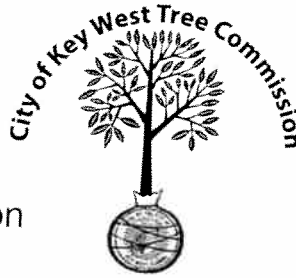


AGENDA ITEM #



City of Key West Tree Commission

Tree Permit Application

PO Box 1409  
Key West, FL 33040  
Phone: 305-809-3764  
Fax: 305-296-6152

Home/Property Owner: Donna Feldman Date: 12-19-2011

Mailing Address: 1418 Angela St.

Owner Signature: \_\_\_\_\_ Owner Ph#: (305) 294-7492

Represented by: Kenneth King Rep. Ph#: (305) 296-8101

Represented by mailing address: 1602 Leeward St. Key West, FL 33040

**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.**

A letter of representation from the owner must accompany this application if the owner is unable to attend.

\_\_\_\_\_ Letter of Representation ( )

Tree(s) Address: 1418 Angela St. Cross/Corner Street: \_\_\_\_\_

Common Name(s): Frangipani Scientific Name(s): \_\_\_\_\_

Species Type(s) {check all that apply}: ( ) Palm  Flowering ( ) Fruit ( ) Shade

Reason(s) for Application {check all that apply}:

- REMOVE
- ( ) Tree Health
- Safety
- ( ) Other / Explain
- ( ) TRANSPLANT
- ( ) New Location
- ( ) Same Property
- ( ) Other / Explain
- ( ) HEAVY MAINTENANCE
- ( ) Branch Removal
- ( ) Crown Cleaning/Thinning
- ( ) Crown Reduction

Reason(s) for request:

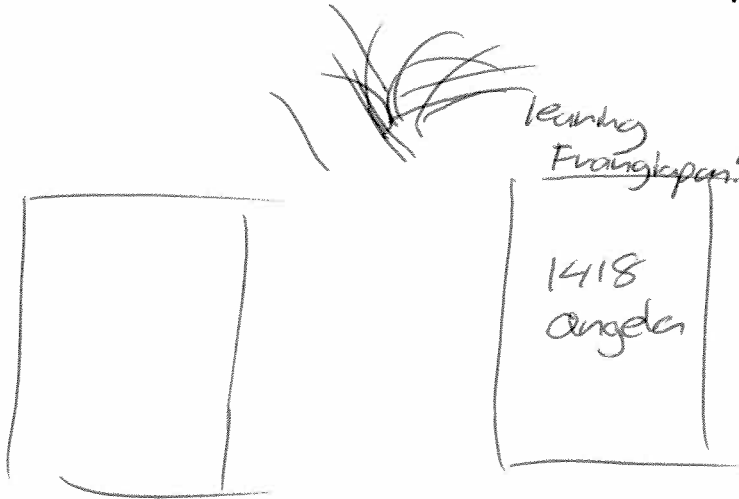
Tree has been slowly falling over for years. attempts to balance it or straighten it up have failed. The owner would like to do something else with <sup>the</sup> space.

Replacement plant material must be Florida Grade #1. Replacement of a palm with a native palm is required. Replacement of a canopy tree with a native canopy tree is required. If you need assistance with replacements, please call the Landscape Department at 305-809-3764.

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

Provide access for viewing tree(s) prior to meeting  
Identify tree(s) with colored tape

AGENDA ITEM #



Do not write under this line

Tree Species \_\_\_\_\_

Circumference \_\_\_\_\_ ÷ 3.14 =  
diameter \_\_\_\_\_

Location \_\_\_\_\_ % Species \_\_\_\_\_ % Condition \_\_\_\_\_ % Total Average Value \_\_\_\_\_ %

Avg. value \_\_\_\_\_ X \_\_\_\_\_ Diameter = \_\_\_\_\_  
Replacement Inches

LOCATION: OLD CITY HALL, 510 GREENE STREET, 5:00 p.m.

FOR TREE COMMISSION USE ONLY.

( ) TABLED ( ) APPROVED ( ) DENIED ( ) FURTHER ACTION

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHAIRPERSONS SIGNATURE/DATE

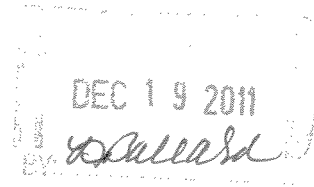
City Engineer comments if required:  
\_\_\_\_\_  
\_\_\_\_\_

ENGINEER'S SIGNATURE/DATE

# AUTHORIZATION LETTER

1418 angela st  
(owner address)

Key West, FL 33040



Dear Tree Commissioners:

This letter is authorization and confirmation that I, DONNA FELDMAN,  
(owner name)  
have retained Kenneth King  
(representative name) to represent me in the matter

obtaining a permit from the City of Key West for my property at 1418 angela  
(address)  
\_\_\_\_\_ . You may contact me at \_\_\_\_\_

294-7492  
(telephone number) . Thank you.

sincerely,

Donna Feldman  
(owner signature)

City of Key West Tree Commission  
Public Works Facility  
633 Palm Avenue  
Key West, FL- 33040  
Office: (305)-809-3764  
Fax: (305)-296-6152