



Key Allegro Canal and Property Owner's Association
Request for Building Permit

PERMIT NO:

Application Date: _____ Construction Start Date: _____

Name of Applicant (If a legal entity, list name of entity and officers names):

Are you the owner of the property? YES _____ NO _____

Are you an authorized representative? YES _____ NO _____ Name: _____

Property Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Representative Phone: _____ Email Address: _____

Legal Property Description (if known): Unit _____ Block _____ Lot no. _____

Key Allegro House Number and Street Name: _____

Contractor: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Engineer: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Class of Work (New, Addition, Repair, Remodel, Roof Material Change, Docks, Pool) _____

If new construction, total floor area (sq. ft.) _____ Total Height _____ (see visual deed restrictions for limits)

Value of work being performed: \$ _____ Permit Fee: \$ _____

City of Rockport Permit No: _____

KEY ALLEGRO BUILDING PERMIT

Describe the full nature of the construction to be completed. Please ensure to attach a PDF or printed set of architectural construction plans clearly showing all measured setbacks, elevations as compared to the center line of the street in front of residence, and overall height of structure.

WAIVER REQUEST

If requesting a waiver from the KACPOA Deed Restrictions, for which restrictions are you requesting

Describe the manner in which the proposed construction will be in violation of the referenced restriction

Please explain why a waiver should be granted.
