

**EASEMENT APPLICATION**  
City of Key West Planning Department  
3140 Flagler Avenue Street, Key West, FL 33040  
(305) 809-3720



Please read carefully before submitting applications

**Easement Application**

Please print or type a response to the following:

1. Name of Applicant JOSEPH J. SCHROEDER
2. Site Address 520 PATRONIA STREET, KEY WEST
3. Applicant is: Owner \_\_\_\_\_ Authorized Representative X  
(attached Authorization Form must be completed)
4. Address of Applicant 1013 TRUMAN AVENUE  
KEY WEST, FLORIDA
5. Phone # of Applicant 305-293-9600 Mobile# \_\_\_\_\_ Email Schroedkwa@aol.com
6. Name of Owner, if different than above LESTER A. LAWSON
7. Address of Owner 2731 WRIGHT AVE.  
PINOLE, CA 94564
8. Phone Number of Owner 510-758-8498 Email \_\_\_\_\_
9. Zoning District of Parcel \_\_\_\_\_ RE# \_\_\_\_\_
10. Description of Requested Easement and Use. Please itemize if more than one easement is requested Building has been on this foot print for over 100 years and family would like to continue maintain existing sq ft. foot print.
11. Are there any existing easements, deed restrictions or other encumbrances attached to the subject property? Yes \_\_\_\_\_ No X If Yes, please describe and attach relevant documents. \_\_\_\_\_





# **Verification Form**

Verification Form

Please note, Planning Board meetings and Board of Adjustment hearings are quasi-judicial proceedings and it is improper to speak to a Planning Board or Board of Adjustment Member about the request outside of the hearing.

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, LESTER A. LAWSON, 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 the subject matter of this application:

520 PETRONIA STREET, Key West Florida  
Street Address and Commonly Used Name (if any)

All of the answers to the above questions, drawings, plans and any other attached data which make up this application, are true and correct to the best of my knowledge and belief and that if not true or correct, are grounds for revocation of any action reliant on said information.

Lester A. Lawson  
Signature of Owner/Legal Representative

Mitiscine Lawson  
Signature of Joint/Co-owner

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ (date) by  
\_\_\_\_\_  
(name). He/She is personally known to me or has  
presented \_\_\_\_\_ as identification.

SEE Attached California Jurat

\_\_\_\_\_  
Notary's Signature and Seal

\_\_\_\_\_  
Name of Acknowledger typed, printed or stamped  
\_\_\_\_\_  
Title or Rank \_\_\_\_\_ Commission Number (if any)

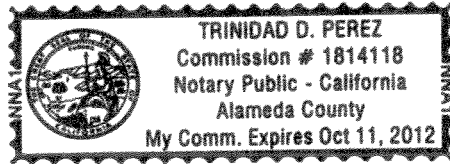


JURAT

State of California )  
 ) ss.  
County of Alameda )

Subscribed and sworn to (or affirmed) before me on this 15<sup>th</sup> day of February 2011, by **Lester A. Lawson** and **Hertiscine Lawson**, proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me.

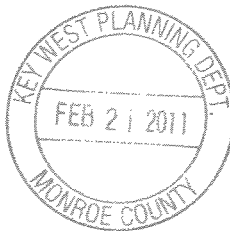
  
\_\_\_\_\_  
Trinidad D. Perez, Notary Public



My commission expires: October 11, 2012

(Seal)

Document: Verification Form





# **Authorization Form**

## Authorization Form

**Please note, Planning Board meetings and Board of Adjustment hearings are quasi-judicial proceedings and it is improper to speak to a Planning Board or Board of Adjustment Member about the request outside of the hearing.**

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, LESTER A. LAWSON \_\_\_\_\_ authorize  
Please Print Name(s) of Owner(s)

JOSEPH J. SCHROEDER \_\_\_\_\_  
Please Print Name of Representative

to be the representative for this application and act on my/our behalf before the Planning Board.

Lester A. Lawson \_\_\_\_\_ Signature of Owner  
Martine Lawson \_\_\_\_\_ Signature of Joint/Co-owner if applicable

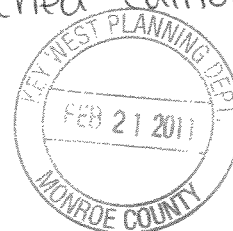
Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ (date) by

\_\_\_\_\_  
Please Print Name of Affiant

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

Please see attached California Jurat.

\_\_\_\_\_  
Notary's Signature and Seal



\_\_\_\_\_  
Name of Acknowledger printed or stamped

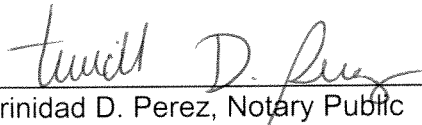
\_\_\_\_\_  
Title or Rank

\_\_\_\_\_  
Commission Number (if any)

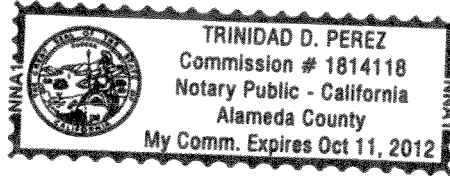
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\_\_\_\_\_  
Trinidad D. Perez, Notary Public

My commission expires: October 11, 2012



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