

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

BLDG@CITYOFKEYWEST-FL.GOV

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

ADDRESS OF PROPOSED PROJECT:	# OF UNITS
RE # OR ALTERNATE KEY:	
NAME ON DEED:	PHONE NUMBER
OWNER'S MAILING ADDRESS:	EMAIL
CONTRACTOR COMPANY NAME:	PHONE NUMBER
CONTRACTOR'S CONTACT PERSON:	EMAIL
ARCHITECT / ENGINEER'S NAME:	PHONE NUMBER
ARCHITECT / ENGINEER'S ADDRESS:	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.

DETAILED Project Description...(The applicant further hereby acknowledges that the scope of work as described shall be the scope of work that is considered by the City. Should further action be taken by the City for exceeding the scope of the description of work as described herein versus the scope of work shown on the plans or other documents submitted with the application, the aforementioned description of work shall be controlling.)

Printed name of property owner or licensed contractor.	Signature.
Notary Signature as to applicant. State of Florida, County of Monroe, Sworn to and subscribed before me.	
Personally known or produced _____ as identification.	

Official Use Only:

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 _____

SIGN SPECIFICATIONS		
SIGN COPY:	PROPOSED MATERIALS:	SIGNS WITH ILLUMINATION:
		TYPE OF LTG.:
		LTG. LINEAL FTG.:
MAX. HGT. OF FONTS:		COLOR AND TOTAL LUMENS:
IF USING LIGHT FIXTURES PLEASE INDICATE HOW MANY: INCLUDE SPEC. SHEET WITH LOCATIONS AND COLORS.		

OFFICIAL USE ONLY:		HARC STAFF OR COMMISSION REVIEW	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> DEFERRED FOR FUTURE CONSIDERATION	<input type="checkbox"/> TABLED FOR ADD'L. INFO.
HARC MEETING DATE:	HARC MEETING DATE:	HARC MEETING DATE:	
REASONS OR CONDITIONS:			
STAFF REVIEW COMMENTS:			
HARC PLANNER SIGNATURE AND DATE:		HARC CHAIRPERSON SIGNATURE AND DATE:	

PART D: STATE OF FLORIDA OFFICIAL NOTIFICATIONS AND WARNINGS

FLORIDA STATUTE 713.135: WARNING TO OWNER: YOUR FAILURE TO RECORD A 'NOTICE OF COMMENCEMENT' MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED WITH THE COUNTY RECORDER AND A COPY POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING A NOTICE.

FLORIDA STATUTE 469: ABESTOS ABATEMENT. AS OWNER / CONTRACTOR / AGENT OF RECORD FOR THE CONSTRUCTION APPLIED FOR IN THIS APPLICATION, I AGREE THAT I WILL COMPLY WITH THE PROVISIONS F. S. 469.003 AND TO NOTIFY THE FLORIDA D. E. P. OF MY INTENT TO DEMOLISH / REMOVE ASBESTOS. IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT APPLICATION, THERE MAY BE DEED RESTRICTIONS AND / OR ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF MONROE COUNTY AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENT ENTITIES SUCH AS AQUADUCT AUTHORITY, FLORIDA DEP OR OTHER STATE AGENCIES; ARMY CORPS OF ENGINEERS OR OTHER FEDERAL AGENCIES.

FEDERAL LAW REQUIRES LEAD PAINT ABATEMENT PER THE STANDARDS OF THE USDEP ON STRUCTURES BUILT PRIOR TO 1978.

ALL NECESSARY APPROVALS FROM ASSOCIATIONS, GOV'T. AGENCIES, AND OTHER PARTIES ARE THE APPLICANT'S RESPONSIBILITY.