

Tree Permit Application

Please Clearly Print All Information unless indicated otherwise. 1315 Oliviast. Tree Address / Cross/Corner Street Florida St 3 | I Chemythee

List Tree Name(s) and Quantity 6 Polyclands & Combo Limbos & Stranger Figs | Quadrado Species Type(s) check all that apply () Palm () Flowering () Fruit (x) Shade () Unsure Reason(s) for Application: (x) REMOVE () Tree Health () Safety (x) Other/Explain below () TRANSPLANT () New Location () Same Property () Other/Explain below () HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction Additional 1+ would be more effective to replace these sendlings and Explanation them and watch most of them for le Property Owner Name Ran Saunders - Michael B. Hayan Property Owner eMail Address Property Owner Mailing Address **Property Owner Mailing City** Property Owner Phone Number (_____) ____-**Property Owner Signature** Representative Name Kenneth Kha Representative eMail Address Representative Mailing Address 1602 Land St. Representative Mailing City | Keywast State FZ Representative Phone Number (305) 296 - 8101 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

1315 Ollvia

required. Please contact 305-809-3740.

Updated: 02/22/2014

If this process requires blocking of a City right-of-way, a separate ROW Permit is

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City of Key West Planning Department



Authorization Form

(Individual or Joint Owner)

matter.	owner is representing the property owner in thi
I, Ron Saunders Please Print Name(s) of Owner	authorize
MICHAEL B. INGPAM, KEN KIN Please Print Name of	Representative
to be the representative for this application and act on m	ny/our behalf before the City of Key West.
Signature of Owner	Signature of Joint/Co-owner if applicable
Subscribed and sworn to (or affirmed) before me on this by	s May 20, 2016
Name of O	hwner
He/She is personally known to me or has presented	as identification.
Rotary's Signature and Seal Stacy L. Gilzon Name of Acknowledger typed, printed or stamped HFF 170806 Commission Number if any	STACY L. GIBSON Commission # FF 170806 Expires October 22, 2018 Bonded Thru Troy Fein Insurance 600-385-7019

City of Key West Planning Department



Verification Form

(Where Authorized Representative is an individual)

I, Michael B. Ingram, 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:
1315 Olivia Street, Key West, FL 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 May 20, 2016 by
Michael B. Ingram Name of Authorized Representative
He/She is personally known to me or has presented as identification.
Hoch. Cile Consission # FF 170806 Expires October 22, 2018 Bonded Thru Troy Felin Insurance 800-385-7019
Stacy L. Gibson
Name of Acknowledger typed, printed or stamped
FF 170804
Commission Number, if any