



AGENDA ITEM #

City of Key West Tree Commission

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

Tree Permit Application

Home/Property Owner: Carole Faith Date: 1-24-2012

Mailing Address: 501 Noah Lane Key West, FL 33040

Owner Signature: _____ Owner Ph#: (305) 294-1026

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: 501 Noah Lane Cross/Corner Street: Southard St.

Common Name(s): Royal Palm Scientific Name(s): _____

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

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

<input checked="" type="checkbox"/> REMOVE	<input type="checkbox"/> TRANSPLANT	<input type="checkbox"/> HEAVY MAINTENANCE
<input type="checkbox"/> Tree Health	<input type="checkbox"/> New Location	<input type="checkbox"/> Branch Removal
<input type="checkbox"/> Safety	<input type="checkbox"/> Same Property	<input type="checkbox"/> Crown Cleaning/Thinning
<input type="checkbox"/> Other / Explain	<input type="checkbox"/> Other / Explain	<input type="checkbox"/> Crown Reduction

Reason(s) for request:

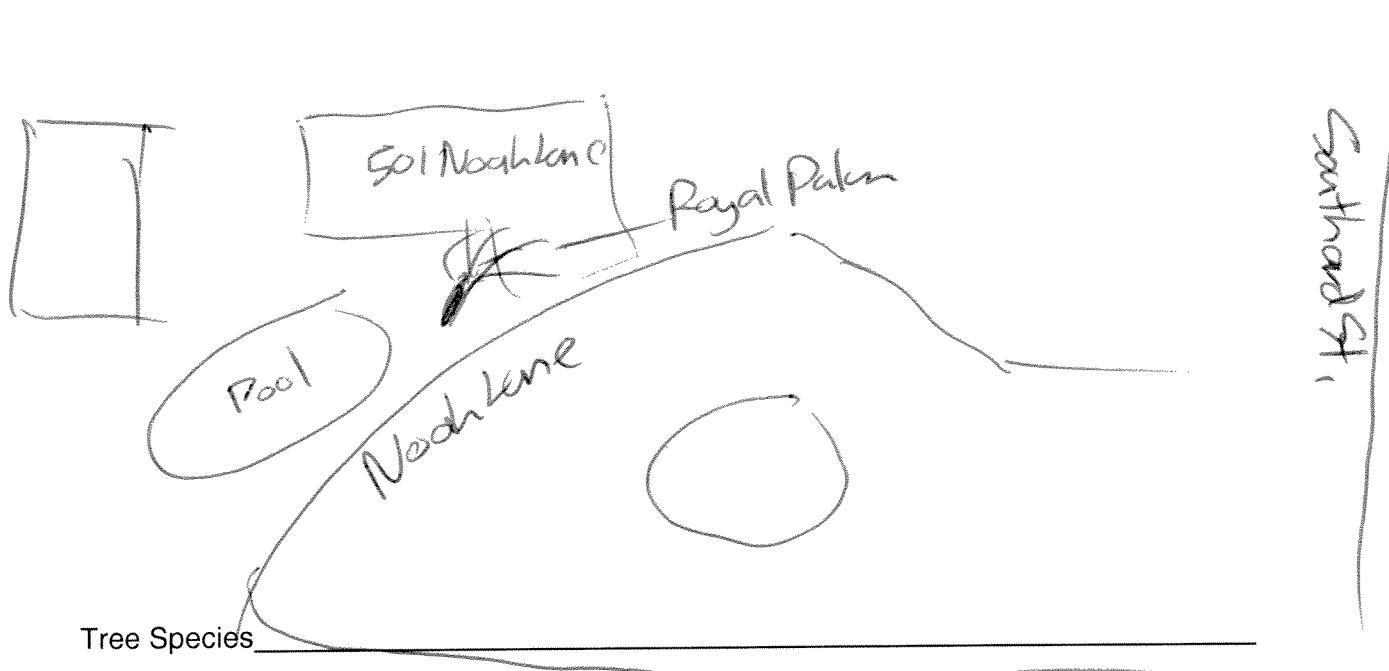
Roots are starting to do damage. Trunk is getting to close the structure.

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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Circumference _____ $\div 3.14 =$ 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

CAROLE FAUTH
501 Noah Lane
Key West, FL 33040

Print clearly, name, address

Dear Tree Commissioners:

This letter is authorization and confirmation that I, CAROLE B. FAUTH,
(owner name, print)

have retained Kenneth King 1602 Land St, Key West, FL 33040 30526680
(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: 501 NOAH LANE
(tree address, print)

You may contact me at 294-1126. Thank you.
(telephone number)

Carole B Fauth
Signature

Jan. 24, 2012
Date

Key to the Caribbean – average yearly temperature 77 ° Fahrenheit.