

**City of Key West
Planning Department**



Verification Form

(Where Authorized Representative is an individual)

I, JANE HAWKINS, being duly sworn, depose and say that I am the Authorized Representative of the Owner (as appears on the deed), for the following property identified as the subject matter of this application:

5711 COLLEGE ROAD

Street address of subject property

All of the answers to the above questions, drawings, plans and any other attached data which make up the application, are true and correct to the best of my knowledge and belief. In the event the City or the Planning Department relies on any representation herein which proves to be untrue or incorrect, any action or approval based on said representation shall be subject to revocation.

Jane Hawkins
Signature of Authorized Representative

Subscribed and sworn to (or affirmed) before me on this 02.14.2014 by

JANE HAWKINS
Name of Authorized Representative

He/She is personally known to me or has presented FL ID# 1252-446-45-688-0 as identification.

Stacy L. Gibson

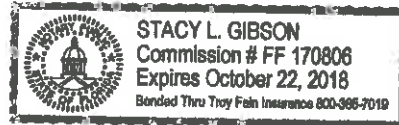
Notary's Signature and Seal

STACY L. GIBSON

Name of Acknowledger typed, printed or stamped

FF # 170806

Commission Number, if any



**City of Key West
Planning Department**



Verification Form
(Where Authorized Representative is an individual)

I, Phillip D. Badalamenti, being duly sworn, depose and say that I am the Authorized Representative of the Owner (as appears on the deed), for the following property identified as the subject matter of this application:

5711 College Road
Street address of subject property

All of the answers to the above questions, drawings, plans and any other attached data which make up the application, are true and correct to the best of my knowledge and belief. In the event the City or the Planning Department relies on any representation herein which proves to be untrue or incorrect, any action or approval based on said representation shall be subject to revocation.

Signature of Authorized Representative

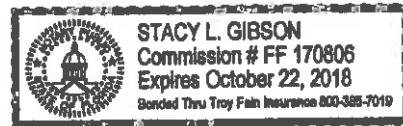
Subscribed and sworn to (or affirmed) before me on this 02-16-2016 by
date

Phillip D. Badalamenti
Name of Authorized Representative

He/She is personally known to me or has presented _____ as identification.

Notary's Signature and Seal

STACY L. GIBSON
Name of Acknowledger typed, printed or stamped



Commission Number, if any