

CITY OF KEY WEST **BUILDING DEPARTMENT**

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HISTORIC ARCHITECTURAL REVIEW APPLICATION - SIGN

WEST FLORIDA	CERTIFICA	APPLICA	
OWNER'S NAME:	Phil A	voertor	DATE: 10/18/10
OWNER'S ADDRESS:		al st	PHONE #: 305 - 0003
APPLICANT'S NAME:	Phil AN	perton	PHONE #: 305 23/-9/69
APPLICANT'S ADDRES		uval st	
ADDRESS OF SIGN LO	CATION:		
701 Du	val st		
TI	HERE WILL BE A FINA	AL INSPECTION REQUIRED UND	ER THIS PERMIT
SIGN TYPE: WALL HANGING	DETACHED WINDOW		Nov12-Dec 201
AWNING SIZE OF SIGN:	TRANSOM	SIGN COPY: Sec Ay	Haches
20 × 32	"wide	TYPE OF ILLUMINATION:	
# OF EXISTING SIGNS O		a raise statement in writing with the i	atements – Whoever knowingly makes intent to mislead a public servant in the ty shall be guilty of a misdemeanor of ded for in s. 775.082 or 775.083
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This application for Certificate of Appropriateness must precede applications for building permits, variances, and development review approvals. Applications must meet or exceed the requirements outlined by the Secretary of the Interior's Standards for Rehabilitation and Key West's Historic Architectural Guidelines.

Once completed, the application shall be reviewed by staff for completeness and either approved or scheduled for presentation to the Historic Architectural Review Commission at the next available meeting. The applicant must be present at this meeting. The filing of this application does not ensure approval as submitted.

Applications that do not possess the required Submittals will be considered incomplete and will not be reviewed for approval.

REQUIRED SUBMITTALS

	PHOTOGRAPHS OF EXISTING BUILDING AND SIGN LOCATION
	SCALED DRAWING OF PROPOSED SIGN
_	SCALED SITE PLAN INDICATING LOCATION OF SIGN
	ILLUSTRATIONS OF MANUFACTURED PRODUCTS TO BE USED SUCH AS PAINT COLOR CHIPS AND AWNING FABRIC SAMPLES

Staff Use Only	_
Date:	-
Staff Approval:	
Fee Due:	

Applicant's Signature: