

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: 1-23-12P

Mailing Address: 2404 STAPLES AVE KEY WEST, FL

Owner Signature: R.M. Owner Ph#: 305 766 2278

Represented by: LARUE BOSCRE Rep. Ph#: (304) 581

Represented by mailing address: 410 AVE C KEY WT 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
KEY WEST CITY CEMETARY Cross/Corner Street: CLARA ST

Common Name(s): ROYAL POINCIANA Scientific Name(s): MICROX RUBRA

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 checked="" type="checkbox"/> Tree Health	<input type="checkbox"/> New Location	<input type="checkbox"/> Branch Removal
<input checked="" 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:

TREE WAS CUT TO 3' LASTAGO, PROBABLY
3 LARGE LIMBS & TRUNK MOSQUITO LARVAE WATER IN
TRUNK. DISTURBED GRAVES, LIFTING CONCRETE.

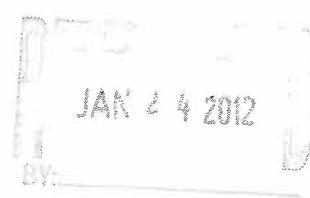
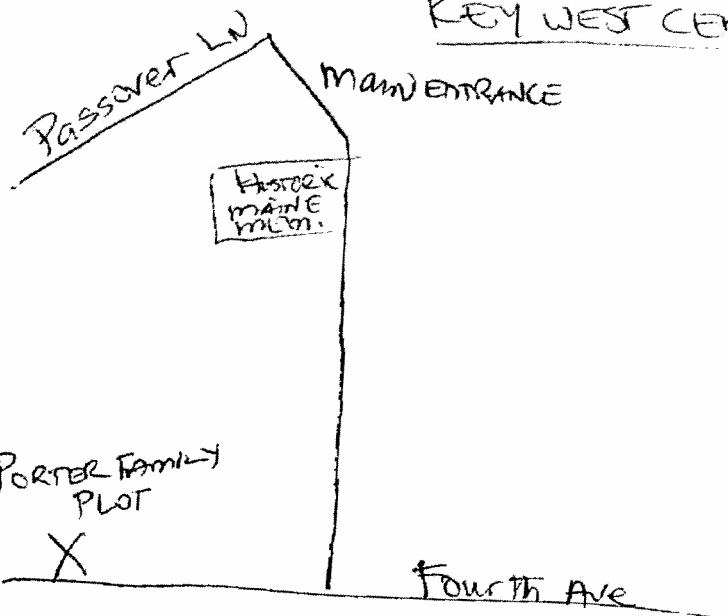
Replacement plant material must be Florida Grade #1. Replacement of a palm with a native palm is required. Replacement of a canopy tree with a native canopy tree is required. If you need assistance with replacements, please call the Landscape Department at 305-809-3764.

<<<< 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

AUTHORIZATION LETTER

Suzanne P. CAMPBELL

(owner address)

2404 STAPLES AVE

KEY WEST, FL 33040

JAN 24 2012

LBallard

Dear Tree Commissioners:

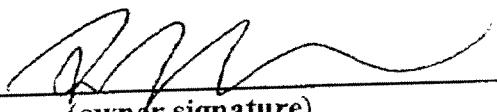
This letter is authorization and confirmation that I, SUZANNE P. CAMPBELL,
(owner name)
have retained LARRIE BUSLOFF to represent me in the matter
(representative name) *PORTER?*

obtaining a permit from the City of Key West for my property at CEMETARY?
PORTER FAMILY PLOT, FOURTH ST, KW CEMETARY (address)
You may contact me at 305-766 2278

(telephone number)

. Thank you.

sincerely,



(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