



E. PROJECT INFORMATION

What type of project is proposed: **Check one:**  Construction/Restoration  Program

Provide a brief description of the project:

William Weech Post 168 is 60 years old. Restoration should start A.S.A.P. This post is valuable to this community, city, nation. Emotionally, socially, historically is involve with project. Lighting, ADA, fire, AC, furnishing, Going green #1 goal. If a Construction/Restoration Project, please provide information that fully describes the physical boundaries of the proposed project as follows:

- map(s)  
 deeds(s)  
 boundary survey  
 Monroe County Property Appraiser data for the site (<http://www.mcpafl.org>)

If a Program, please fully describe the population served by the program and the address of the program facility location on a separate sheet of paper. Please attach authorization from the property owner for the proposed program facility location.

Facility location authorization

F. OWNERSHIP AND LEGAL STRUCTURE

Provide the full name(s) of the person(s) or entity(s) expected to own (or operate if a program) the project and fully describe their legal structure (i.e. principals, ownership interests, relationship to parent organization, subsidiaries, etc.). Include a complete list of officers, directors and board members (as applicable) associated with entity who requested the appropriation. Attach additional information if necessary.

Ownership is the trustees and members, Sal, Auxillary, and thir successors in office all of the city of key west, Monroe County Florida. Fed. ID 356-6200886; Florida tax #54-54-801 202001180-3; FLtax No #85 -801 2668455c-8. Officers Commander Josephus Chaplin Sr, 1st Vice Kecia Elerby, Chaplain John B. Knowles, Adjutant Donnie Leggett.

Is the facility or program open to the public regardless of the individual's race, color, sex, gender identity or expression, religion, disability, national origin, ancestry, sexual orientation, marital status, parental status, or source of income and is there a charge associated with public use or entry to the facility or program? Please describe if necessary or explain if facility or programs have limitations to access. Attach additional information if necessary.

Access is to all, somtimes there is a cover charge.

G. PREAPPLICATION MEETING

A pre-application with the City Planner and Historic Preservation Planner is required prior to application submittal. Please provide the following pre-application meeting dates:

completed Planning Department  
 completed Historic Preservation Planner

H. PROJECT BUDGET

Note: Applicants are encouraged to consider the total amount available for TIF funding in 2012 relative to their project request.

1. Is funding requested for multiple phases (over more than one funding cycle?)  
 yes  no
2. Project Cost for 2012 \$618,815  
Total Project Cost \$1,540,120 (if multiphase, for all years)
3. Amount of TIF Funding Requested for 2012 Maximum Available  
Total Amount of TIF Funding Requested Maximum Available  
(if multiphase, for all years)
4. Total Amount of matching funds provided for 2012 TBD  
Total Amount of matching funds provided TBD  
(if multiphase, for all years)  
Describe the source and amount of matching funds TBD
5. Attach a detailed budget for the project describing each key element and estimated costs (if multiphase, for all years)  
 Detailed budget attached

I. PROJECT SCHEDULE

Please provide a schedule for approvals, construction and implementation of proposal, including multiyear phasing if relevant.

Schedule attached

J. GREEN FEATURES

Although not specifically required by Chapter 163, part 3, Florida Statutes of the Community Redevelopment Act, it is important to encourage the concept of going green within the context of implementation of a community redevelopment. Going green in this instance means conscious attempts to reduce overall negative environmental impacts by individuals, businesses and government. Community redevelopment activities including the appropriation and use of tax increment when reasonably feasible should

consider a focus on conserving the earth's resources, energy efficient activities, production of consumption of energy, use of sustainable materials, elimination of waste, compliance with environmental regulations and the use of environmentally friendly products, equipment and services. In this context green services are earth friendly, ethically produced and made energy efficient and employ the use recyclable materials. Please indicate how this application will promote green services. **Projects with green features will be given priority for funding.**

Green Features response attached

K. CERTIFICATION

By making this application, Applicant certifies that he or she has read Section 163.340(9), Florida Statutes (the definition of "community redevelopment") and the City's Community Redevelopment Plan (including any amendment or restatement thereof, and understands that any funding pursuant to application must be consistent with the City's community redevelopment policy objectives and City of Key West guidelines and procedures.)

The undersigned has read this form, authorized its preparation and, under penalty of perjury, hereby certifies that, to the best of his or her knowledge and belief that the information provided is true, accurate and complete. Applicant understands that any appropriation is subject to available funds and if requested agrees to provide any and all additional information in a timely fashion as requested by the CRA or City.

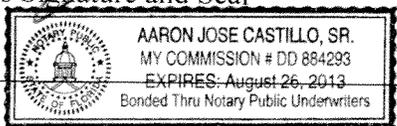
Chapter 837.06 Florida Statutes - False Official Statements - Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided for in S. 775.082 or S. 775.083.

Applicant's Signature: [Signature] Date: Sept 29, 2011  
Subscribed and sworn to (or affirmed) before me on Sept 29, 2011 (date) by

Josephus Chaplin Sr  
Please Print Name of Affiant

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

[Signature]  
Notary's Signature and Seal



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

**Section F**  
**Ownership & Legal Structure**

City of Key West  
Planning Department



Verification Form

(Where Authorized Representative is an Entity)

I, Josephus Chaplin Sr., in my capacity as Post Commander  
(print name) (print position; president, managing member)

of William Weech American Legion Post 168. the Americzn Legion Inc.  
(print name of entity serving as Authorized Representative)

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:

803 Emma street Key West Florida 33040

*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.

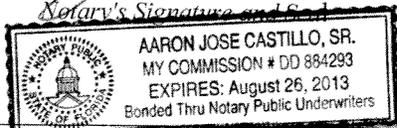
*Signature of Authorized Representative*

Subscribed and sworn to (or affirmed) before me on this Sept 29, 2011 by  
date

Josephus Chaplin Sr.  
*Name of Authorized Representative*

He/She is personally known to me or has presented FL drivers license as identification.

*Notary's Signature and Seal*



*Name of Acknowledger typed, printed or stamped*

**City of Key West  
Planning Department**



**Verification Form**  
(Where Owner is the applicant)

I, Josephus Chaplin Sr, being duly sworn, depose and say that I am the Owner (as appears on the deed), for the following property identified as the subject matter of this application:

803 Emma street Key West Florida.

*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 Owner*

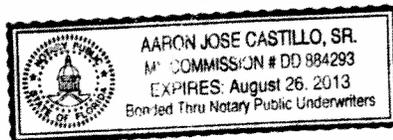
Subscribed and sworn to (or affirmed) before me on this Sept 29, 2011 by

Charles L Mesor  
*Name of Owner*

He/She is personally known to me or has presented FL drivers License as identification.

*Notary's Signature and Seal*

Name of Notary Aaron Jose Castillo, Sr. stamped



*Commission Number, if any*

City of Key West  
Planning Department



Authorization Form  
(Individual Owner)

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

I, ~~Ownership is the trustees and members~~ Aml post 168. authorize  
*Please Print Name(s) of Owner(s) (as appears on the deed)*

Josephus Chaplin Sr Commander  
*Please Print Name of Representative*

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

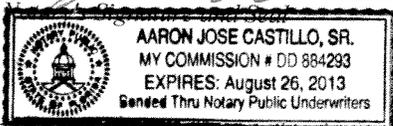
[Signature] *Signature of Owner*      \_\_\_\_\_ *Signature of Joint/Co-owner if applicable*

Subscribed and sworn to (or affirmed) before me on this Sept 29 2011 by

Josephus Chaplin Sr  
*Name of Authorized Representative*

He/She is personally known to me or has presented Florida drivers license identification.  
*License*

[Signature]



\_\_\_\_\_  
*Name of Acknowledger typed, printed or stamped*

\_\_\_\_\_  
*Commission Number, if any*

City of Key West  
Planning Department



Authorization Form  
(Where Owner is a Business Entity)

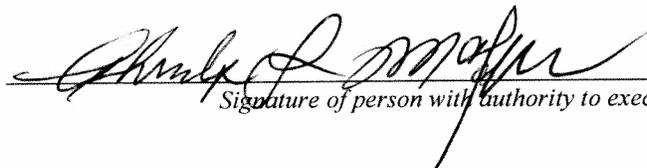
Please complete this form if someone other than the owner is representing the property owner in this matter.

I, Josephus Chaplin Sr as  
*Please Print Name of person with authority to execute documents on behalf of entity*

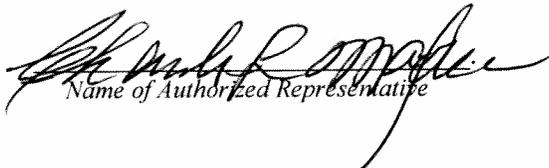
Josephus Chaplin Sr of Trustee WVA Post 168  
*Name of office (President, Managing Member) Name of owner from deed*

authorize Josephus Chaplin Sr CMDR  
*Please Print Name of Representative*

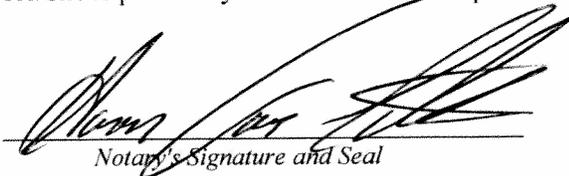
to be the representative for this application and act on my/our behalf before the City of Key West.

  
*Signature of person with authority to execute documents on behalf on entity owner*

Subscribed and sworn to (or affirmed) before me on this Sept 29, 2011 by

  
*Name of Authorized Representative*

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

  
*Notary's Signature and Seal*

*Name of Acknowledger typed, printed or stamped*

