



7989

Tree Permit Application

Date: 4-10-16

Please Clearly Print All Information unless indicated otherwise.

Tree Address 532 Caroline St.
Cross/Corner Street Simonton St.
List Tree Name(s) and Quantity "See Attached List." Meet on site.
Species Type(s) check all that apply () Palm Flowering () Fruit Shade () Unsure
Reason(s) for Application: Jamaican Capers

REMOVE () Tree Health () Safety () Other/Explain below
 () TRANSPLANT () New Location () Same Property () Other/Explain below
 () HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction
Other/Explain No more privacy, too much competition.

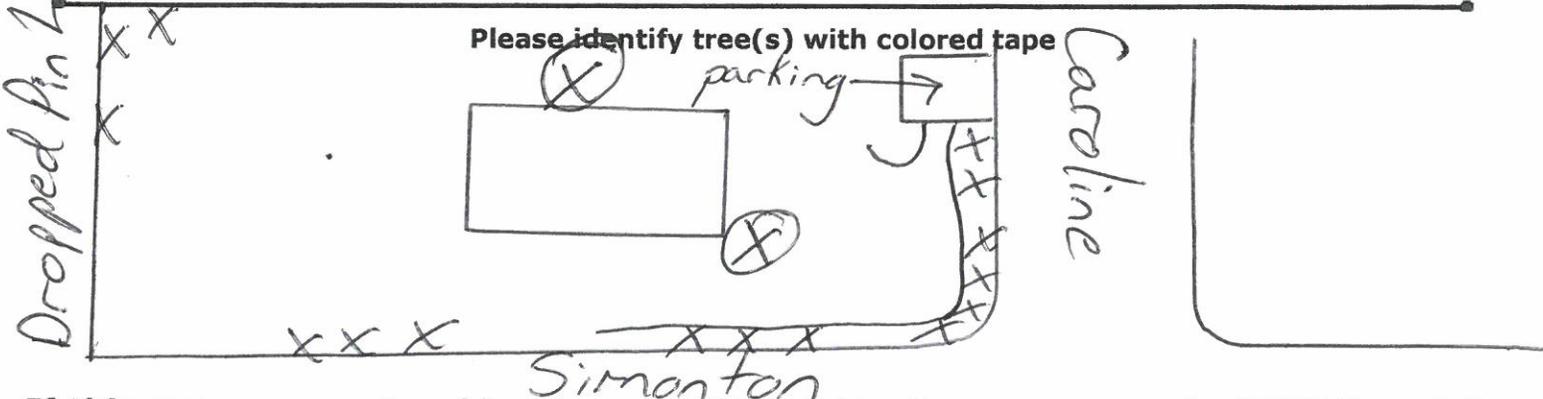
Reason for Request Remove and replace with new native screening plant material.

Property Owner Name Robert A. Spottswood
Property Owner eMail Address 532 Caroline St.
Property Owner Mailing Address 532 Caroline St.
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number () - -
Property Owner Signature See Authorization Form please

Representative Name Just Keys Trees, Inc Robert Corder
Representative eMail Address justkeys@comcast.net
Representative Mailing Address _____
Representative Mailing City _____ **State** _____ **Zip** _____
Representative Phone Number () - -

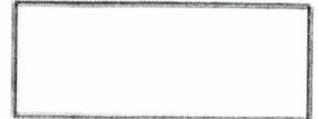
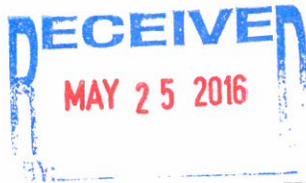
NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.
 Tree Representation Authorization form attached ()

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



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: 4-10-16

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 532 Caroline St.
Property Owner Name Robert A. Spottswood
Property Owner eMail Address
Property Owner Mailing Address 532 Caroline St
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (Rob) 304-3144
Property Owner Signature "see below"

Representative Name Just Keys Trees, Inc
Representative eMail Address justkeystrees@comcast.net
Representative Mailing Address 5550 5th Ave #6
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 304-3144

I, [Signature], 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

The forgoing instrument was acknowledged before me on this 10th day April, 2016.

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

NOTARY PUBLIC
Sign Name: Danyel Clynes
Print Name: Danyel Clynes
My Commission Expires: 11/3/2019

Notary Public - State of Florida (seal)

