

RECEIVED
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BY: Ad



Trimming T2024-0163
removal-decot T2024-0164

Tree Permit Application

Please Clearly Print All Information unless indicated otherwise. Date: 5-10-24

Tree Address 5537 COLLEGE ROAD, KEY WEST, FLORIDA
Cross/Corner Street (JOHN JONES NAVIGATION CENTER)

List Tree Name(s) and Quantity TO BE DETERMINED Yucca - 10 Buttwood
Reason(s) for Application: chups

- () Remove () Tree Health () Safety (X) Other/Explain below
- () Transplant () New Location () Same Property () Other/Explain below
- () Heavy Maintenance Trim (X) Branch Removal (X) Crown Cleaning/Thinning () Crown Reduction

Additional Information and Explanation TRIM TREES AROUND WEST LAND WALL PERIMETER FOR JOHN JONES NAVIGATION CENTER

Property Owner Name THE CITY OF KEY WEST, 1300 WHITE STREET
Property Owner email Address GLYNN.MEIBURG@CITYOFKEYWEST-FL.GOV
Property Owner Mailing Address 1300 WHITE STREET, KEY WEST, FL. 33043
Property Owner Phone Number 305 809 3962
Property Owner Signature [Signature] 5-10-24 x3811

*Representative Name JOHN COLE
Representative email Address SHADE TREES SERVICES @ YAHOO.COM
Representative Mailing Address 915 EASTON STREET, KW
Representative Phone Number 305 340 8094 305 296 8302

*NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

As of August 1, 2022, application fees are required. See back of application for fee amounts.

Sketch location of tree (aerial view) including cross/corner street. Please identify tree(s) on the property regarding this application with colored tape or ribbon.

SEE ATTACH DRAWING, TREE LIMBS WILL NEED TO BE TRIMMED FOR JUNGLE RETAIN WALL THAT HAS BEEN APPROVED 5 YEARS PRIOR. MAY HAVE A FEW TREES THAT HAVE TO BE REMOVED COMPLETELY AFTER THE CITY GETS ADVISE FROM TREES TO BE TRIMMED PER BEST MANAGEMENT PRACTICES REFER TO YELLOW HIGHLIGHT!



Tree Representation Authorization

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. This Tree Representation Authorization form must accompany the application if the property owner is unable to attend or will have someone else pick up the Tree Permit once issued.

Please Clearly Print All Information unless indicated otherwise.

Date 5-10-24

Tree Address 5537 COLLEGE RD, KEY WEST

Property Owner Name THE CITY OF KEY WEST

Property Owner Mailing Address 1300 WHITE STREET, KEY WEST, FL. 33040

Property Owner Mailing City, State, Zip ↓

Property Owner Phone Number 305 809 3962

Property Owner email Address GLYNN.MEINBERG@CITYOFKEYWEST-FL.GOV

Property Owner Signature *[Signature]*

Representative Name JOHN COLE WILLIAM@WPHORNARCHITECT.COM
WILLIAM P HORN

Representative Mailing Address P.O. Box 1341

Representative Mailing City, State, Zip Key west, FL 33041 915 EATON STREET
KEY WEST, FL 33040

Representative Phone Number 305 340 8094 305 296 8302

Representative email Address SHADETREESERVICES@YAHOO.COM

I Albert P. Childress hereby authorize the above listed agent(s) to represent me in the matter of obtaining a Tree Permit from the City of Key West for my property at the tree address above listed. You may contact me at the telephone listed above if there are any questions or need access to my property.

Property Owner Signature *[Signature]*

The forgoing instrument was acknowledged before me on this 13 day Mo 2024.

By (Print name of Affiant) Albert P. Childress who is personally known to me or has produced as identification and who did take an oath.

Notary Public

Sign name: Brandy Nichole Lewis
Print name: Brandy Nichole Lewis

My Commission expires: 6/21/2027

Notary Public-State of Florida (Seal)

