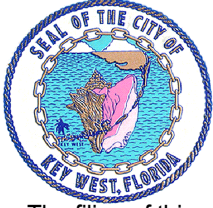


HARC MINOR PROJECTS CERTIFICATE OF APPROPRIATENESS



City Of Key West

1300 White Street
Key West, Florida 33040

HARC COA #	REVISION #	INITIALS & DATE
FLOOD ZONE	ZONING DISTRICT	DEVELOPMENT #

The filing of this application does not ensure approval as submitted. Certain proposed work may require Commission review. I hereby certify that the proposed work is authorized by the owner of record and that the work shall conform to all applicable Land Development Regulations and laws of this jurisdiction. By receiving a Certificate of Appropriateness, I realize that a Building Permit may also be required PRIOR to commencing the work outlined below and that there will be a **HARC FINAL inspection** required under this Certificate.

ADDRESS OF PROPOSED PROJECT:

NAME ON DEED:

OWNER'S MAILING ADDRESS:

APPLICANT'S NAME:

APPLICANT'S ADDRESS:

COST OF PROJECT AND DATE:

	PHONE NUMBER:
	EMAIL:
	PHONE NUMBER:
	EMAIL:
COST OF PROJECT:	DATE:

ANY PERSON THAT MAKES CHANGES TO AN APPROVED CERTIFICATE OF APPROPRIATENESS MUST SUBMIT A NEW APPLICATION.

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. THE APPLICANT FURTHER HEREBY ACKNOWLEDGES THAT THE SCOPE OF WORK AS DESCRIBED IN THE APPLICATION SHALL BE THE SCOPE OF WORK THAT IS CONTEMPLATED BY THE APPLICANT AND THE CITY. THE APPLICANT FURTHER STIPULATES THAT SHOULD FURTHER ACTION BE TAKEN BY THE CITY FOR EXCEEDING THE SCOPE OF THE DESCRIPTION OF WORK, AS DESCRIBED HEREIN, AND IF THERE IS CONFLICTING INFORMATION BETWEEN THE DESCRIPTION OF WORK AND THE SUBMITTED PLANS, THE AFOREMENTIONED DESCRIPTION OF WORK SHALL BE CONTROLLING.

PROJECT DESCRIPTION: Use this space to describe in detail the changes you plan to make to the property. Required information includes any changes in size or shape to the existing structure(s), any changes to exterior materials, changes to size, number, or type of windows and doors, etc. Please attach any photographs, surveys, manufacturer's specifications, and drawings that will help describe your project.

Work to be done will affect: (Please select all applicable)

Main Building _____ Secondary Structure _____ Site/Pool _____ Equipment / Infrastructure _____ Fence _____
Demolition _____ New Construction _____ Stairs/ stoops _____ Decking _____ Other _____

DESCRIPTION:

PRINTED NAME OF PROPERTY OWNER, AGENT, OR LICENSED CONTRACTOR:

SIGNATURE AND DATE:

NOTARY SIGNATURE AS TO APPLICANT. STATE OF FLORIDA, COUNTY MONROE. SWORN TO AND SUBSCRIBED BEFORE ME.

PERSONALLY KNOWN OR PRODUCED _____ AS IDENTIFICATION. MY COMMISSION EXPIRES ON _____

PROPOSALS REQUIRING PLANNING, TREE, OR ENGINEERING REVIEW MUST OBTAIN APPROVALS BEFORE SUBMITTAL.
HARC STAFF MAY CONSULT WITH OTHER CITY DEPARTMENTS DURING THE REVIEW PROCESS.

ARCHITECTURAL FEATURES IN SCOPE OF WORK AND MATERIALS		
FEATURES	ORIGINAL MATERIAL	PROPOSED MATERIAL AND CHANGES
Awnings		
Decks (Stoops, railings, etc.)		
Doors / Windows		
Electrical (Raisers, Solar Panels, Generators, etc.)		
Fences and Walls		
Mechanical (hoods/ cooling systems, etc.)		
Mill work/ Moldings/Trims		
Pavers or Hard Ground Finish		
Pools and Spas/ Equipment		
Roofing (Gutters, Downspouts, Skylights, etc.)		
Shutters and Storm Protection		
Siding / Masonry Walls		
Site Work		
Structural (Columns, Beams, Footers, etc.)		
Utilities		
Others		

APPLICATIONS FOR PAINTING OR REPAINTING		
ELEMENT TO BE PAINTED	CURRENT COLOR	PROPOSED COLOR

APPLICATIONS FOR SIGNAGE		
SIGN COPY & TYPE:	PROPOSED MATERIALS:	SIGNS WITH ILLUMINATION:
		Type of Light:
		Color and Lumens:
BUSINESS LINEAL FRONTAGE FOOTAGE:		Light Lineal Footage:

HARC STAFF DECISION:

Approved _____ Conditions _____ Requires Commission Approval _____

HARC STAFF SIGNATURE AND DATE

FORM CREATED 08/2023 ET