



AGENDA ITEM #

City of Key West Tree Commission

Tree Permit Application
LANDSCAPE PLAN
APPROVAL

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

Home/Property Owner: HARBORSIDE LLC Date: 4-23-12

Mailing Address: P.O. Box 2039, KEY WEST, FL. 33045

Owner Signature: [Signature] Owner Ph#: 305 2965601

Represented by ELIZABETH NEULAND LANDSCAPE ARCHITECTURE LLC Rep. Ph#: 305 4816301

Represented by mailing address: PO Box 140908 CORAL GABLES, FL. 33114

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: 223 ELIZABETH ST Cross/Corner Street: CAROLINE ST.

Common Name(s): NO TREES EXIST 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:

THIS APPLICATION IS FOR LANDSCAPE PLAN APPROVAL ONLY AS PART OF MAJOR DEVELOPMENT APPROVAL PROCESS

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.



THE CITY OF KEY WEST
TREE COMMISSION

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

AUTHORIZATION LETTER

PRITAM SINGH
HARBORSIDE, LLC
P.O. BOX 2039
KEY WEST, FL. 33045

Print clearly, name, address

Dear Tree Commissioners:

This letter is authorization and confirmation that I, PRITAM SINGH,
ELIZABETH NEWLAND (owner name, print)
have retained ELIZABETH NEWLAND LANDSCAPE ARCHITECTURE, LLC
P.O. BOX 140908, CORAL GABLES, FL. 33119
(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: 223 ELIZABETH STREET
(tree address, print)

You may contact me at 305-296-5601. Thank you.
(telephone number)

Signature

4-23-12

Date