

DEC 20 2011
Ballard

AGENDA ITEM #
12



City of Key West Tree Commission

Tree Permit Application

PO Box 1409
Key West, FL 33040
Phone: 305-809-3764
Fax: 305-296-6152

Home/Property Owner: FLORIDA KEYS SPCA Date: 12/20/2011

Mailing Address: 5230 COLLEGE RD., KEY WEST, FL 33040

Owner Signature: *Sue Turner* SUE TURNER, TREASURER Owner Ph#: 305 294-4857

Represented by: STERLING CHRISTIAN Rep. Ph#: 305 923-1210

Represented by mailing address: 5 Driftwood Terrace Key West, FL

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: 5230 COLLEGE RD. Cross/Corner Street: _____

Common Name(s): MAHOGANY TREE 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:

TREE IS UNROOTING AND IN POOR HEALTH AND IS
LEANING ACROSS FENCE WHICH IS IN NEED OF
REPAIR TO PROPERLY SECURE THE SHELTER FACILITY.

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.

160

<<<<< 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 #

SEE ATTACHED DRAWING AND PHOTO.

Do not write under this line

Tree Species Mahogany

Circumference 31" $\div 3.14 =$
diameter 9.87"

Location _____ % Species _____ % Condition _____ % Total Average Value _____ %

Avg. value _____ X _____ Diameter = 6"

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

2-8-11
incl
12-20-11
re attached
field memo
K. J. [signature]

AUTHORIZATION LETTER

FLORIDA KEYS SPCA
(owner address)
5230 COLLEGE RD.
KEY WEST, FL 33040

DEC 20 2011
Y. Ballard

Dear Tree Commissioners:

This letter is authorization and confirmation that I, SUE TURNER, TREASURER, have
(owner name)

retained STERLING CHRISTIAN to represent me in the matter of obtaining a
(representative name)

permit from the City of Key West for my property at 5230 COLLEGE RD.
(tree address)

You may contact me at 294-4857. Thank you.
(telephone number)

Sue Turner
Signature

City of Key West Tree Commission
McCoy Indigenous Park
1801 White Street
Key West, FL 33040

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000602

FILED
Mar 07, 2011
Secretary of State

Entity Name: FLORIDA KEYS SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, INC.

Current Principal Place of Business:

5230 COLLEGE ROAD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5230 COLLEGE ROAD
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0891564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, LINDA A
63 TWO TURTLES LANE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD
Name: SKEVINGTON, PAT
Address: 620 THOMAS STREET, #188
City-St-Zip: KEY WEST, FL 33040

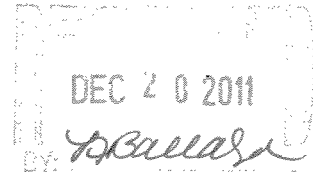
Title: PD
Name: DAWKINS, JANE
Address: 1408 PETRONIA
City-St-Zip: KEY WEST, FL 33040

Title: TD
Name: TURNER, SUE
Address: 6800 MALONEY AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: SD
Name: WALKER, LINDA
Address: 63 TWO TURTLES LANE
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: FAVELLI, GEORGIA
Address: 1523 PATRICIA STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: D
Name: ROUNDS, CHRISTOPHER
Address: 1508 JOHNSON STREET
City-St-Zip: KEY WEST, FL 33040 US



I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUE TURNER

TD

03/07/2011

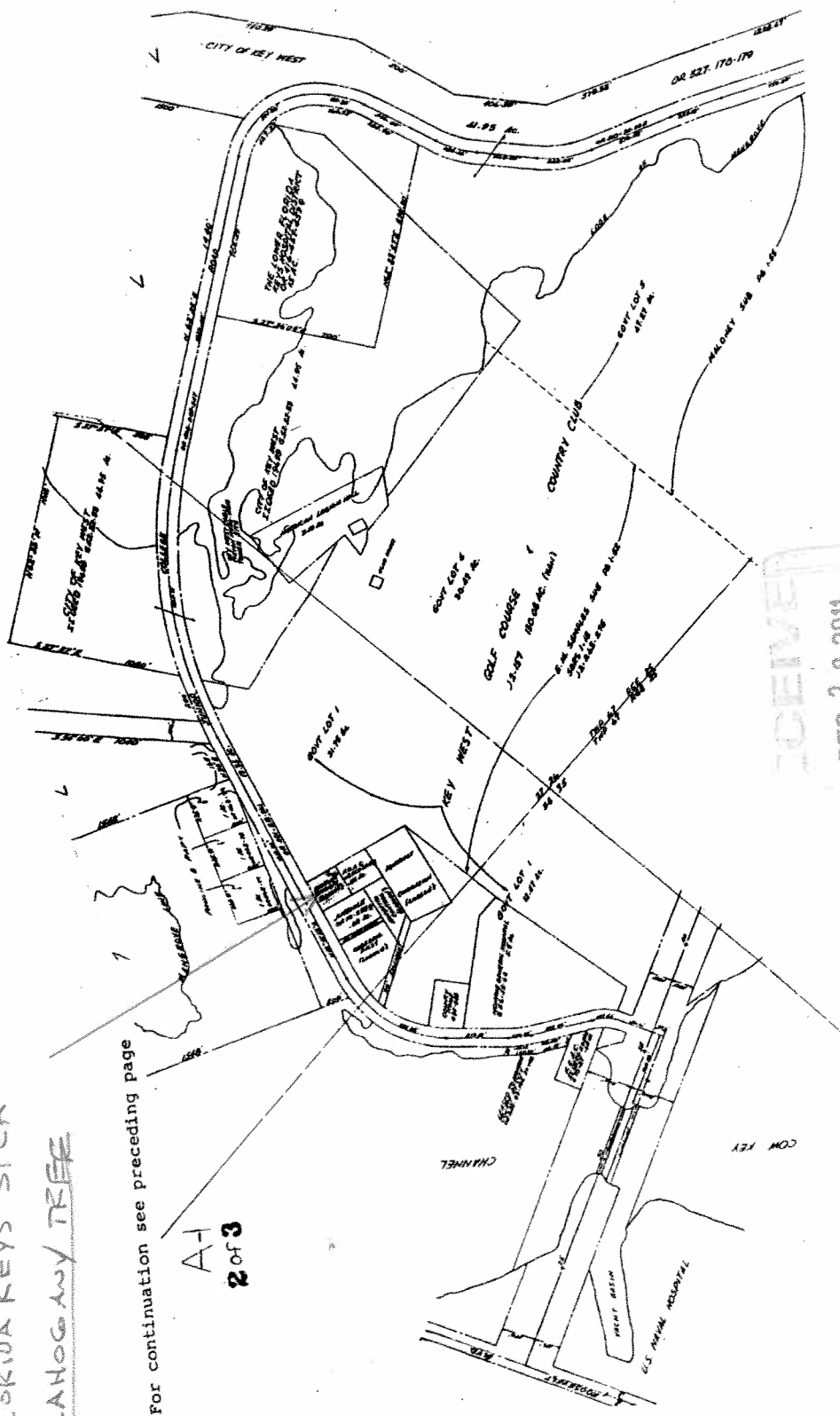
_____ Electronic Signature of Signing Officer or Director

_____ Date

FLORIDA KEYS SPCA
MAHOGANY TREE

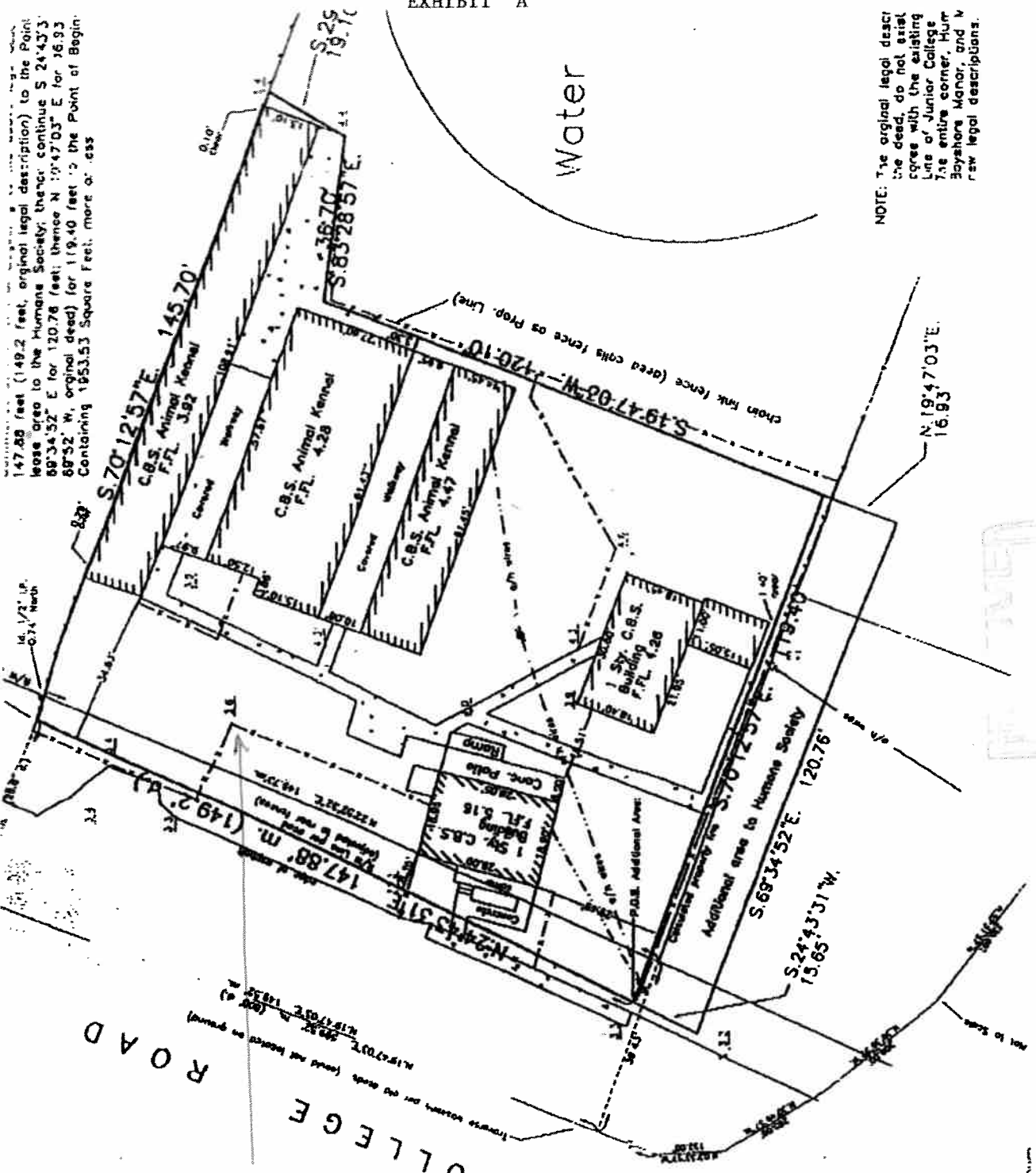
for continuation see preceding page

A-1
2 of 3



RECEIVED
 DEC 20 2011
 BY: *W. Gallardo*

EXHIBIT A



NOTE: The original legal description does not agree with the existing line of Junior College. The entire corner, Huron Bayshore Manor, and various legal descriptions.

DEC 7 0 2011
Blanca

MAP &

FLORIDA KEYS SPA
 MANGANY TREE

JUNIOR COLLEGE ROAD

System

187
 37

- head
 - around
 - in Floor Elevation
 - crete
 - Pipe
 - Bar
 - slime
 - crete Block
 - crete Block Stucco
 - ired
 - d
 - er Meter
 - o Holes
 - itary
 - rm Water Catch Basin
 - rt
 - Hydrant
 - l Book
 - te
 - ctric
 - phone
 - in Link Fence
 - lony
 - inter
 - e Hydrant
 - e Well
- performed on: 3/1/01

DARY SURVEY
 include and detail; that it meets the minimum



DEC 20 2011
D. Ballou