

**EASEMENT APPLICATION**  
City of Key West Planning Department  
3140 Flagler Avenue Street, Key West, FL 33040  
(305) 809-3720



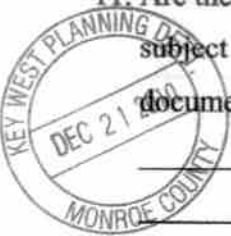
Please read carefully before submitting applications

**Easement Application**

Please print or type a response to the following:

1. Name of Applicant MARK D. SMITH
2. Site Address 1124 EATON STREET
3. Applicant is: Owner  Authorized Representative   
(attached Authorization Form must be completed)
4. Address of Applicant 3641 NORTHSIDE CT  
KEY WEST, FL 33040
5. Phone # of Applicant 292-4783 Mobile# 903-5878 Email MDSBCT@BELL SOUTH.NET
6. Name of Owner, if different than above ARLEEN COGGINS
7. Address of Owner 605 2ND AVENUE  
MARMORA, NJ 08223-1710
8. Phone Number of Owner 609 576 1600 Email ARCOGGS@HOTMAIL.COM
9. Zoning District of Parcel \_\_\_\_\_ RE# \_\_\_\_\_
10. Description of Requested Easement and Use. Please itemize if more than one easement is requested REMOVE EXIST'G CONCRETE PORCH AND REPLACE WITH NEW WOOD PORCH AT SIDEWALK. MAIN ENTRY AS PER APPROVED HARC APPLICATION # H10-01-536

11. Are there any existing easements, deed restrictions or other encumbrances attached to the subject property? Yes  No  If Yes, please describe and attach relevant documents. \_\_\_\_\_





# **Verification Form**

Verification Form

Please note, Planning Board meetings and Board of Adjustment hearings are quasi-judicial proceedings and it is improper to speak to a Planning Board or Board of Adjustment Member about the request outside of the hearing.

This form should be completed by the applicant. Where appropriate, please indicate whether applicant is the owner or a legal representative. If a legal representative, please have the owner(s) complete the following page, "Authorization Form."

I, MARK D. SMITH, being duly sworn, depose and say
Name(s) of Applicant(s)

that: I am (check one) the Owner Owner's Legal Representative
for the property identified as the subject matter of this application:

1124 EATON STREET
Street Address and Commonly Used Name (if any)

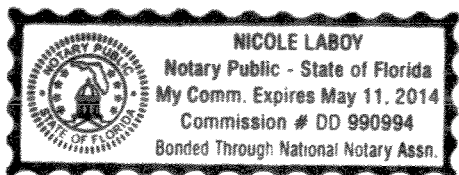
All of the answers to the above questions, drawings, plans and any other attached data which make up this application, are true and correct to the best of my knowledge and belief and that if not true or correct, are grounds for revocation of any action reliant on said information.

Signature of Owner/Legal Representative Signature of Joint/Co-owner

Subscribed and sworn to (or affirmed) before me on Dec 21, 2010 (date) by
Mark D. Smith (name). He/She is personally known to me or has
presented Fl. Drivers Lic. as identification.

Notary's Signature and Seal

Nicole Laboy Name of Acknowledger typed, printed or stamped
CSR Title or Rank Commission Number (if any)





# **Authorization Form**

**Authorization Form**

**Please note, Planning Board meetings and Board of Adjustment hearings are quasi-judicial proceedings and it is improper to speak to a Planning Board or Board of Adjustment Member about the request outside of the hearing.**

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, Arleen Coggins authorize  
Please Print Name(s) of Owner(s)

MARK SMITH  
Please Print Name of Representative

to be the representative for this application and act on my/our behalf before the Planning Board.

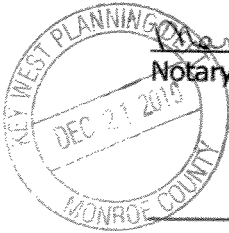
Arleen Coggins  
Signature of Owner

\_\_\_\_\_  
Signature of Joint/Co-owner if applicable

Subscribed and sworn to (or affirmed) before me on 12-13-2010 (date) by

Arleen Coggins  
Please Print Name of Affiant

He/She is personally known to me or has presented \_\_\_\_\_ as identification.



Margaret Trofa  
Notary's Signature and Seal

0066233  
Margaret A. Trofa  
Notary Public of New Jersey  
My commission exp. 3/16/2014

\_\_\_\_\_  
Name of Acknowledger printed or stamped

\_\_\_\_\_  
Title or Rank

\_\_\_\_\_  
Commission Number (if any)