



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: SANTA MARIA SUITES LLC Date: 3.20.12

Mailing Address: 1401 SIMONTON STREET, KW FL 33040

Owner Signature: Agent of SMS LLC [Signature] Owner Ph#: 407 301-9084

Represented by: \_\_\_\_\_ Rep. Ph#: (\_\_\_\_) \_\_\_\_\_

Represented by mailing address: \_\_\_\_\_

**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: 1401 SIMONTON STREET KW FL 33040 Cross/Corner Street: SIMONTON + SOUTH ST

Common Name(s): FLORIDA MAHOGANY Scientific Name(s): SWietenia MAHOGANI

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:

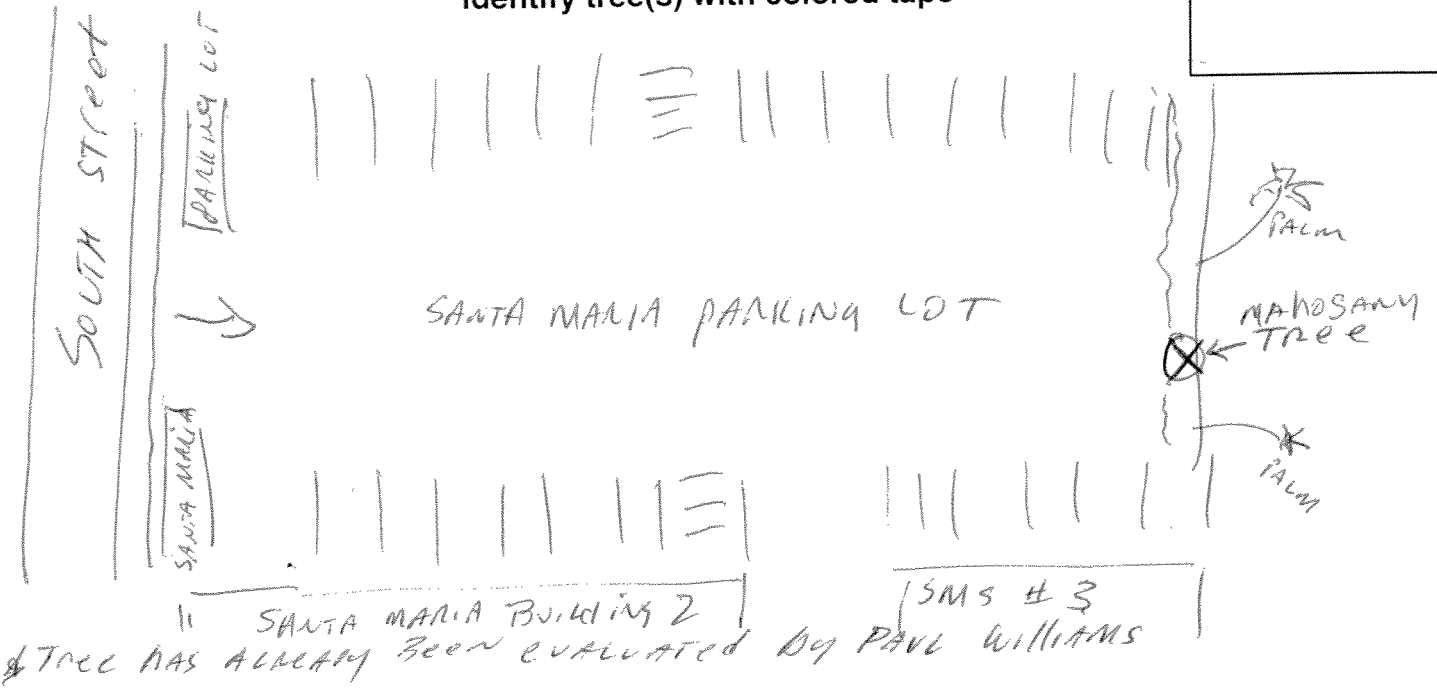
MAJOR LIMB HAS ROT, SEVERAL MAIN ROOTS CUT AT  
BASE CAUSING TREE TO BE WEAK ON 1 SIDE. SERIOUS  
SAFETY ISSUE IN MED. TO HIGH WINDS.

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

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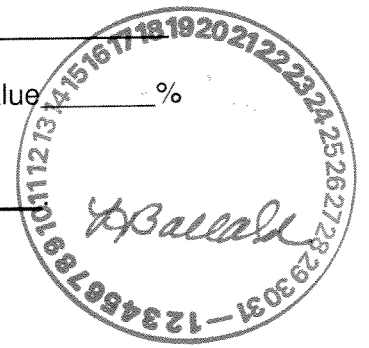


Tree Species FL MAHOGANY / SWietenia MAHOGANI

Circumference \_\_\_\_\_ ÷ 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