

EASEMENT APPLICATION
City of Key West Planning Department
605-A Simonton Street, Key West, FL 33040
(305) 292-8229



Please read carefully before submitting applications

Easement Application

Please print or type a response to the following:

1. Site Address 1009 CATHERINE ST.
2. Name of Applicant PETER H. BATTY
3. Applicant is: Owner Authorized Representative _____
(attached Authorization Form must be completed)
4. Address of Applicant 912 GEORGIA ST.
KEY WEST, FL. 33040
5. Phone # of Applicant 296 0404 Mobile# 292-0656 Fax# _____
6. Name of Owner, if different than above _____
7. Address of Owner _____
8. Phone Number of Owner _____ Fax# _____
9. Zoning District of Parcel _____ RE# 00031880-000000
10. Description of Requested Easement and Use. Please itemize if more than one easement is requested THE FENCED IN FRONT
YARD AND A SMALL PORTION
OF THE FRONT STEPS SITS
ON THE CITY RIGHT OF WAY.
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

The following must be included with this application:

1. Copy of a recorded warranty deed showing the current ownership and a legal description of the property. (This is usually the description of the property without the easement .) Please call if you have questions about this.
2. Two (2) original signed and sealed site surveys (**8½ x 11**) illustrating buildings and structures existing on the property as of the date of the request **with a legal description of the easement area requested, not a legal description of the entire property.**
3. Color photographs from different perspectives showing the encroachment onto city property.
4. Application Fee by check payable to the City of Key West in the amount of \$1000.00, plus \$400.00 for each additional easement on the same parcel.
5. Notarized Verification Form
6. Notarized Authorization Form (if applicable, where a representative is applying on behalf of the owner)

Verification Form

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, Peter H. Batty, 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:

Street Address and Commonly Used Name if any

Signature of Owner/Legal Representative

Signature of Joint/Co-owner

Subscribed and sworn to (or affirmed) before me on July 26, 2010 (date) by

Peter H. Batty (name). (He) (She) is (personally known) to me or has

presented _____ as identification.

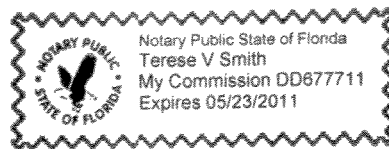
Terese V. Smith

Notary's Signature and Seal

Terese V. Smith

Name printed or stamped

Title or Rank



DD677711

Commission Number, if any