CITY OF KEY WEST
CHANGE OF USE AND
ZONING VERIFICATION FORM

Type of Request: Zoning __X__ Change of Use ____

Please clearly and accurately complete the following information and submit it to the Licensing Department. Zoning verification is required by the Planning Department prior to applying for a Conditional Use Permit and a Business Tax Receipt.

Phone: (305) 809-3955 **Email:** Licensing@cityofkeywest-fl.gov

Name: Gregory Oropeza Date: 7-7-2026

Phone Number: 305-294-0252 E-Mail: greg@oropezastonescardenas.com

Address for verification: 1 Duval Street

Square Footage: 207,083 Parcel ID #: 00000070-000000

Current Use (Including the Name and Type of Business):

_Hotel with ancillary uses such as charter vessels

Requested Use (Including the Name and Type of Business):

_Jet ski and Boat Rentals - Hydrothunder

Will there be any alterations made at this location? Yes ____ No __X__

Any alteration as defined in the current edition of the Florida Building Code (www.floridabuilding.org)

NOTE: As per Florida Statute 553.79(1)(a), it shall be unlawful for any person, firm/ corporation, or government entity to construct, erect, alter, modify, repair, or demolish any building or space within this state without first obtaining a permit.

*****STAFF USE ONLY*****

Real Estate (RE) Number:

Planning & Zoning Department:

Current Zoning Designation: HRCC-1 Future Land Use Designation:

Is Zoning Designation consistent with Current & Future Land Use? Yes _____ No ____

Change of Use required: Yes ____ No____

Preliminary Zoning Verification is Approved ___ Denied ___ Type of Use:

Planning Comments: Requires a Conditional Use Permit

Planning and Zoning Staff's Name: Taylor Brown Date: 7/10/2026

Licensing Department:

Previous Use: Year:____ Authorized By:

Based upon change of use and zoning district, parking requirements may need to be satisfied.