

KEOF

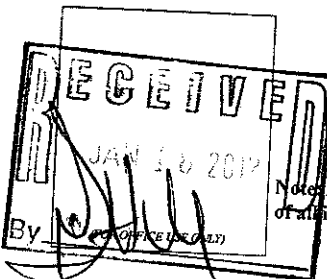
APPLICATION FOR BUILDING PERMIT

CITY OF KEY WEST, FLORIDA
3140 FLAGLER AVE., KEY WEST, FL 33040
PHONE: 305-809-3956 FAX: 305-809-3978

Permit No.

12-202

(FOR OFFICE USE ONLY)



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

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

APPLICATION DATE: _____

Street Address of proposed construction: **3220 EAGLE AVE**

Property owner's name as appears on deed: **THE BANK OF NY MELLON / BOA**

Property owner's mailing address: **7105 CORPORATE DR PLANO TX**

Contractor's Company name: **ALLIANCE GROUP**

Contractor's Company Address: **1430 10th AVENUE, VERO BEACH**

Architect/Engineer's Name: _____

Architect/Engineer's Address: _____

Phone #: _____

E-mail: _____

Phone #: **772 492 8006**

E-mail: **ADAMLEE@GMAIL.COM**

Phone #: _____

E-mail: _____

VALUES

1. Value of improvements: \$ **6,000**

2. Value of existing structure: \$ _____

3. 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.

Number of Dwelling Units: _____

Type of work. Circle all that apply:

New Construction Commercial

Addition After-the-Fact

Demolition Interior

Renovation/Repair Exterior

Hurricane Shutters

HARC # _____

Describe proposed construction in detail, including quantities & square footage: **Re Roof Flat Roof 700 sq ft**

N.O.C. w/application

After the fact

"Loo" Code Case

FOR PROJECTS INCLUDING:

- New Construction
- Additions
- Renovations exceeding 50% structure value

FLOOD ZONE	PANEL NUMBER	BASE FLOOD ELEVATION	ELEVATION LOWEST FLOOR	SUBSTANTIAL IMPROVEMENT?
				Yes No

PD: 2-13-12, 9:15
 34492/13317
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WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

I AS OWNER OR CONTRACTOR OF RECORD 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 MY INTENT TO DEMOLISH/RENOVATE A STRUCTURE AND REMOVE ASBESTOS, WHEN APPLICABLE, IN ACCORDANCE WITH STATE AND FEDERAL LAW.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THAT SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY LOCAL, STATE, OR FEDERAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

"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 AGENCIES OR FEDERAL AGENCIES."

CHAPTER 837.06 F.S. FALSE OFFICIAL 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. 775.063.

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): **ADAM RYCKMAN RED**

Owner Signature: *John*

State of Florida; County of Monroe, Sworn to and scribed before me this 5 day of 1, 2012

by:

Personally known or Produced identification

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: **RICHARD M WREP**

Qualifier Signature: *Richard M Wrep*

State of Florida; County of Monroe, Sworn to and scribed before me this 5 day of 1, 2012

by:

Personally known or Produced identification

Ben A. Wood

1-20-11

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

Cost of Permit: **84.00**

10.00

2.00

2.00

2.00

250.00 Fine ATF

(office use only)

Date: **1/19/12 50** Receipt no: **34037**

Rev. Oct. 2010

Trans number: **2728881**

CK CHECK **2458** **150.00**

Trans date: **1/18/12** Time: **16:21:21**