

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: Steve Sagman Date: 12-19-2011

Mailing Address: 307 Olivia St.

Owner Signature: _____ Owner Ph#: (631) 682-5449

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

Represented by mailing address: 1602 Laurel 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: 307 Olivia St. Cross/Corner Street: Thomas

Common Name(s): Gumbo Limb 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:

The tree dwarfs the house and yard and probably has a significant amount of internal decay. The owner would like to install a pool in the back yard. This won't happen while the tree is there.

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 #

Thomas St,



Backyard
Gumbolimb

317
Olivia

Olivia St,

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

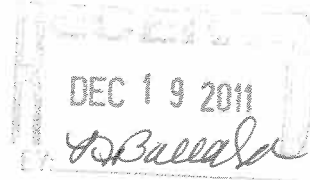
AUTHORIZATION LETTER

STEVE SAGMAN

(owner address)

307 Olivia St.

Key West, FL 33040



Dear Tree Commissioners:

This letter is authorization and confirmation that I, Stephen Sagman,
(owner name)
have retained Kenneth King
(representative name) to represent me in the matter

obtaining a permit from the City of Key West for my property at 307 Olivia St
(address)
Key West, FL 33040. You may contact me at _____
631 682 5449
(telephone number). Thank you.

sincerely,

Steph W Sagman
(owner signature)

City of Key West Tree Commission
Public Works Facility
633 Palm Avenue
Key West, FL- 33040
Office: (305)-809-3764
Fax: (305)-296-6152