



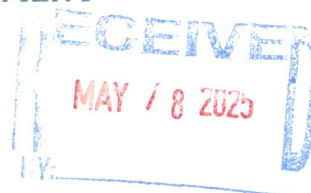
EASEMENT APPLICATION

CITY OF KEY WEST, FLORIDA • PLANNING DEPARTMENT

Address: 1300 White Street • Key West, Florida 33040

Phone: 305-809-3764

Website: www.cityofkeywest-fl.gov



Application Fee Schedule

Easement Application Fee	\$ 2,680.19
Advertising and Noticing Fee	\$ 358.87
Fire Department Review Fee	\$ 127.63
Total Application Fee	\$ 3,166.69

For each additional easement on the same parcel there is an additional fee of \$638.14

Please complete this application and attach all required documents. This will help staff process your request quickly and obtain necessary information without delay. If you have any questions, please call 305-809-3764.

PROPERTY DESCRIPTION:

Site Address: 417 ELIZABETH ST REAR. / 704 RUSSEL LANE

Zoning District: _____ Real Estate (RE) #: 00006190-000000

Property located within the Historic District? ☒ Yes ☐ No

APPLICANT: ☒ Owner ☐ Authorized Representative

Name: WADZ MORGAN AND RICHARD BASCOM Mailing

Address: 417 ELIZABETH ST REAR 704 RUSSEL LANE Key West City:

State: FL Zip: 33040 Home/Mobile Phone: 305-766-9600 Office:

Fax: _____ 603-504-5026

Email: whmrenovations@yahoo.com richard.bascom@yahoo.com

PROPERTY OWNER: (if different than above)

Name: _____ Mailing

Address: _____ City:

State: _____ Zip: _____ Home/Mobile Phone: _____ Office:

Fax: _____

Email: _____

Description of requested easement and use:

INSTALL 2 WATER ~~DOWN~~ LINES COMING FROM WATER
METERS LOCATED ON ELIZABETH ST TRAVELING
UNDERGROUND UP RUSSELL LANE TO REACH
417 ELIZABETH ST REAR, & 704 RUSSELL LANE.

Are there any easements, deed restrictions or other encumbrances attached to the property? ☐ Yes ☒ No

If yes, please describe and attach relevant documents: _____

REQUIRED SUBMITTALS: *All of the materials listed below must be submitted in order to have a complete application. Applications will not be processed until all materials are provided. Please submit one (1) paper copy of the materials to the Planning Department along with one (1) electronic copy of materials on a flash drive.*

- ☒ Correct application fee. Check may be payable to "City of Key West."
- ☒ Notarized verification form signed by property owner or the authorized representative.
- ☒ Notarized authorization form signed by property owner, if applicant is not the owner.
- ☒ Copy of recorded warranty deed
- ☒ Monroe County Property record card
- ☒ Signed and sealed Specific Purpose Survey with the legal description of the easement area requested and naming the property owner and/or entity on the document along with City of Key West.
- ☒ Photographs showing the proposed area
- ☒ Certificate of Liability Insurance, with the City of Key West listed as additional Certificate Holder. If certificate is not provided at time the application was accepted, the certificate shall be provided to the Planner within 7 days after the application is placed on a Development Review Committee (DRC) Agenda.

Work to be done in ROW easement:

Install 2 water lines coming from water meters located on Elizabeth St traveling underground up Russel Lane in the area noted on the special survey for the easement to reach 417 Elizabeth St Rear and 704 Russel lane.

Verification Form



**City of Key West
Planning Department
Verification Form**
(Where Applicant is an entity)

I, Richard J. McChesney, in my capacity as Member
(print name) (print position; president, managing member)
of Spottswood, Spottswood, Spottswood & Sterling
(print name of entity)

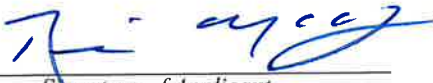
being duly sworn, depose and say that I am the Authorized Representative of the Owner (as appears on the deed), for the following property identified as the subject matter of this application:

325 Duval Street, Key West, FL

Street address of subject property

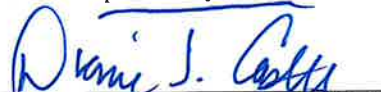
I, the undersigned, declare under penalty of perjury under the laws of the State of Florida that I am the Authorized Representative of the property involved in this application; that the information on all plans, drawings and sketches attached hereto and all the statements and answers contained herein are in all respects true and correct.

In the event the City or the Planning Department relies on any representation herein which proves to be untrue or incorrect, any action or approval based on said representation shall be subject to revocation.


Signature of Applicant

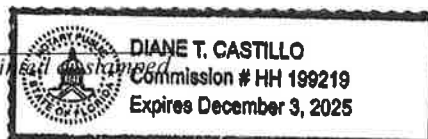
Subscribed and sworn to (or affirmed) before me on this January 15, 2025 by
Richard J. McChesney
Name of Applicant

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


Notary's Signature and Seal

DIANE T. CASTILLO

Name of Acknowledger typed, print name



Commission Number, if any

Property Card

Monroe County, FL

PROPERTY RECORD CARD

Disclaimer

The Monroe County Property Appraiser's office maintains data on property within the County solely for the purpose of fulfilling its responsibility to secure a just valuation for ad valorem tax purposes of all property within the County. The Monroe County Property Appraiser's office cannot guarantee its accuracy for any other purpose. Likewise, data provided regarding one tax year may not be applicable in prior or subsequent years. By requesting such data, you hereby understand and agree that the data is intended for ad valorem tax purposes only and should not be relied on for any other purpose.

By continuing into this site you assert that you have read and agree to the above statement.

Summary

Parcel ID

Account#

Property ID

Millage Group

Location Address

Legal Description

Neighborhood

Property Class

Subdivision

Sec/Twp/Rng

Affordable

Housing

00006190-000000

1006416

1006416

10KW

417 ELIZABETH St REAR, KEY WEST

KW PT LOT 4 SQR 35 OR168-423 OR183-81 OR1494-663 OR2394-2003 OR2399-345 OR2743-107 OR3096-639 OR3118-1509

(Note: Not to be used on legal documents.)

6108

SINGLE FAMILY RESID (0100)

06/68/25

No



Owner

MORGAN WADE
417 Elizabeth St
Rear
Key West FL 33040

Valuation

	2024 Certified Values	2023 Certified Values	2022 Certified Values	2021 Certified Values
+ Market Improvement Value	\$305,774	\$291,434	\$297,911	\$243,978
+ Market Misc Value	\$42,577	\$43,640	\$27,916	\$28,710
+ Market Land Value	\$1,739,875	\$1,458,425	\$1,130,066	\$835,822
= Just Market Value	\$2,088,226	\$1,793,499	\$1,455,893	\$1,108,510
= Total Assessed Value	\$1,761,630	\$1,601,482	\$1,455,893	\$1,108,510
- School Exempt Value	\$0	\$0	\$0	\$0
= School Taxable Value	\$2,088,226	\$1,793,499	\$1,455,893	\$1,108,510

Historical Assessments

Year	Land Value	Building Value	Yard Item Value	Just (Market) Value	Assessed Value	Exempt Value	Taxable Value	Maximum Portability
2024	\$1,739,875	\$305,774	\$42,577	\$2,088,226	\$1,761,630	\$0	\$2,088,226	\$0
2023	\$1,458,425	\$291,434	\$43,640	\$1,793,499	\$1,601,482	\$0	\$1,793,499	\$0
2022	\$1,130,066	\$297,911	\$27,916	\$1,455,893	\$1,455,893	\$0	\$1,455,893	\$0
2021	\$835,822	\$243,978	\$28,710	\$1,108,510	\$1,108,510	\$0	\$1,108,510	\$0
2020	\$1,082,592	\$300,054	\$29,502	\$1,412,148	\$1,394,566	\$0	\$1,412,148	\$0
2019	\$982,800	\$303,179	\$30,296	\$1,316,275	\$1,267,787	\$0	\$1,316,275	\$0
2018	\$895,104	\$234,721	\$22,709	\$1,152,534	\$1,152,534	\$0	\$1,152,534	\$0

The Maximum Portability is an estimate only and should not be relied upon as the actual portability amount. Contact our office to verify the actual portability amount.

Land

Land Use	Number of Units	Unit Type	Frontage	Depth
RESIDENTIAL DRY (010D)	6,092.00	Square Foot	0	0

Survey

Warranty Deed

PREPARED BY:
RICHARD M. KLITENICK
RICHARD M. KLITENICK, P.A.
1009 SIMONTON STREET
KEY WEST, FL 33040
305-292-4101
FILE NUMBER: RE21-094
RECORDING FEE: \$18.50
DOCUMENTARY STAMPS PAID: \$7,000.00

_____ [space above this line for recording data] _____

TRUSTEE'S DEED

THIS TRUSTEE'S DEED is made on this 5 day of August, 2021, between RICHARD N. BASCOM, a married man, INDIVIDUALLY AND AS TRUSTEE OF THE RICHARD N. BASCOM 2008 REVOCABLE TRUST u/a/d AUGUST 17, 2008, joined by his spouse, JEANNE F. KENNEDY, a married woman, INDIVIDUALLY AND AS TRUSTEE OF THE JEANNE F. KENNEDY 2008 REVOCABLE TRUST u/a/d AUGUST 17, 2008, whose mailing address is 105 Keyes Road, Sunapee, NH 03782 (hereinafter collectively referred to as "Grantor"), and WADE MORGAN, a married man, whose address is 417 Elizabeth Street, Rear, Key West, FL 33040 (hereinafter referred to as "Grantee").

(Whenever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said Grantor, for and in consideration of the sum of ONE MILLION & 00/100^{ths} DOLLARS (\$1,000,000.00) and other good and valuable consideration to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Monroe County, Florida, with the street address of 417 Elizabeth Street, Rear, Key West, FL 33040, more particularly described as:

ON THE ISLAND OF KEY WEST, MONROE COUNTY, FLORIDA, AND KNOWN ON WILLIAM A. WHITEHEAD'S MAP DELINEATED IN FEBRUARY, AD 1829 AS PART OF LOT 4 IN SQUARE 35 ON THE ISLAND OF KEY WEST, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE INTERSECTION OF THE NORTHWESTERLY RIGHT OF WAY LINE OF FLEMING STREET AND THE DIVIDING LINE OF LOT 4 AND LOT 1 OF THE SAID SQUARE 35; THENCE N32°37'13"W ALONG THE SAID DIVIDING LINE OF LOT 4 AND LOT 1 OF SQUARE 35 FOR A DISTANCE OF 63.93 FEET TO THE SOUTHEASTERLY CORNER OF THE LANDS DESCRIBED IN OFFICIAL RECORDS BOOK 2399, AT PAGE 347 OF THE PUBLIC RECORDS OF MONROE COUNTY, FLORIDA; THENCE CONTINUE N32°37'13"W ALONG THE NORTHEASTERLY BOUNDARY LINE OF THE SAID LANDS DESCRIBED IN OFFICIAL RECORDS BOOK 2399, AT PAGE 347 OF THE PUBLIC RECORDS OF MONROE COUNTY, FLORIDA, FOR A DISTANCE OF 50.90 FEET TO THE POINT OF BEGINNING; THENCE S57°07'23"W FOR A DISTANCE OF 94.34 FEET TO A POINT; THENCE N32°37'16"W FOR A DISTANCE OF 6.50 FEET TO A POINT; THENCE S57°22'44"W FOR A DISTANCE OF 5.75 FEET TO A POINT ON THE SOUTHWESTERLY BOUNDARY LINE OF THE SAID LANDS DESCRIBED IN OFFICIAL RECORDS BOOK 2399, AT PAGE 347 OF THE PUBLIC RECORDS OF MONROE COUNTY, FLORIDA, SAID POINT ALSO BEING THE CENTER OF THE NORTHEASTERLY RIGHT OF WAY LINE OF RUSSELL LANE; THENCE N32°37'16"W ALONG THE SAID SOUTHWESTERLY BOUNDARY LINE OF THE SAID LANDS DESCRIBED IN OFFICIAL RECORDS BOOK 2399, AT PAGE 347 OF THE PUBLIC RECORDS OF MONROE COUNTY, FLORIDA, FOR A DISTANCE OF 54.98 FEET TO A POINT; THENCE N57°25'12"E ALONG THE NORTHWESTERLY BOUNDARY LINE OF THE SAID LANDS DESCRIBED IN OFFICIAL RECORDS BOOK 2399, AT PAGE 347 OF THE PUBLIC RECORDS OF MONROE COUNTY, FLORIDA, FOR A DISTANCE OF 100.09 FEET TO THE NORTHEASTERLY CORNER OF THE LANDS DESCRIBED IN OFFICIAL RECORDS BOOK 2399, AT PAGE 347 OF THE PUBLIC RECORDS OF MONROE COUNTY, FLORIDA; THENCE S32°37'13"E ALONG THE NORTHEASTERLY BOUNDARY LINE OF THE SAID LANDS DESCRIBED IN OFFICIAL RECORDS BOOK 2399, AT PAGE 347 OF THE PUBLIC RECORDS OF MONROE COUNTY, FLORIDA, FOR A DISTANCE OF 60.99 FEET BACK TO THE POINT OF BEGINNING. CONTAINING 6,092.50 SQUARE FEET MORE OR LESS.

PARCEL IDENTIFICATION NUMBER: 00006190-000000; ALTERNATE KEY ("AK") No.: 1006416

SUBJECT TO CONDITIONS AND RESTRICTIONS OF RECORD, IF ANY.

SUBJECT TO: TAXES FOR THE YEAR 2021 AND SUBSEQUENT YEARS

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land; that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that

said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2020, and those items listed above.

In Witness Whereof, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:
(as to both signatures)

Brogan Eaton

Witness #1 signature

Print name: Brogan Eaton

Megan F. Herschel

Witness # 2 signature

Print name: Megan Herschel

Richard N. Bascom

RICHARD N. BASCOM, INDIVIDUALLY AND
AS TRUSTEE OF THE RICHARD N. BASCOM
2008 REVOCABLE TRUST U/A/D AUGUST 17,
2008

Jeanne F. Kennedy

JEANNE F. KENNEDY, INDIVIDUALLY AND AS
TRUSTEE OF THE JEANNE F. KENNEDY 2008
REVOCABLE TRUST U/A/D AUGUST 17, 2008

STATE OF NEW HAMPSHIRE
COUNTY OF Sullivan

I HEREBY CERTIFY that before me, an officer duly authorized to administer oaths and take acknowledgements in the State of New Hampshire, the foregoing instrument was acknowledged by means of ☒ physical presence or ☐ online notarization by RICHARD N. BASCOM & JEANNE F. KENNEDY, who are personally known to me to be the Trustees/Grantors in the foregoing Deed, or who have produced drivers license as identification, and they acknowledged to me that they executed the same freely and voluntarily for the purposes herein expressed, with all requisite authority on behalf of the Trusts.

WITNESS my hand and official seal at Sullivan County, New Hampshire on this 5 day of August 2021



Brogan W. Eaton

Notary Public, State of NH

My Commission Expires: June 30, 2026

Liability Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/2/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Isaksen Insurance 30346 Overseas Hwy Suite 5 Big Pine Key FL 33043	CONTACT NAME: JENNIFER CUNNINGHAM PHONE (A/C, No, Ext): (305) 872-0097 FAX (A/C, No): E-MAIL ADDRESS: jenniferc@isakseninsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: ATLANTIC CAS INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 42846
INSURED WHM Renovations, Inc 417 Elizabeth Street Rear Key West FL 33040	- WAGE MORGAN OWNER	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			L144004488-2	10/04/2024	10/04/2025	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 1,000,000	
						PRODUCTS - COMP/OP AGG \$ 1,000,000	
							\$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE ☐ OTH-ER ☐
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CBC1259954

CERTIFICATE HOLDER**CANCELLATION**

Monroe County Building Department

2798 Overseas Highway

Suite # 300

Marathon FL 33050

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Photos







