

Application Fee: \$2,150.00

(includes \$100.00 advertising/noticing fee and \$50.00 fire review fee) (\$400 for each additional easement for same parcel)

Please complete this application and attach all required documents. This will help staff process your request quickly and obtain necessary information without delay. If you have any questions, please call 305-809-3720.

PROPERTY DESCRIPTION:
Site Address: 300 FLewing st.
Zoning District: Real Estate (RE) #:
Property located within the Historic District?
APPLICANT: Owner DAuthorized Representative Name: Paylor Crewe Mailing Address: 1600 Semmon st.
Mailing Address: 1600 Seminary st.
City: key west State: Fr. Zip: 33040 Home/Mobile Phone: 305 293 8651 Office: Fax: 305 293 8269
Home/Mobile Phone: 305 293 8651 Office: Fax: 305 793 87 60
Email: Par 1010 Vacation home care, com
HOIS BILLY 848-853-3496
PROPERTY OWNER: (if different than above)
Name: William Freming Condo Assoc.
Mailing Address: 1609 semmany st.
City: Key west State: FL Zip: 33040
Mailing Address: 1609 Semmany St. City: Key West State: FL Zip: 33040 Home/Mobile Phone: 305 393 5036 Office: Fax:
Email: Paula@ Vacationhomecare. com
Description of requested easement and use: Deck over Sidewalk.
Are there any easements, deed restrictions or other encumbrances attached to the property? Yes No
f yes, please describe and attach relevant documents:

City of Key West • Application for Easement

REQUIRED SUBMITTALS: All of the following must be submitted in order to have a compapplication. Please submit one paper copy and one electronic copy of all materials.	lete
 □ Correct application fee. Check may be payable to "City of Key West." □ Notarized verification form signed by property owner or the authorized representative. □ Notarized authorization form signed by property owner, if applicant is not the owner. □ Copy of recorded warranty deed □ Property record card □ Signed and sealed Specific Purpose Surveys with a legal description of the easement area requested □ Photographs showing the proposed easement area 	

Summary

Parcel ID Account # 00008360-000100

Property ID

8674791 8674791

Millage Group

10KW

Location

800 FLEMING ST A1-C3, KEY WEST

Address

Legal

KW PT LOT 3 SQR 47 A4-494 A5-506 G5-22 OR745-794/795

Description

OR823-1503/1504 OR875-1737/1739 THE WILLIAM FLEMING HOUSE A CONDOMINIUM OR919-2053/2096/DEC OR920-1719/1762/DEC

OR1619-1993/97AMD OR2132-860/861AMD

(Note: Not to be used on legal documents)

Neighborhood

Property Class Subdivision

Sec/Twp/Rng

Affordable Housing

06/68/25 No



Owner

WILLIAM FLEMING HOUSE A CONDOMINIUM

Valuation

	2017
+ Market Improvement Value	\$0
+ Market Misc Value	\$0
+ Market Land Value	
= Just Market Value	\$0
= Total Assessed Value	\$0
- School Exempt Value	\$0
= School Taxable Value	

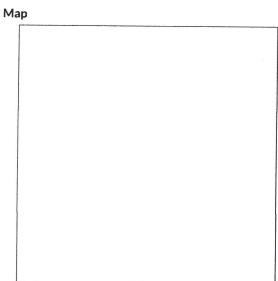
Permits

N	Permit Type ♦	Amount	Date Completed ♦	Date Issued	Number ‡
Notes ♦	.,,,,	\$300	12/31/2010	8/25/2010	10-2833
REPLACE 16' OF 1 X 6 FACE BOARD; PRIME AND PAINT. ABC CONTRACTING 848-333-3496.					
INSTALL 500 SF OF WHITE 50 MIL. TPO SINGLE PLY ROOFING. A-PLUS ROOFING OF KEY WEST 305-296-2568.		\$4,995	12/31/2009	10/6/2009	09-2883
REMOVE EXISTING ALUMINUM SINGLE HUNG WINDOWS AND REPLACE WITH NEW ALUMINUM SINGLE HUNG WINDOWS. REMOVE BARS. 3 WINDOWS, 6 OVER 6. UNIT 1A. ABC CONTRACTING OF THE FLORIDA 848-333-3496.		\$1,800		7/23/2009	09-1390
REMOVE EXISTING ALUMINUM SINGLE HUNG WINDOWS AND REPLACE WITH NEW ALUMINUM SINGLE HUNG WINDOWS. 4 WINDOWS, 6 OVER 6. UNIT 2C. ABC CONTRACTING OF THE FLORIDA 848-333-3496.		\$2,400		7/23/2009	09-1393
REMOVE EXISTING ALUMINUM SINGLE HUNG WINDOWS AND REPLACE WITH NEW ALUMINUM SINGLE HUNG WINDOWS. REMOVE BARS. 4 WINDOWS, 6 OVER 6. UNIT 3A. ABC CONTRACTING OF THE FLORIDA 848-333-3496.		\$2,400		7/23/2009	09-1394
REMOVE EXISTING ALUMINUM SINGLE HUNG WINDOWS AND REPLACE WITH NEW ALUMINUM SINGLE HUNG WINDOWS. REMOVE BARS. 3 WINDOWS, 6 OVER 6. UNIT 2B. ABC CONTRACTING OF THE FLORIDA 848-333-3496.		\$1,800		7/23/2009	09-1397
INSTALL SHUTTERS: 2 DOORS AND 2 TRANSOMS COVERED WITH LEXAN PANELS. UNIT 2B. HURRICANE SHUTTERS OF KEY WEST 305-295-6374.		\$1,000		7/16/2009	09-2065
INSTALL SHUTTERS: 4 DOORS AND 4 TRANSOMS COVERED WITH LEXAN PANELS. UNIT 2A. HURRICANE SHUTTERS OF KEY WEST 305-295-6374.		\$2,000		7/16/2009	09-2066
INSTALL SHUTTERS: 4 DOORS AND 4 WINDOWS COVERED WITH LEXAN HURRICANE PANELS. UNIT 3C. HURRICANE SHUTTERS OF KEY WEST 305-295-6374.	×	\$2,000		7/16/2009	09-2067
INSTALL REMOVABLE HURRICANE PANELS ON 2 DOORS. HURRICANE SHUTTERS OF KEY WEST 305-295-6374.		\$600		7/16/2009	09-2148
INSTALL LEXAN HURRICANE PANEL ON FOUR DOORS & FOUR WINDOWS. UNIT 3A. HURRICANE SHUTTERS OF KEY WEST 305-295-6374.		\$2,000		7/16/2009	09-2149
REMOVE EXISTING ALUNMINUM SINGLE HUNG WINDOWS AND REPLACE WITH NEW ALUMINUM SINGLE HUNG WINDOWS. TOTAL 34 WINDOWS. ABC CONTRACTING OF THE FLORIDA 848-333-3496.		\$0		6/25/2009	06-1389 - 06-1397
INSTALL REMOVABLE HURRICANE PANELS WITH LEXAN ON 2 DOORS AND 2 WINDOWS. HURRICANE SHUTTERS OF KEY WEST. 305-295-6374.		\$0		6/25/2009	09-1821

Number \$	Date Issued	Date Completed \$	Amount	Permit Type \$	Notes ♦
09-1827	6/25/2009		\$0		INSTALL REMOVABLE HURRICANE PANELS WITH LEXAN ON 6 WINDOWS. HURRICANE SHUTTERS OF KEY WEST. 305-295-6374.
09-1864	6/25/2009		\$0		INSTALL REMOVABLE HURRICANE PANELS ON 2 DOORS, HURRICANE SHUTTERS OF KEY WEST. 305-295-6374.
09-1737	6/16/2009		\$1,800		INSTALL HURRICANE PANELS ON 3 DOORS AND 3 WINDOWS. HURRICANE SHUTTERS OF KEY WEST. 305-395-6374.
06-00005545	10/5/2006		\$7,000		REPLACE ANGLE STOPS WITH NEW; RELOCATE TOILET & LAVATORY IN BATH #1; INSTALL NEW TUB & VALVE; MOVE LAVATORY DRAIN & TOILET; MOVE WASHER BOX AND INSTALL DRAIN; HOOK-UP SINK & DISHWASHER
	9/26/2005		\$3,000		REPLACEMENT OF WATER DAMAGED DRYWALL WITH NEW DRYWALL
03-00003042	8/28/2003		\$1,950		REPLACE 65 LF OF WATER DAMAGED NOVELTY SIDING & PAINT TO MATCH

Photos





No data available for the following modules: Land, Buildings, Commercial Buildings, Mobile Home Buildings, Yard Items, Exemptions, Sales, Sketches (click to enlarge).

The Monroe County Property Appraiser's office maintains data on property within the County solely for the purpose of fulfilling its responsibility to secure a just valuation for ad valorem tax purposes of all property within the County. The Monroe County Property Appraiser's office cannot guarantee its accuracy for any other purpose. Likewise, data provided regarding one tax year may not be applicable in prior or subsequent years. By requesting such data, you hereby understand and agree that the

Last Data Upload: 8/25/2017 2:43:16 AM

Schneider

Developed by The Schneider Corporation



COMMERCIAL GENERAL LIABILITY COVERAGE **PART DECLARATIONS**

T "X" IF SUPPLEMENTAL DECLARATIONS ATTACHED

	1. POLICY NO.: VBA535604 00 EF WILLIAM FLEMING HOUSE (REF TO GBA 90401	FECTIVE DATE: <u>5/9/</u> /	2017	
- (3. LIMITS OF INSURANCE	***************************************		
	General Aggregate Limit (Other Than Products - Completed Operations) Products-Completed Operations Aggregate Limit Personal and Advertising Injury Limit Each Occurrence Limit Damage To Premises Rented To You Limit Medical Expense Limit	\$ \$ \$ \$ \$	2,000,000 1,000,000 1,000,000 1,000,000 100,000 5,000	Any One Premise
	Coverage A of this insurance does not apply to injury caused by a wrongful act shown here: Retroactive Date: None (Enter Date or "None" if no Retroactive Date) LOCATIONS INCLUDING ZIP CODE OF ALL PREMISES YOU OWN, RENT OR 1,800 FLEMING STREET PLUI DINCS 1 FLOOR CONTROLLED TO STREET PL			ve Date, if any
	1. 800 FLEMING STREET BUILDINGS 1-5, KEY WEST, FL 33040	COCCOPY (Enter "same" if sail	ne location as your mai	ling address):

NO.	PREM	CLASSIFICATION	PREMIUM	EXPOSURE	R/	TE	ADVANCI	PREMIUM
ARK	NO.		BASIS	AMOUNT	PR/CO	ALL OTHER	PRICO	ALL OTHER
48925	1	Swimming Pools	Each	1	Incl	800.000	Incl	\$800.00
62003	1	Condominiums - residential - (association risk only);	Units	9	Incl	37.500	Incl	\$500.00 (MP)
		f						
			TOTA	L ADVANCE F	REMIUM FOR	R THIS PAGE	\$.00	\$ 1,300.00
		FNDORSEMENTS ADDITION			PRE	TAL ADVANCE VIUM FOR THIS VERAGE PART	T (1)	\$ 1,300.00

4. FORMS AND ENDORSEMENTS APPLICABLE (other than applicable Forms and Endorsements shown elsewhere in this policy) *Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS - GBA900002

CHUY ODL	ional it shown i	an Common	Policy r	leciarations
	C		1 ONOT L	CONTRACTOR INC.

5. FOR	AA	OF	RI	191	BIE	222	

THEOR OF A Limited Liability Company	X Composition Cother
THESE DECLARATIONS, WHEN COMBINED WITH THE COMMON POLICY	Ed colbolation [7] Other
COVERAGE FORMON POLICE	Y DECLARATIONS, THE COMMON POLICY CONDITIONS
TOTAL TOTAL TOTAL FORMS AND ENDORSEMENTS IF ANY IS	SSUED TO FORM A PART THEREOF COMPLETE THE
CONTRACT OF INSURANCE.	TO TO THE PARTY THEREOF, COMPLETE THE
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FLORIDA COMMON POLICY DECLARATIONS

THIS POLICY IS ISSUED BY THE COMPANY NAMED BELOW

COMPANY NAME									,																																																֡																											I																	١		١								,					١		1																												
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Covington Specialty Insurance Company (A New Hampshire Stock Company)

BRANCH ADDRESS:

945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326-1160

POLICY NO.: VBA535604 00

NAMED INSURED:

WILLIAM FLEMING HOUSE (REF TO GBA 904017)

THIS POLICY CONSISTS OF THE FOLLOWING (PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	SURPLUS LINES AGENCY: RYAN WELCH	PREMIUM IS INDICATED. THIS
COVERAGE PARTS	BUTE 120 DAYYONA BEACH, ML 17117	PREMIUM
Commercial Property	PRODAGENAME NORMAN FULLER #A0912	
Commercial General Liability	PROD ACT ADDRESS 1432 KENNEDY DR	\$ 1,300.00
Liquor Liability	PROD AGT CITY KEY WEST, FL 33040 "THIS INSURANCE IS TRUCK PURSUANT TO THE FLORIDA SURPLUS LINES LAWS. PERSONS INSURES BY SURPLUS	\$ Not Covered
Commercial Inland Marine	LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBIGATION OF AN	\$ Not Covered
Commercial Professional Liability	INSOLVENT UNLIGENSED INSURER. QUARTER 2 DATE 4/20/17	\$ Not Covered
Annual Minimum and Deposit Premium	FREMIUM TAX	\$ 1,300.00
Audit Period: Annual unless otherwise stated: SL taxes and fees SURPLUS LINES \$66.75; SERVICE \$1.34; POLICY \$35.00	Terrorism Premium	\$Excluded
Other	Other charges (SL taxes, fees)	\$ 103.09
FORMS AND ENDORSEMENTS APPLICABLE TO A	TOTAL POLICY PREMIUM	\$ 1,403.09
	RMS AND ENDORSEMENTS – GBAS	00002
THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, NSURANCE.	COMMON POLICY CONDITIONS, CO ISSUED TO FORM A PART THEREO	OVERAGE PART DECLARATIONS, F, COMPLETE THE CONTRACT OF
AGENCY NAME / ADDRESS:		The second section of the second seco
Ryan Welch W003884		
Macduff Underwriters - Daytona Beach		
1717 N. Clyde Morris Blvd., Suite 120		
Daytona Beach, FL 32117		
Countersigned: 4/25/2017 Date	Ву: <u></u>	Authorized Representative

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City of Key West Planning Department



Verification Form

(Where Applicant is an entity)

I, Paul Clase, in my capacity as Property Mair, (print name) (print position; president, managing member)
of william Flewing Condo Assoc. (print name of entity)
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:
800 FLEWING St. 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 Applicant
Subscribed and sworn to (or affirmed) before me on this 15 November 2017 by Paula Crewe Name of Applicant
He/She is personally known to me or has presented DL Cloo- 660-72-969-0 as identification.
Notalin & Hill Notary's Signature and Seal
Natalie L. Hill Name of Acknowledger typed, printed or stamped Commission # GG 051262 Expires November 29, 2020 Bonded Thru Troy Fain Insurance 800-385-7019
Commission Number, if any

