

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: SUZANNE P. CAMPBELL Date: 1-23-12
Mailing Address: 2404 STAPLES AVE KEY WEST, FL
Owner Signature: [Signature] Owner Ph#: 305 766 2278
Represented by: LARUE BOSCORE Rep. Ph#: 304-1581
Represented by mailing address: 410 AVE. C 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: PORTER FAMILY PLOT
FOURTH AVE Cross/Corner Street: CLARA ST
KEY WEST CITY CEMETARY
Common Name(s): ROYAL POINCIANA Scientific Name(s): DELONIX REGIA

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

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

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

Reason(s) for request:

TREE WAS CUT TO 3' LONG AGO, PROXIMS
3 LARGE LIMBS & TRAPING MOSQUITOES, WATER IN
TRUNK. DISTURBING GRAVES, LIFTING CONCRETE.

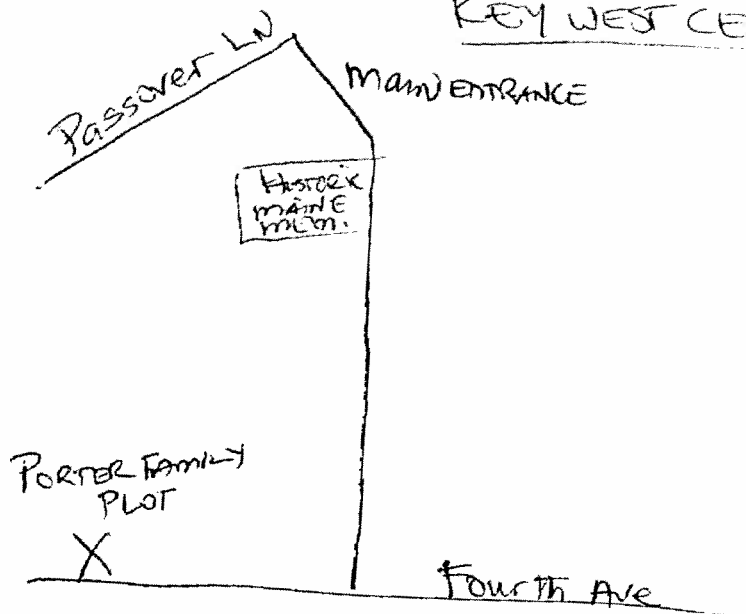
Replacement plant material must be Florida Grade #1. Replacement of a palm with a native palm is required. Replacement of a canopy tree with a native canopy tree is required. If you need assistance with replacements, please call the Landscape Department at 305-809-3764.

<<<< 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

KEY WEST CEMETERY

AGENDA ITEM



Tree Species _____

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:

City Engineer comments if required:

CHAIRPERSONS SIGNATURE/DATE

ENGINEER'S SIGNATURE/DATE

AUTHORIZATION LETTER

SUZANNE P. CAMPBELL

(owner address)

2404 STAPLES AVE

KEY WEST, FL 33040

JAN 24 2012

DBallard

Dear Tree Commissioners:

This letter is authorization and confirmation that I, SUZANNE P. CAMPBELL,
(owner name)
have retained LARRIE BUSLOFF to represent me in the matter
(representative name) PORTA?

obtaining a permit from the City of Key West for my property at CEMETERY?
(address)
PORTER FAMILY PLOT, FOURTH ST, KW CEMETERY. You may contact me at _____

305-766 2278

(telephone number)

. Thank you.

sincerely,

[Signature]

(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