## City of Key West Planning Department



## Verification Form

(Where Authorized Representative is an individual)

Representative of the Owner (as appears on the deed), if matter of this application:	n, depose and say that I am the Authorized or the following property identified as the subject
325 Duval Street, Key West, Flor	ida 33040 (AK#1004499)
Street address of subject property	
All of the suswers to the above questions, drawings, plans and any other attached data which make up the application, are true and correct to the best of my knowledge and belief. In the event the City or the Planning Department relies on any representation herein which proves to be unique or incorrect, any action or approval based on said representation shall be subject to revocation.	
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Signature of Authorized Representative	
Subscribed and sworn to (or affirmed) before me on this _	
David Van Loon	date
Name of Authorized Representative	
He/She is personally known to me or has presented	as identification.
Nofary's Signature and Seal	KASEY LIBERATORE
KUSEY Liberatore Name of Asknowledger typed, printed or stamped	EXPIRES: March 13, 2020
FF955052 Commission Number, if any	