

COMBINATION APPLICATION: FLOODPLAIN, CONSTRUCTION AND HARC

\$50.00 APPLICATION FEE NON-REFUNDABLE



City of Key West

1300 WHITE STREET
KEY WEST, FLORIDA 33040

Phone: 305.809.3956

www.cityofkeywest-fl.gov

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

ADDRESS OF PROPOSED PROJECT:

RE # OR ALTERNATE KEY:

NAME ON DEED:

OWNER'S MAILING ADDRESS:

CONTRACTOR COMPANY NAME:

CONTRACTOR'S CONTACT PERSON:

ARCHITECT / ENGINEER'S NAME:

ARCHITECT / ENGINEER'S ADDRESS:

	# OF UNITS
	PHONE NUMBER
	EMAIL
	PHONE NUMBER
	EMAIL
	PHONE NUMBER
	EMAIL

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:

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
 ___ DEMOLITION ___ SITE WORK ___ INTERIOR ___ EXTERIOR ___ AFTER-THE-FACT

DETAILED PROJECT DESCRIPTION INCLUDING QUANTITIES, SQUARE FOOTAGE ETC.,

I'VE OBTAINED ALL NECESSARY APPROVALS FROM ASSOCIATIONS, GOV'T AGENCIES AND OTHER PARTIES AS APPLICABLE TO COMPLETE THE DESCRIBED PROJECT:	
OWNER PRINT NAME:	QUALIFIER PRINT NAME:
OWNER SIGNATURE:	QUALIFIER SIGNATURE:
Notary Signature as to owner:	Notary Signature as to qualifier:
STATE OF FLORIDA; COUNTY OF MONROE, SWORN TO AND SCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.	STATE OF FLORIDA; COUNTY OF MONROE, SWORN TO AND SCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.
Personally known or produced _____ as identification.	Personally known or produced _____ as identification.

PART B: SUPPLEMENTARY PROJECT DETAILS TO AVOID DELAYS / CALL-BACKS

PROPERTY STRUCTURES AFFECTED BY PROJECT: MAIN STRUCTURE ACCESSORY STRUCTURE SITE

ACCESSORY STRUCTURES: GARAGE / CARPORT DECK FENCE OUTBUILDING / SHED

FENCE STRUCTURES: 4 FT. 6 FT. SOLID 6 FT. / TOP 2 FT. 50% OPEN

POOLS: INGROUND ABOVE GROUND SPA / HOT TUB PRIVATE PUBLIC

PUBLIC POOLS REQUIRE BD. OF HEALTH LICENSE APPLICATION AT TIME OF CITY APPLICATION.
 PUBLIC POOLS REQUIRE BD. OF HEALTH LICENSE PRIOR TO RECEIVING THE CITY CERTIFICATE OF OCCUPANCY.

ROOFING: NEW ROOF-OVER TEAR-OFF REPAIR AWNING
 5 V METAL ASPLT. SHGLS. METAL SHGLS. BLT. UP TPO OTHER

FLORIDA ACCESSIBILITY CODE: 20% OF PROJECT FUNDS INVESTED IN ACCESSIBILITY FEATURES.

SIGNAGE: # OF SINGLE FACE # OF DOUBLE FACE REPLACE SKIN ONLY BOULEVARD ZONE
 POLE WALL PROJECTING AWNING HANGING WINDOW

SQ. FT. OF EACH SIGN FACE: _____

SUBCONTRACTORS / SPECIALTY CONTRACTORS SUPPLEMENTARY INFORMATION:

MECHANICAL: DUCTWORK COMMERCIAL EXH. HOOD INTAKE / EXH. FANS LPG TANKS
 A / C: COMPLETE SYSTEM AIR HANDLER CONDENSER MINI-SPLIT

ELECTRICAL: LIGHTING RECEPTACLES HOOK-UP EQUIPMENT LOW VOLTAGE
 SERVICE: OVERHEAD UNDERGROUND 1 PHASE 3 PHASE _____ AMPS

PLUMBING: ONE SEWER LATERAL PER BLDG. INGROUND GREASE INTCPTRS. LPG TANKS

RESTROOMS: MEN'S WOMEN'S UNISEX ACCESSIBLE

PART C: HARC APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS

APPLICATION FEES: PAINTING SINGLE FAMILY: \$10 STAFF APPROVAL: \$50 COMMISSION REVIEW \$100
 PLEASE ATTACH APPROPRIATE VARIANCES / RESOLUTIONS FROM HARC, PLANNING BOARD OR TREE COMMISSION.
ATTENTION: NO BUILDING PERMITS WILL BE ISSUED PRIOR TO HARC APPROVAL.

PLEASE SEND ELECTRONIC SUBMISSIONS TO: harc@cityofkeywest-fl.gov

INDICATE TYPE OF CERTIFICATE. OF APPROPRIATENESS: GENERAL DEMOLITION SIGN PAINTING OTHER

ADDITIONAL INFORMATION: _____

PROJECT SPECIFICATIONS: PLEASE PROVIDE PHOTOS OF EXISTING CONDITIONS, PLANS, PRODUCT SAMPLES, TECHNICAL DATA

ARCHITECTURAL FEATURES TO BE ALTERED:	ORIGINAL MATERIAL:	PROPOSED MATERIAL:

DEMOLITION: PLEASE FILL OUT THE HARC APPENDIX FOR PROPOSED DEMOLITION.

DEMOLITION OF HISTORIC STRUCTURES IS NOT ENCOURAGED BY THE HISTORIC ARCHITECTURAL REVIEW COMMISSION.

SIGNAGE: (SEE PART B) BUSINESS SIGN BRAND SIGN OTHER: _____

BUSINESS LICENSE # _____ IF FAÇADE MOUNTED, SQ. FT. OF FAÇADE _____

CITY OF KEY WEST
CERTIFICATE OF APPROPRIATENESS
APENDIX FOR DEMOLITIONS
APPLICATION NUMBER H-____-____-____-_____



This document applies only to those properties located within the City of Key West Historic Zoning Districts, properties outside the historic zoning districts which are listed as contributing in the Historic Architectural Survey and or properties listed in the National Register of Historic Places.

Applications must meet or exceed the requirements outlined by the Secretary of the Interior’s Standards for Rehabilitation and Guidelines for Rehabilitation and the Key West’s Historic Architectural Guidelines. Once submitted, the application shall be reviewed by staff for completeness and scheduled for presentation to the Historic Architectural Review Commission for the next available meeting, unless the demolition request is for a *bona fide* Code Compliance case, in which case staff may review and approve the demolition request. **The applicant must be present at this meeting. Any person that makes changes to an approved Certificate of Appropriateness must submit a new application with such modifications.**

The filing of this application does not ensure approval as submitted. Applications that do not possess the required submittals or documentation will be considered incomplete and will not be reviewed for approval.

CRITERIA FOR DEMOLITIONS

Before any Certificate of Appropriateness may be issued for a demolition request, the Historic Architectural Review Commission must find that the following requirements are met (please review and comment on each criterion that applies);

- (1) If the subject of the application is a contributing or historic building or structure, then it should not be demolished unless its condition is irrevocably compromised by extreme deterioration or it does not meet any of the following criteria:

- (a) The existing condition of the building or structure is irrevocably compromised by extreme deterioration.

OR THAT THE BUILDING OR STRUCTURE;

- (a) Embodies no distinctive characteristics of a type, period, or method of construction of aesthetic or historic significance in the city and is not a significant and distinguishable building entity whose components may lack individual distinction.

- (b) Is not specifically associated with events that have made a significant contribution to local, state, or national history.

- (c) Has no significant character, interest, or value as part of the development, heritage, or cultural characteristics of the city, state or nation, and is not associated with the life of a person significant in the past.

- (d) Is not the site of a historic event with a significant effect upon society.

- (e) Does not exemplify the cultural, political, economic, social, or historic heritage of the city.

- (f) Does not portray the environment in an era of history characterized by a distinctive architectural style.

- (g) If a part of or related to a square, park, or other distinctive area, nevertheless should not be developed or preserved according to a plan based on the area's historic, cultural, natural, or architectural motif.

- (h) Does not have a unique location or singular physical characteristic which represents an established and familiar visual feature of its neighborhood or of the city, and does not exemplify the best remaining architectural type in a neighborhood.

- (i) Has not yielded, and is not likely to yield, information important in history.

CITY OF KEY WEST
CERTIFICATE OF APPROPRIATENESS
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APPLICATION NUMBER H-____-____-____-_____



(2) For a contributing historic or noncontributing building or structure, a complete construction plan for the site is approved by the Historic Architectural Review Commission.

(a) A complete construction plan for the site is included in this application

_____ Yes Number of pages and date on plans _____

_____ No Reason _____

The following criteria will also be reviewed by the Historic Architectural Review Commission for proposed demolitions. The Commission shall not issue a Certificate of Appropriateness that would result in the following conditions (please review and comment on each criterion that applies);

(1) Removing buildings or structures that are important in defining the overall historic character of a district or neighborhood so that the character is diminished.

(2) Removing historic buildings or structures and thus destroying the historic relationship between buildings or structures and open space; and

AND

(3) Removing an historic building or structure in a complex; or removing a building facade; or removing a significant later addition that is important in defining the historic character of a site or the surrounding district or neighborhood.

(4) Removing buildings or structures that would otherwise qualify as contributing.

Nothing in this application is intended to alter the authority of the Building Official to condemn for demolition dangerous buildings, as provided in Section 102-218 of the Land Development Regulations and Chapter 14 of the Code of Ordinances.

*I hereby certify I am the owner of record and that the work shall conform to all applicable laws of this jurisdiction. By receiving a Certificate of Appropriateness, I realize that this project will require a Building Permit, approval **PRIOR to proceeding with the work outlined above** and that there will be a final inspection required under this application. I also understand that any **changes to an approved Certificate of Appropriateness must be submitted for review.***

PROPERTY OWNER'S SIGNATURE:	DATE AND PRINT NAME:
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OFFICE USE ONLY

BUILDING DESCRIPTION:	
<input type="checkbox"/> Contributing Year built _____ Style _____ Listed in the NRHP <input type="checkbox"/> Year _____	
<input type="checkbox"/> Not listed Year built _____ Comments _____	

<input type="checkbox"/> Reviewed by Staff on _____ <input type="checkbox"/> Notice of hearing posted _____ First reading meeting date _____ Second Reading meeting date _____ TWO YEAR EXPIRATION DATE _____	Staff Comments
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