



AGENDA ITEM #

City of Key West Tree Commission

Tree Permit Application

PO Box 1409  
Key West, FL 33040  
Phone: 305-809-3764  
Fax: 305-809-3978

Home/Property Owner: Linda Kane Date: 3-18-2012

Mailing Address: 1014 Catherine St.

Owner Signature: \_\_\_\_\_ Owner Ph#: (216) 533-8613

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

Represented by mailing address: 1602 Land 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: 1014 Catherine St. Cross/Corner Street: Watson St.

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

Reason(s) for request:

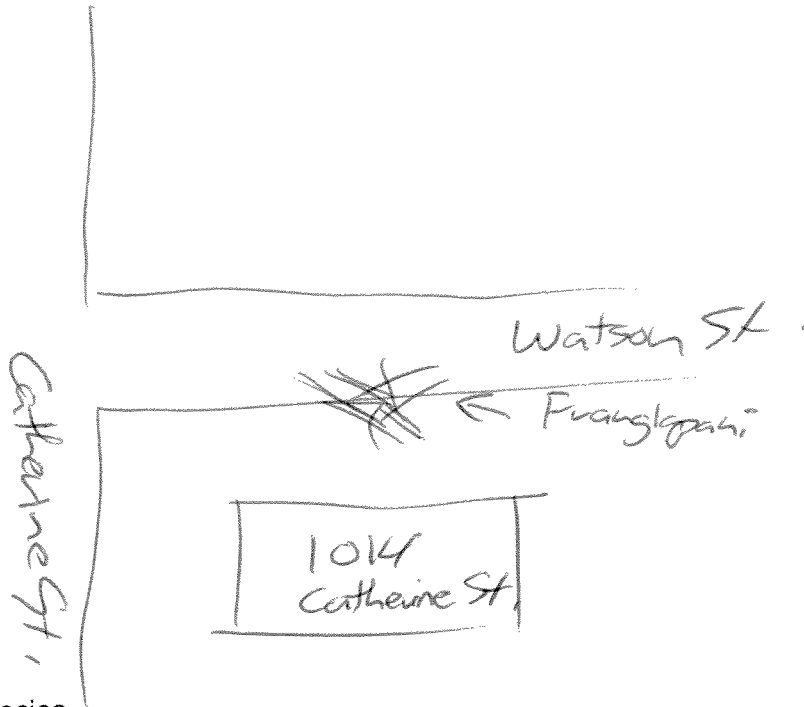
Tree is ugly, unappetated and unwanted. its also in the wrong place.

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

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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



THE CITY OF KEY WEST  
TREE COMMISSION

Post Office Box 1409, Key West, FL 33041-1409 (305) 809-3764

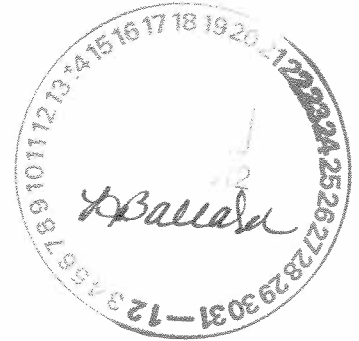
AUTHORIZATION LETTER

Linda Kane

1014 Catherine Street

Key West FL 33040

Print clearly, name, address



Dear Tree Commissioners:

This letter is authorization and confirmation that I, Linda Kane,  
(owner name, print) 305-296-8101

have retained Kenneth King 1602 Land St. Key West FL 33040  
(representative name, address and phone number, print)

to represent me in the matter of obtaining a permit from the City of Key West Tree Commission for my  
property at: 1014 Catherine Street Key West FL 33040  
(tree address, print)

You may contact me at 216-533-8613. Thank you.  
(telephone number)

Linda Kane  
Signature

3-4-12  
Date