



7876

Tree Permit Application

Date: March 21, 2016

Please Clearly Print All Information unless indicated otherwise.

Tree Address Sunset Marina - Stock Island 5555 College Rd
Cross/Corner Street College Road and Sunset Marina Road
List Tree Name(s) and Quantity See Attached Plan
Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade () Unsure
Reason(s) for Application:
(X) REMOVE (X) Tree Health () Safety (X) Other/Explain below
(X) TRANSPLANT () New Location (X) Same Property () Other/Explain below
() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction
Other/Explain Construction of residential housing (affordable and market rate)

Reason for Request Reivew of Conceptual Landscape Plan as part of the Major Development Plan application

Property Owner Name Sunset Marina LLC
Property Owner eMail Address barry@smithoropeza.com
Property Owner Mailing Address 5555 College Road
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 296 - 7227
Property Owner Signature [Signature]

Representative Name Barbara Mitchell
Representative eMail Address mitchellplanningdesign@gmail.com
Representative Mailing Address 15450 SE 103rd Place Road
Representative Mailing City Ocklawaha State FL Zip 32179
Representative Phone Number (305) 509 - 9066

NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

Tree Representation Authorization form attached ()

<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

Please identify tree(s) with colored tape

Please see attached plans.

If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.



Tree Representation Authorization

Date: March 21, 2016

Attendance at the Tree Commission meeting on the date when your request will be discussed is necessary in order to expedite the resolution of your application. This Tree Representation Authorization form must accompany the application if the property owner is unable to attend or will have someone else pick up the Tree Permit once issued.

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Tree Address 5555 College Rd


Property Owner Name Sunset Marina LLC

Property Owner eMail Address Barry@smithoropeza.com

Property Owner Mailing Address 5555 College Rd

Property Owner Mailing City Key West State FL Zip 33040

Property Owner Phone Number (305) 296 - 7227

Property Owner Signature 

Representative Name Barbara Mitchell

Representative eMail Address mitchellplanningdesign@gmail.com

Representative Mailing Address 15450 SE 103rd Place Rd

Representative Mailing City Ocklawaha State FL Zip 32179

Representative Phone Number (352) 288 - 0401

I BARRY F. GIBSON, hereby authorize the above listed agent(s) to represent me in the matter of obtaining a Tree Permit from the City of Key West for my property at the tree address above listed. You may contact me at the telephone listed above is there is any questions or need access to my property.

Property Owner Signature 

The forgoing instrument was acknowledged before me on this 22nd day March 2016.

By (Print name of Affiant) Barry Gibson, Manager who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Patricia Gae Ganister Notary Public - State of Florida (seal)

Print Name: _____

My Commission Expires: _____

