



**City of Key West
Planning Department
Verification Form**
(Where Applicant is an entity)

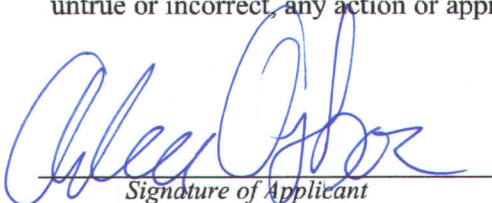
I, AILEEN A. OSBORN, in my capacity as MANAGING MEMBER
(print name) (print position; president, managing member)
of AZO ARCHITECTURE, LLC.
(print name of entity)

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:

1423 PETRONIA STREET, KEY WEST, FLORIDA 33040
Street address of subject property

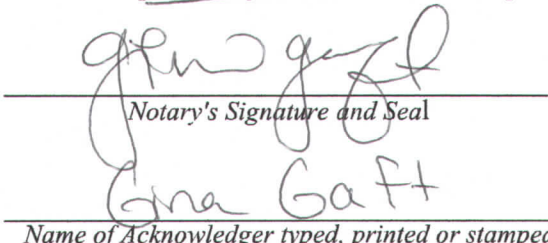
I, the undersigned, declare under penalty of perjury under the laws of the State of Florida that I am the Authorized Representative of the property involved in this application; that the information on all plans, drawings and sketches attached hereto and all the statements and answers contained herein are in all respects true and correct.

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 12.20.2020 by
date
AILEEN A. OSBORN
Name of Applicant

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


Notary's Signature and Seal
Gina Galt
Name of Acknowledger typed, printed or stamped



GG 947392
Commission Number, if any



**City of Key West
Planning Department
Verification Form**

(Where Authorized Representative is an individual)

I, AILEEN A. O'BORN, 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:

1423 PETRONIA STREET, KEY WEST, FLORIDA, 33040
Street address of subject property

I, the undersigned, declare under penalty of perjury under the laws of the State of Florida that the information on all plans, drawings and sketches attached hereto and all the statements and answers contained herein are in all respects true and correct.

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.

Aileen A. O'Brien
Signature of Authorized Representative

Subscribed and sworn to (or affirmed) before me on this 12.28.2020 by _____
date

AILEEN A. O'BORN
Name of Authorized Representative

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

Gina Galt 12.28.20
Notary's Signature and Seal



Gina Galt
Name of Acknowledger typed, printed or stamped

66 947392
Commission Number, if any



**City of Key West
Planning Department**

Authorization Form
(Individual or Joint Owner)

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

I, JIM SHARKEY & RICHARD RYAN authorize
Please Print Name(s) of Owner(s) as appears on the deed

AZO ARCHITECTURE, LLC. / AILEEN A. OSBORN
Please Print Name of Representative

to be the representative for this application and act on my/our behalf before the City of Key West.

[Signature] *Signature of Owner* [Signature] *Signature of Joint/Co-owner if applicable*

Subscribed and sworn to (or affirmed) before me on this 12.28.2020
Date

by JIM SHARKEY & RICHARD RYAN
Name of Owner

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

[Signature] *Notary's Signature and Seal*
Gina Galt
Name of Acknowledger typed, printed or stamped



GG 947392
Commission Number, if any