

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 PERMIT NUMBER 15-3408 | INITIAL & DATE SK 8/13/15 |
| FLOODPLAIN PERMIT | | | REVISION # |
| FLOOD ZONE | PANEL # | ELEV. L. FL. | SUBSTANTIAL IMPROVEMENT ___ YES ___ NO ___ % |

ADDRESS OF PROPOSED PROJECT:

3800 Duck Ave

OF UNITS
1

RE # OR ALTERNATE KEY:

00053930-000000

NAME ON DEED:

Doughts LEONAR

PHONE NUMBER

330-696-0075

OWNER'S MAILING ADDRESS:

3800 Duck Ave

EMAIL

CONTRACTOR COMPANY NAME:

Wardlow Building Group, Inc.

PHONE NUMBER

(320) 4439158

CONTRACTOR'S CONTACT PERSON:

Chris Wardlow

EMAIL

Wardlowbuildinggroup@yahoo.com

ARCHITECT / ENGINEER'S NAME:

PHONE NUMBER

ARCHITECT / ENGINEER'S ADDRESS:

EMAIL

HARC: PROJECT LOCATED IN HISTORIC DISTRICT OR IS CONTRIBUTING: ___ YES NO (SEE PART C FOR HARC APPLICATION.)

CONTRACT PRICE FOR PROJECT OR ESTIMATED TOTAL FOR MAT'L., LABOR & PROFIT:

\$ 3800.⁰⁰/_{xx}

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: ONE OR TWO FAMILY ___ MULTI-FAMILY ___ COMMERCIAL ___ NEW ___ REMODEL
 ___ CHANGE OF USE / OCCUPANCY ___ ADDITION ___ SIGNAGE ___ WITHIN FLOOD ZONE ___
 ___ DEMOLITION ___ SITE WORK ___ INTERIOR EXTERIOR AFTER-THE-FACT

DETAILED PROJECT DESCRIPTION INCLUDING QUANTITIES, SQUARE FOOTAGE ETC.,

**ADD A 20' X 6' WOOD DECK PER DRAWING ATTACHED
P.T. LUMBER.**

I/VE OBTAINED ALL NECESSARY APPROVALS FROM ASSOCIATIONS, GOVT AGENCIES AND OTHER PARTIES AS APPLICABLE TO COMPLETE THE DESCRIBED PROJECT.

OWNER PRINT NAME:

QUALIFIER PRINT NAME:

Chris Wardlow

OWNER SIGNATURE:

QUALIFIER SIGNATURE:

Chris Wardlow

Notary Signature as to owner:

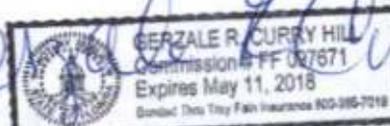
Notary Signature as to qualifier:

STATE OF FLORIDA, COUNTY OF MONROE, SWORN TO AND SCRIBED BEFORE ME

STATE OF FLORIDA, COUNTY OF MONROE, SWORN TO AND SCRIBED BEFORE ME

THIS ___ DAY OF ___ 20__

THIS **13** DAY OF **August** 20__ **15**



Personally known or produced

as identification

Personally known or produced

as identification

Planning approved - 11/13/15 Mike

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 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

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

INDICATE TYPE OF CERTIFICATE OF APPROPRIATENESS: GENERAL DEMOLITION SIGN PAINTING OTHER

ADDITIONAL INFORMATION: _____

PROJECT SPECIFICATIONS: PLEASE PROVIDE PHOTOS OF EXISTING CONDITIONS, PLANS, PRODUCT SAMPLES, TECHNICAL DATA

| ARCHITECTURAL FEATURES TO BE ALTERED: | ORIGINAL MATERIAL: | PROPOSED MATERIAL: |
|---------------------------------------|--------------------|--------------------|
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| | | |

DEMOLITION: PLEASE FILL OUT THE HARC APPENDIX FOR PROPOSED DEMOLITION.

DEMOLITION OF HISTORIC STRUCTURES IS NOT ENCOURAGED BY THE HISTORIC ARCHITECTURAL REVIEW COMMISSION.

SIGNAGE: (SEE PART B) BUSINESS SIGN BRAND SIGN OTHER: _____

BUSINESS LICENSE # _____ IF FAÇADE MOUNTED, SQ. FT. OF FAÇADE _____

