



**CITY OF KEY WEST  
BUILDING DEPARTMENT  
CERTIFICATE OF APPROPRIATENESS  
APPLICATION # 11-01-456**

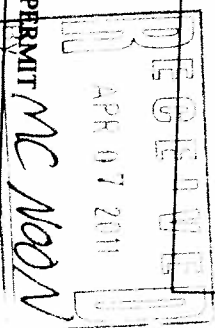
OWNER'S NAME: Bernarda Bruce DATE: 7 Apr 11

OWNER'S ADDRESS: 618 Southland PHONE #: 305-849-2272

APPLICANT'S NAME: Debra Anderson PHONE #: 305-849-2272

APPLICANT'S ADDRESS: 613 S. INDIAN

ADDRESS OF SIGN LOCATION: 613 S. INDIAN



SIGN TYPE:  WALL  DETACHED

HANGING  WINDOW

AWNING  TRANSOM

MATERIALS DESCRIPTION: See Attached

SIGN COPY: Office of the Secretary General  
SCC on Public Passports  
Passport Hardware

TYPE OF ILLUMINATION: N/A

# OF EXISTING SIGNS ON PREMISES: 2

SIZE OF SIGN: 5' x 60" WALL  
23" x 49" HANGING  
5' x 21" awning

Chapter 837.06 F.S.-False Official Statements - Whoever knowingly makes a false statement in writing 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 as provided for in s. 775.082 or 775.083

*After the fact*  
 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.

*HANON signs less than 5' ft. Existing sign on stairs railing with the REQUIRED SUBMITTALS removed 12" tall.*

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

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.

Date: 7 April 11

Applicant's Signature: [Signature]

Staff Use Only

Date: April 13, 2011

Staff Approval: [Signature]

Fee Due: \$25.00

Needs to include haec fees on fees docket

Fine 25.00

# APPLICATION FOR BUILDING PERMIT



**CITY OF KEY WEST, FLORIDA**  
 3140 PALMER AVENUE, KEY WEST, FL 33640  
 PHONE: 305-894-3956 FAX: 305-899-3978

Permit No. 11-01172  
FOR OFFICE USE ONLY

Note: All owner builders must apply in-person and be present at time of all inspections.

FOR OFFICE USE ONLY

AT TIME OF SUBMITTAL, A \$50 APPLICATION FEE IS DUE.

APPLICATION DATE: 4-8-2011-MC

Street Address of proposed construction: 613 Alvarado Street

Property owner's name as appears on deed: Bryan O Bruce  
 Phone #: (305) 291-5568 Owner

Property owner's mailing address: 610 Alvarado St - Key West  
 E-mail: \_\_\_\_\_

Contractor's Company name: McKendry Builders Inc  
 Phone #: 305-304-7937

Contractor's Company Address: 80 Palm Dr Key West FL  
 E-mail: \_\_\_\_\_

Architect/Engineer's Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Architect/Engineer's Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

VALUES

- Value of improvements: \$ 350,000
- Value of existing structure: \$ \_\_\_\_\_
- Completed value: \$ \_\_\_\_\_

Check this box, if value of improvements is clearly not a "substantial improvement" (improvement costs less than 50% market value of structure) & complete only #1 above.

Describe proposed construction in detail, including quantity & square foot-age: SEALED SHUTTERS

FOR EXISTING 90'x50'x10' LEAST 500 22.5"x60" BROWN SEALED SHUTTERS  
26'x22" 11" DEEP SEALED SHUTTERS  
FOR 11-01-456

Number of Dwelling Units: <u>1</u>	Type of work. Circle all that apply:			
	<input checked="" type="radio"/> New Construction <input type="radio"/> Addition <input type="radio"/> Demolition <input type="radio"/> Renovation/Repair <input type="radio"/> Hurricane Shutters			
	HARC # <u>11-01-456</u> Interior <u>Commercial</u> Exterior <u>SIGNS</u>			
FOR PROJECTS INCLUDING:				
<ul style="list-style-type: none"> <li>New Construction</li> <li>Additions</li> <li>Renovations exceeding 50% structure value</li> </ul>				
FLOOD ZONE	PANEL NUMBER	BASE FLOOR ELEVATION	ELEVATION LOWEST FLOOR	SUBSTANTIAL IMPROVEMENT?
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

I as owner or contractor or agent for this project, AGREE THAT I WILL COMPLY WITH THE PROVISIONS OF FLORIDA STATUTE 469.003 AND TO NOTIFY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION OF ANY STRUCTURE AND ANY IMPROVEMENTS, WHEN ANY OF THE ABOVE APPLICABLE TO THIS PROJECT, BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION. YOU FURTHER TO PROVIDE A NOTICE OF COMPLETION MAY RESULT IN YOUR FILING WITH THE DEPARTMENT OF ENVIRONMENTAL PROTECTION. CONTACT WITH YOUR ATTORNEY OR AN ATTORNEY SERVICE RECORDED YOUR NOTICE OF COMPLETION.

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE DEED RESTRICTIONS AND/OR ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENT ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AND/OR FEDERAL AGENCIES.

CHAPTER 137 OF F.S. FALSE OVERTH STATEMENTS - 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 AS PROVIDED FOR IN S. 775.082 OR S. 775.083.

I have obtained all necessary approvals from Associations, Government Agencies, H.A.R.C. and other parties as applicable, in order to complete the above described work.

Owner (print name): BENJAMIN BROOK

Owner Signature: [Signature]

State of Florida, County of Monroe, Sworn to and subscribed before me this 25th day of April, 2011.



Comm# DD0714188  
 Expires 1/2/2012  
 Florida Notary Assn., Inc

Personally known [Signature] or Produced identification [Signature]

I have obtained all necessary approvals from Associations, Government Agencies, H.A.R.C. and other parties as applicable, in order to complete the above described work.

Contractor Qualifier: Brian McKendry

Qualifier Signature: [Signature]

State of Florida, County of Monroe, Sworn to and subscribed before me this 7 day of April, 2011.



GERALE R. HILL  
 Commission # DL 366115  
 Expires May 11, 2014

Personally known [Signature] or Produced identification [Signature]

Building Official, Assessor Building Official or Plan Reviewer Reviewed for issuance of permit.

Cost of Permit: 10500  
 \$ 10500  
 \$ 105.00 FINE  
10.00 PR

Trans date: 4/08/11 Time: 12:51:37

APR 07 2011