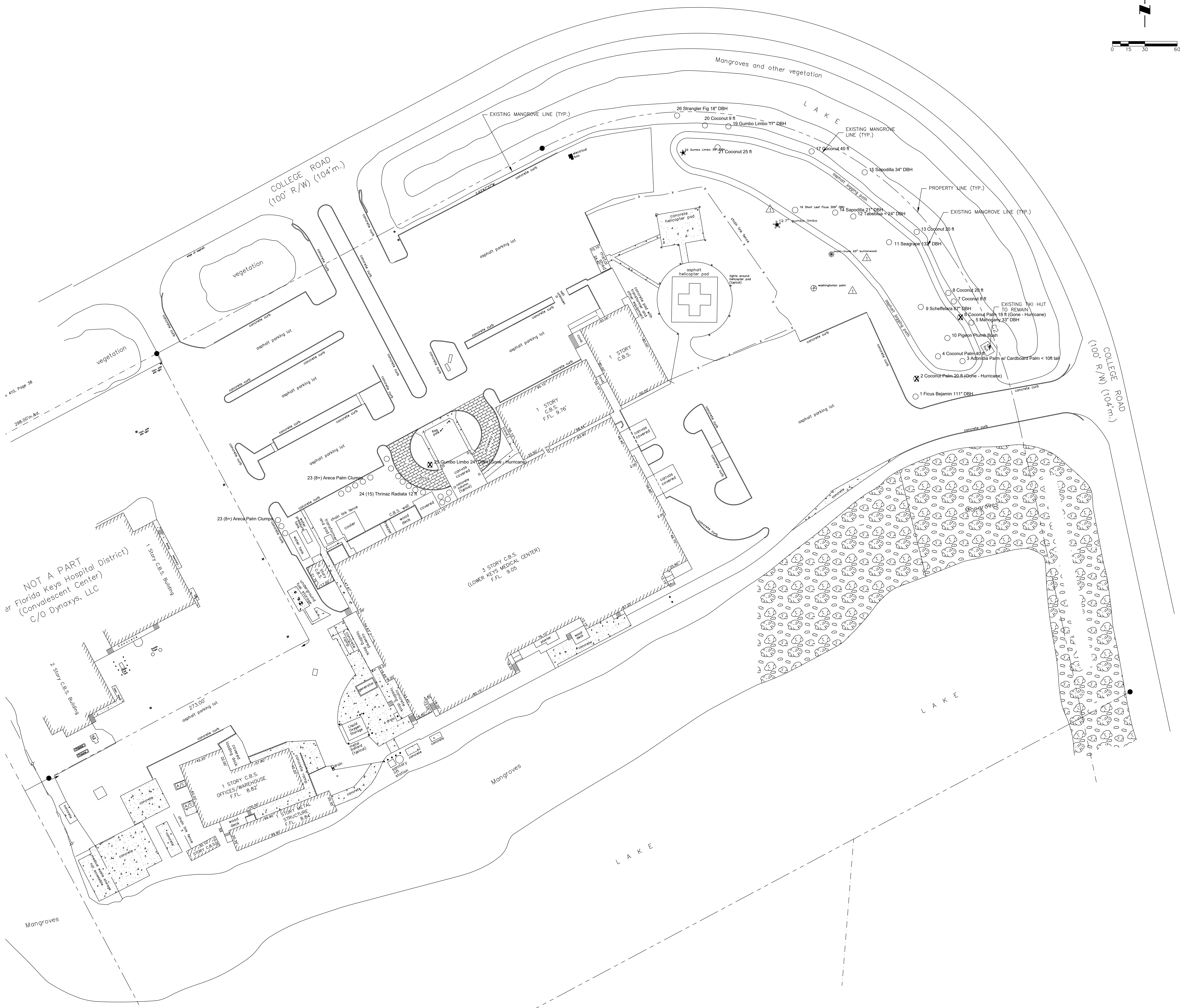
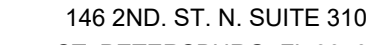


[illegible]

Two Harbour Place

FIRM'S FLORIDA CERT. NO.



FL Certificate of Authorization No. :

5900 College Road
Key West, FL 33040

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C3.0



Design Services
For The ilt
Environment

Atlanta

☐ Birmingham

Cincinnati

Column s

Dallas

Fort Lauderdale

Koschützki

Louisville

Memphis

Nashville

Richmond

Tampa

GRES ☐ AM
SMIT ☐ AND
PARTNERS

Two Carbur Place
302 Knights Run Avenue
Tampa, FL 33602
Suite 900
313.251.633

FIRM'S FLORIDA CERT. NO.
AAP000034/CA3B6
I26000797/LC260003



501 E Kennedy Blvd
Suite 1010
Tampa, FL 33602
813.327.5450
Certificate of Authorization
Number FL #3932

PARKING ADDITION PACKAGE 4

Lower Keys
Medical Center

5900 College Road
Key West, FL 33040



William H. Bowers
LA 6666785
Nov. 07. 2017

TO THE BEST OF KNOWLEDGE, INFORMATION, AND BELIEF THE PLANS, SPECIFICATION, AND ADDENDA COMPLY WITH THE APPLICABLE CODES LISTED ON SHEET XL.1

[illegible]

Irrigation Plan and Details

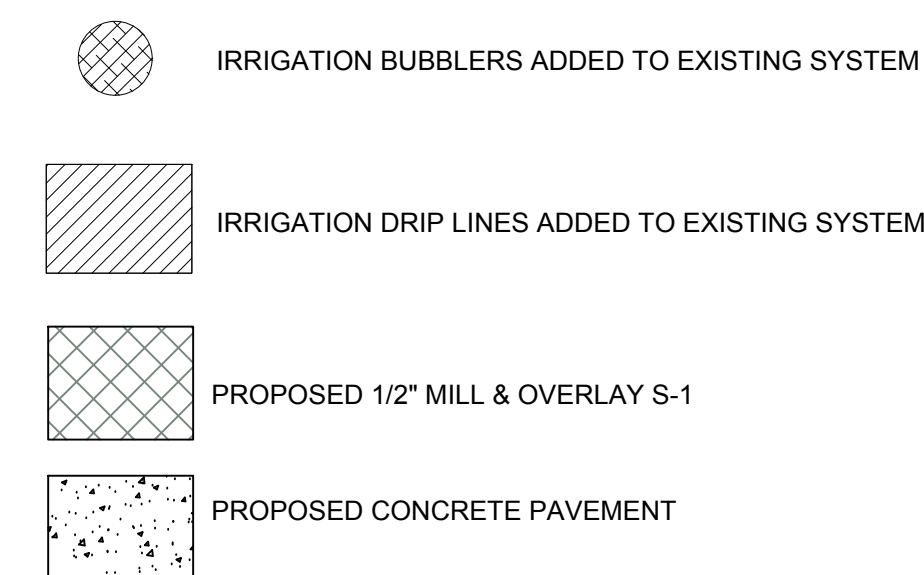


PROJECT 42275.00
DATE

Call Before You Dig

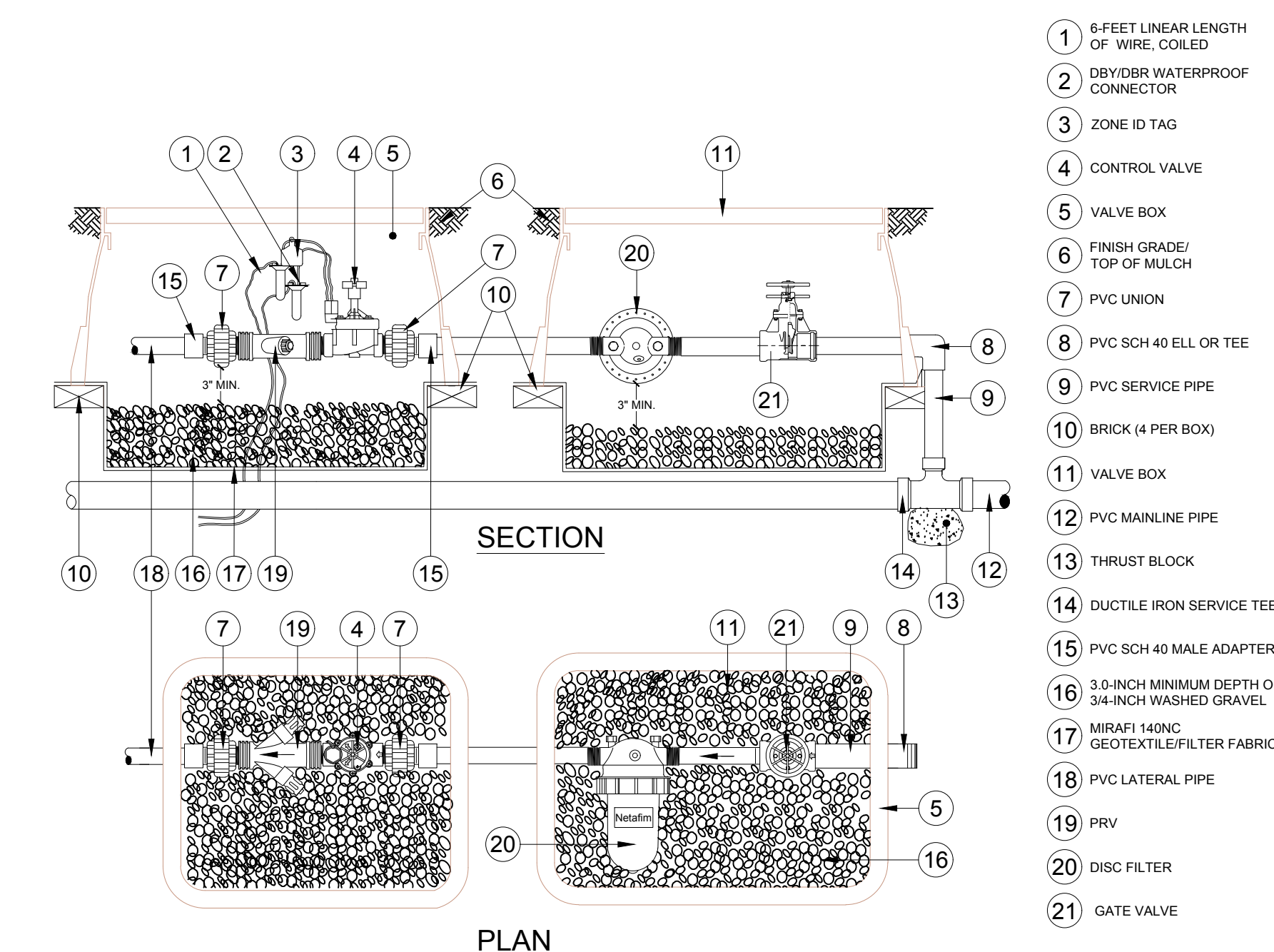
Call Sunshine State One Call, at **811** or **800-432-4770**, two full days before digging in any easement, right-of-way or permitted use area.

LEGEND



IRRIGATION/RECLAIMED WATER NOTE:

- WHENEVER AVAILABLE, RECLAIMED WATER SHALL BE USED FOR IRRIGATION IN ACCORDANCE WITH CITY OF KEY WEST STANDARDS.
- A PERMANENT UNDERGROUND IRRIGATION SYSTEM OR TEMPORARY IRRIGATION SYSTEM, AS APPROPRIATE, PROVIDING UNIFORM COVERAGE OF ALL LANDSCAPE BUFFER AREAS IS REQUIRED AND SHALL BE DESIGNED AND INSTALLED SO AS TO CONFORM TO THE CITY OF KEY WEST CODE. THE REQUIREMENT FOR UNDERGROUND PROVIDING UNIFORM COVERAGE MAY BE WAIVED BY THE PLANNING MANAGER UNDER THE FOLLOWING CIRCUMSTANCES:
 - 1) WHEN SITE DIMENSIONS AND LANDSCAPE REQUIREMENTS COULD BE SERVICED BY MICRO-IRRIGATION AT THE BASE OF THE PLANTER, WITHIN THE DRAIN LINE OF THE TREE OR HANDHELD HOSE OR WATERING CAN;
 - 2) WHERE NATIVE PLANT HABITAT IS RETAINED;
 - 3) WHERE WATER-EFFICIENT LANDSCAPING IS PROPOSED.



A CONTROL VALVE ASSEMBLY FOR DRIPLINE IRRIGATION
SCALE: N.T.S.

SCALE: N.T.S.

E **DRIPLINE GRID LAYOUT**
SCALE: N.T.S.

SCALE: N.T.S.

D **DRIPLINE IRREGULAR AREA - GRID LAYOUT**
SCALE: N.T.S.

SCALE: N.T.S.

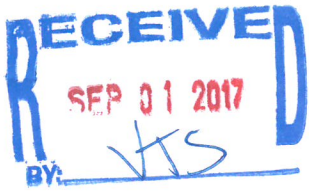
BUBBLER INSTALLATION DETAIL
SCALE: N.T.S.

SALE: N.T.S.

DRIPLINE PVC CONNECTION DETAIL
SCALE: N.T.S.

SCALE: N.T.S

Application



canopy removal
Landscape Plan
parking lot
8635
palm removal 8690
transplant
palm
transplant
canopy

Tree Permit Application

Date: 8/28/17

Please Clearly Print All Information unless indicated otherwise.

Tree Address 5400 Colley Rd.
Cross/Corner Street
List Tree Name(s) and Quantity Please see attached list.
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
() TRANSPLANT () New Location () Same Property () Other/Explain below
() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

Additional Information and Explanation Please see attached Parking lot addition along with tree survey and list. Met with John Mumford and he mentioned trees are not in good health

Property Owner Name LKMC Beth Moser
Property Owner eMail Address Elizabeth_Moser@chs.net
Property Owner Mailing Address 400 Meridian Blvd.
Property Owner Mailing City Franklin State TN Zip 37067
Property Owner Phone Number (615) 465-7394
Property Owner Signature

Representative Name
Representative eMail Address
Representative Mailing Address
Representative Mailing City
Representative Phone Number () - State Zip

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.

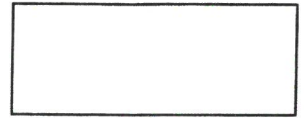
Tree Representation Authorization form attached ()

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

Please identify tree(s) with colored tape

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

PA \$



Tree Representation Authorization

Date: 6-6-17

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.

Please Clearly Print All Information unless indicated otherwise.

Tree Address 5900 College Rd.

Property Owner Name Lower FL Keys Hospital
Property Owner eMail Address Elizabeth_Moser@chs.net
Property Owner Mailing Address 400 Meridian Blvd
Property Owner Mailing City Franklin State TN Zip 37067
Property Owner Phone Number (615) 465-7394
Property Owner Signature _____

Representative Name Charles Spottswood
Representative eMail Address chas@keystarconstruction.com
Representative Mailing Address 506 Fleming St.
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 360-0802

I David Clay, 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 [Signature]

The forgoing instrument was acknowledged before me on this 13 day June, 2017.

By (Print name of Affiant) David Clay who is personally known to me or has produced Personally Known as identification and who did take an oath.

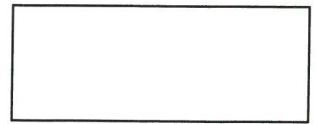
NOTARY PUBLIC

Sign Name: Gina B. Sellers Notary Public - State of Florida (seal)

Print Name: Gina B. Sellers

My Commission Expires: _____





Tree Representation Authorization

Date: 10/12/17

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.

Please Clearly Print All Information unless indicated otherwise.

Tree Address 5900 College Rd.

~~Property Owner Name~~ ^{Contractor} Charles Spottswood

Property Owner eMail Address Chas@Keystarconstruction.com

Property Owner Mailing Address 506 Fleming St.

Property Owner Mailing City Key West State FL Zip 33040

Property Owner Phone Number (305) 360 - 0802

Property Owner Signature [Signature]

Representative Name John Mumford

Representative eMail Address John@detailsnursery.com

Representative Mailing Address PO Box 6371

Representative Mailing City Key West State FL Zip 33040

Representative Phone Number (305) 797 - 6056

I Charles Spottswood, 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 if there is any questions or need access to my property.

~~Property Owner Signature~~ ^{Contractor} [Signature]

The forgoing instrument was acknowledged before me on this _____ day _____.

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

NOTARY PUBLIC

Sign Name: [Signature] Notary Public - State of Florida (seal)

Print Name: Jo Bennett

My Commission Expires: May 26, 2019

