

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: Am Quattrini Owner Ph#: (305) 790-2130

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

Represented by mailing address: 22976 Bluegill Ln Cudjoe 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          | ( ) TRANSPLANT      | ( ) HEAVY MAINTENANCE       |
| ( ) Tree Health                                     | ( ) New Location    | ( ) Branch Removal          |
| ( ) Safety  | ( ) Same Property   | ( ) Crown Cleaning/Thinning |
| <input checked="" type="checkbox"/> Other / Explain | ( ) Other / Explain | ( ) 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

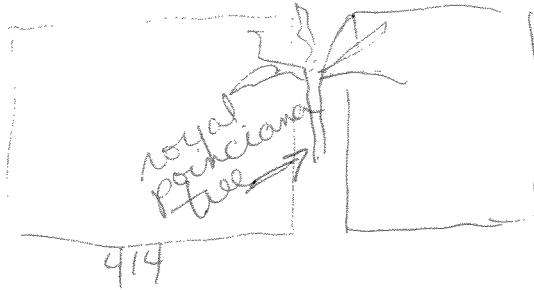
Replacement plant material must be Florida Grade #1. Replacement of a palm with a native palm is required. Replacement of a canopy tree with a native canopy tree is required. If you need assistance with replacements, please call the Landscape Department at 305-809-3764.

will happen  
again + again - Tree needs to be  
removed + replaced - 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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Louisa

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

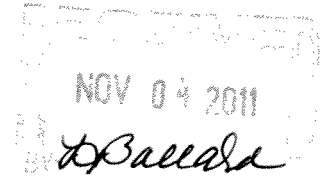
ENGINEER'S SIGNATURE/DATE

## AUTHORIZATION LETTER

Brian + Ann Quattrini  
(owner address)

414 Louisa St

Key West FL 33040



Dear Tree Commissioners:

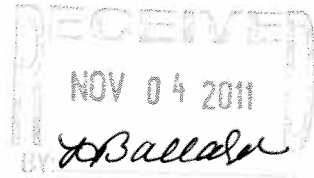
This letter is authorization and confirmation that I, Brian + Ann Quattrini  
(owner name)  
have retained Tarzan Tree Care to represent me in the matter  
(representative name)

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)

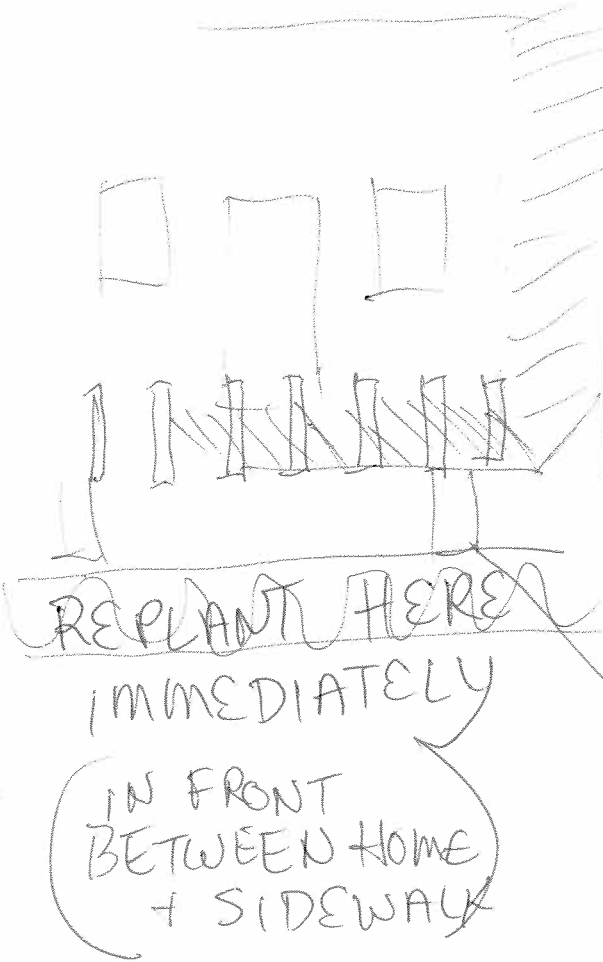
sincerely,

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



TREE  
TO BE  
REMOVED



414 Louisa