-67-25

Range:

Property 3317 HARRIET AVE KEY WEST

Subdivision: Key West Foundation Co's Plat No 2

Legal PT BLOCK 9 KW FOUNDATION COS PLAT NO 2 PB1-189 A/K/A UNIT 24 KEY WEST ESTATES OR1015-2456/57 Description: OR1265-569/71 OR1322-16/18 OR1577-174/75 OR1604-1229/30 OR1659-475 OR2027-1428 OR2038-1670R/S

OR2242-1565 OR2707-473/75

## Click Map Image to open interactive viewer