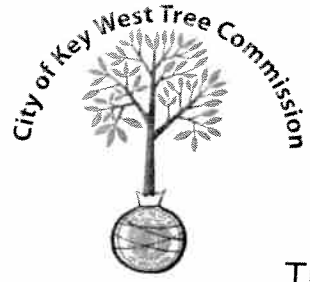


RECEIVED
FEB 06 2012
Judith B...



AGENDA ITEM #
6

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 MENDOZ Date: 2/2/12

Mailing Address: 2020 HARRIS

Owner Signature: [Signature] Owner Ph#: 305 296-1278

Represented by: LARRIE BOSLOFF Rep. Ph#: () 304-1581

Represented by mailing address: 410 AVE. C, KW, 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.

LARRIE BOSLOFF Letter of Representation

Tree(s) Address: 2020 HARRIS Cross/Corner Street: 3rd

Common Name(s): GUMBO LIMBO Scientific Name(s): BURSELA SIMARUBA

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

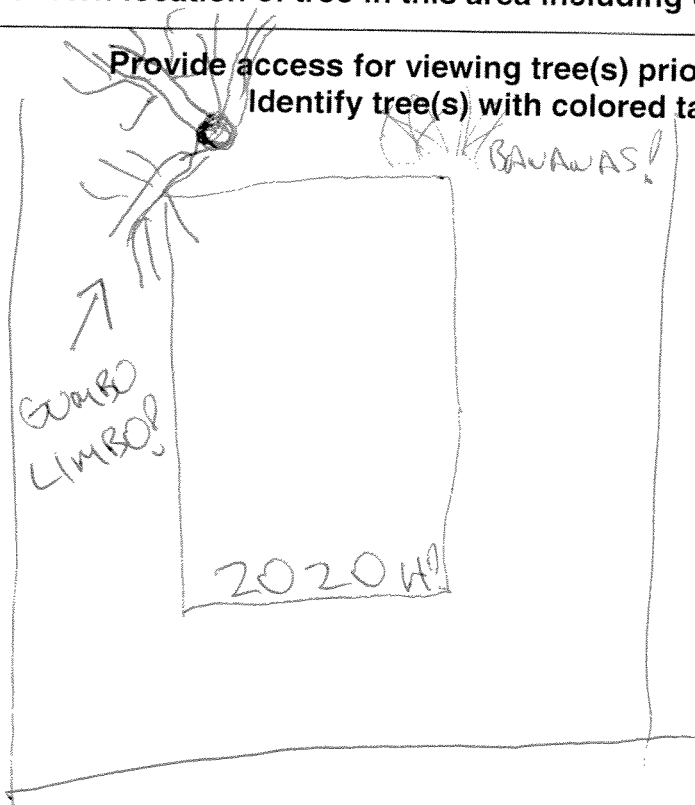
Reason(s) for request:
THIS TREE IS DECADENT, HAVING LOST LARGE LIMBS IN YEARS PAST. THE DAMAGE IS EVIDENT, & THE REMAINING STEM IS SEVERELY CODOMINANT, REDUCING SAFETY AND BEAUTY

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 #



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C. Ballard

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

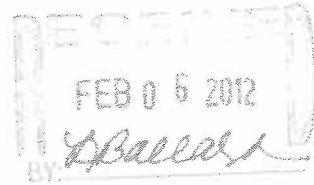


THE CITY OF KEY WEST
TREE COMMISSION

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

AUTHORIZATION LETTER

LINDA MENDEZ
2020 HARRIS AVE
Key West, FL 33040
Print clearly, name, address



Dear Tree Commissioners:

This letter is authorization and confirmation that I, LINDA MENDEZ,
(owner name, print)

have retained LARRIE L. LIZARD 310 AV. C, KW, 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: _____
(tree address, print)

You may contact me at 296-1278 AM Home on Wed & Thursday. Thank you. Have dogs.
(telephone number)

L. Mendez
Signature

2-2-2012
Date