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NOV 04 2011  
S. Ballard



AGENDA ITEM #

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: Mr + Mrs Quattrini Date: Nov 1, 2011

Mailing Address: 414 Louisa

Owner Signature: Ann Quattrini Owner Ph#: 305 790-2130

Represented by: Tagan Tree Care Rep. Ph#: ( )

Represented by mailing address: 22976 Bluegill Dr Cuticle Key 33042

**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: 414 Louisa Cross/Corner Street: \_\_\_\_\_

Common Name(s): Royal Poinciana Scientific Name(s): \_\_\_\_\_

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 type="checkbox"/> Tree Health	<input type="checkbox"/> New Location	<input type="checkbox"/> Branch Removal
<input type="checkbox"/> Safety	<input type="checkbox"/> Same Property	<input type="checkbox"/> Crown Cleaning/Thinning
<input checked="" type="checkbox"/> Other / Explain	<input type="checkbox"/> Other / Explain	<input type="checkbox"/> Crown Reduction

Reason(s) for request:

(Emergency Permit Request!)  
tree roots broke water pipe + caused  
a loss of hundreds of thousands of water  
the expense to repair + the loss of water

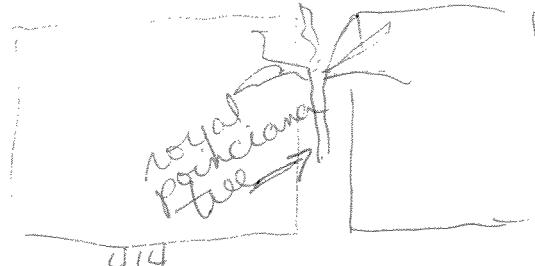
Replacement plant material must be Florida Grade #1. Replacement of a palm with a native palm is required. Replacement of a canopy tree with a native canopy tree is required. If you need assistance with replacements, please call the Landscape Department at 305-809-3764.

will happen  
again + again. Tree needs to be  
and not to be. Otherwise no, one

<<<< 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

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Do not write under this line

Tree Species \_\_\_\_\_

11-8-11

Circumference 36" base of trunk  $\div 3.14 =$

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: \_\_\_\_\_

CHAIRPERSONS SIGNATURE/DATE

City Engineer comments if required: \_\_\_\_\_

ENGINEER'S SIGNATURE/DATE

## AUTHORIZATION LETTER

Brian & Ann Quattrini

(owner address)

414 Louisa St

Key West FL 33040

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Dear Tree Commissioners:

This letter is authorization and confirmation that I, Brian & Ann Quattrini  
(owner name)  
have retained Tarzan Tree Care to represent me in the matter  
(representative name)

obtaining a permit from the City of Key West for my property at 414 Louisa  
(address)  
Key West FL. You may contact me at (305)790-2130. Thank you.  
(telephone number)

sincerely,

X

Ann Quattrini

(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

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TREE  
TO BE  
REMOVED

REPLANT HERE  
IMMEDIATELY

IN FRONT  
BETWEEN HOME  
+ SIDEWALK

414 Louisa