



# 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

[www.cityofkeywest.org](http://www.cityofkeywest.org)

HARC PERMIT NUMBER <b>N/A</b>		BUILDING PERMIT NUMBER <b>15-1778</b>		INITIAL & DATE
FLOODPLAIN PERMIT				REVISION # <b>1</b>
FLOOD ZONE	PANEL #	ELEV. L. FL.	SUBSTANTIAL IMPROVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO _____ %	

ADDRESS OF PROPOSED PROJECT:

3800 Duck Avenue

# OF UNITS **1**

RE # OR ALTERNATE KEY:

NAME ON DEED:

Douglas Leohr

PHONE NUMBER

OWNER'S MAILING ADDRESS:

3800 Duck Ave

EMAIL

Key West, Florida 33040

CONTRACTOR COMPANY NAME:

Wardlow Building Group, Inc.

PHONE NUMBER **321-443-9158**

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:

**Same**

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:	<input type="checkbox"/> ONE OR TWO FAMILY	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL
	<input type="checkbox"/> CHANGE OF USE / OCCUPANCY	<input type="checkbox"/> ADDITION	<input type="checkbox"/> SIGNAGE	<input type="checkbox"/> WITHIN FLOOD ZONE	_____
	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> SITE WORK	<input type="checkbox"/> INTERIOR	<input type="checkbox"/> EXTERIOR	<input type="checkbox"/> AFTER-THE-FACT

DETAILED PROJECT DESCRIPTION INCLUDING QUANTITIES, SQUARE FOOTAGE ETC.,

REVISED POOL DRAWINGS / EXISTING PERMIT 'AS BUILT'

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: <b>Christopher Wardlow</b>
OWNER SIGNATURE:	QUALIFIER SIGNATURE: <b>CP Wardlow</b>
Notary Signature as to owner:	Notary Signature as to qualifier:
STATE OF FLORIDA: COUNTY OF MONROE, SWORN TO AND SCRIBED BEFORE ME THIS <u>20<sup>th</sup></u> DAY OF <u>Oct</u> , 20 <u>15</u>	STATE OF FLORIDA: COUNTY OF MONROE, SWORN TO AND SCRIBED BEFORE ME THIS <u>20<sup>th</sup></u> DAY OF <u>Oct</u> , 20 <u>15</u>
Personally known or produced _____ as identification	Personally known or produced _____ as identification.

*Handwritten notes:*  
 \$76.00  
 10-20-2015  
 30709944 \$50.00  
 30709944 \$50.00  
 11:30:13

36714-1581-01C

**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](mailto: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:

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 \_\_\_\_\_