

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 DAVID KNOLL, ARCHITECT
2. Site Address 1415 OLIVIA ST.
3. Applicant is: Owner _____ Authorized Representative ✓
(attached Authorization Form must be completed)
4. Address of Applicant 19581 MAYANG ST.
SUGARLOAF KEY, FL. 33042
5. Phone # of Applicant 745-8617 Mobile# 731-9037 Email davidknollarch@aol.com
6. Name of Owner, if different than above 1415 OLIVIA ST. LLC
7. Address of Owner 1621 BAY RD. #1208
MIAMI BEACH, FL. 33139
8. Phone Number of Owner 305-799-0725 Email dmg@marshcap.com
9. Zoning District of Parcel HMDR RE# 00023940
10. Description of Requested Easement and Use. Please itemize if more than one easement is requested USE OF THE 17'-8" X 26'-6" PORTION OF LAND BETWEEN THE FRONT PROPERTY LINE AND THE PUBLIC SIDEWALK FOR THE INSTALLATION OF LANDSCAPE PLANTING AND A PRIVACY FENCE.
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, variances are quasi-judicial hearings and it is improper to speak to a Planning Board or Board of Adjustment Member about the variance 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, DAVID KNOLL, 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:

1415 OLIVIA ST. KEY WEST, FL.
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.

DAVID KNOLL
Signature of Owner/Legal Representative

n/g
Signature of Joint/Co-owner

Subscribed and sworn to (or affirmed) before me on 12/20/10 (date) by
D. Knoll (name). He/She is personally known to me or has

presented n-g as identification.

[Signature]
Notary's Signature and Seal



Name of Acknowledger typed, printed or stamped

Title or Rank Commission Number (if any)

Verification Form

Please note, variances are quasi-judicial hearings and it is improper to speak to a Planning Board or Board of Adjustment Member about the variance 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, DAVID GRAHAM, 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:

1621 BAY RD, APT. 1208, MIAMI BEACH, FL 33139
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]
Signature of Owner/Legal Representative

Signature of Joint/Co-owner

Subscribed and sworn to (or affirmed) before me on 11-18-10 (date) by

DAVID GRAHAM (name). He/She is personally known to me or has

presented FLDL# G650 173 43 3730 as identification.

Carol C. Dawkins
Notary's Signature and Seal

Name of Acknowledger typed, printed or stamped

Title or Rank Commission Number (if any)



Authorization Form

Authorization Form

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

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

I, DAVID GRAHAM, MANAGING MEMBER OF 1415 OLIVIA ST., LLC. authorize
Please Print Name(s) of Owner(s)

DAVID KNOLL
Please Print Name of Representative

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

[Signature]
Signature of Owner

Signature of Joint/Co-owner if applicable

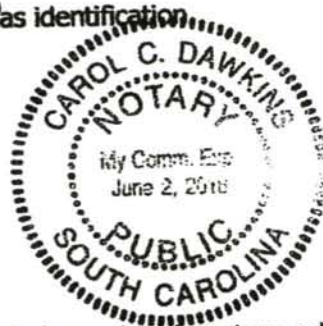
DAVID GRAHAM, MANAGING MEMBER, 1415 OLIVIA ST, LLC.

Subscribed and sworn to (or affirmed) before me on 11-18-10 (date) by

DAVID M. GRAHAM
Please Print Name of Affiant

He/She is personally known to me or has presented FL DL # G650 173 43 3730 as identification

Carol C. Dawkins
Notary's Signature and Seal



Name of Acknowledger printed or stamped

Title or Rank

Commission Number (if any)

