

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-fl.gov

HARC PERMIT NUMBER 17-00300008		BUILDING PERMIT NUMBER	INITIAL & DATE
FLOODPLAIN PERMIT			REVISION #
FLOOD ZONE	PANEL #	ELEV. L. FL.	SUBSTANTIAL IMPROVEMENT ___ YES ___ NO ___ %

ADDRESS OF PROPOSED PROJECT:

MALLOY SQUARE # OF UNITS

RE # OR ALTERNATE KEY:

RE# 00072082-001100, 00072082-001400, 0072082-003700

NAME ON DEED:

CITY OF KEY WEST PHONE NUMBER

OWNER'S MAILING ADDRESS:

1300 WHITE STREET EMAIL

KEY WEST, FL 33040

CONTRACTOR COMPANY NAME:

PHONE NUMBER **MAR 24 2017**

CONTRACTOR'S CONTACT PERSON:

EMAIL

ARCHITECT / ENGINEER'S NAME:

PIKE ARCHITECTS - SETH NEAL PHONE NUMBER **305-296-1692**

ARCHITECT / ENGINEER'S ADDRESS:

471 US HWY 1 SUITE 101 EMAIL **seth@pikearchitects.com**

KEY WEST, FL 33040

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:

[Empty box for contract price]

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: ONE OR TWO FAMILY MULTI-FAMILY COMMERCIAL NEW REMODEL
 CHANGE OF USE / OCCUPANCY ADDITION SIGNAGE WITHIN FLOOD ZONE **AE10**
 DEMOLITION SITE WORK INTERIOR EXTERIOR AFTER-THE-FACT

DETAILED PROJECT DESCRIPTION INCLUDING QUANTITIES, SQUARE FOOTAGE ETC.,

A NEW RESTAURANT CONSISTING OF 2 NEW PAVILION & REFURBISH THE EXISTING CABLE HUT. NEW PAVILION IS 1,100 S.F. & CABLE HUT IS 685 S.F. BOTH STRUCTURES WILL HAVE FLOT ROOFS. NEW PAVILION WILL BE STEEL FRAMING WITH WOOD CLAD COLUMNS & CLG.

REMOVE EX. NON HISTORIC MANSARD ROOF AT CABLE HUT & REPAIR EX. STRUCTURE AS REQUIRED.

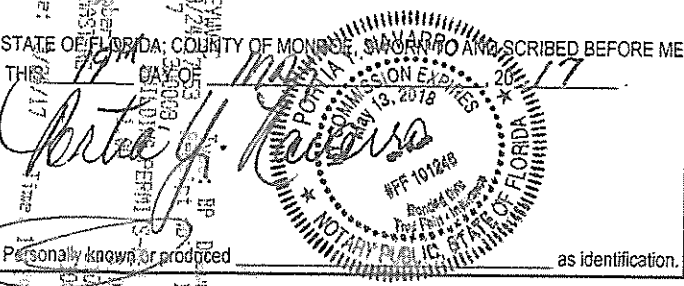
I'VE OBTAINED ALL NECESSARY APPROVALS FROM ASSOCIATIONS, GOV'T AGENCIES AND OTHER PARTIES AS APPLICABLE TO COMPLETE THE DESCRIBED PROJECT:

OWNER PRINT NAME: **J. K. SCHOLL** QUALIFIER PRINT NAME:

OWNER SIGNATURE: *[Signature]* QUALIFIER SIGNATURE:

Notary Signature as to owner: *[Signature]* Notary Signature as to qualifier:

STATE OF FLORIDA; COUNTY OF MONROE, SWORN TO AND SCRIBED BEFORE ME THIS **17** DAY OF **MARCH**, 20**17**



Personally known or produced _____ as identification. Personally known or produced _____ as identification.

8100-9657-01<