

T25-0120

Tree Permit Application

Please Clearly Print All Infor	mation unless indicated otherwise. Date: 04/30/2025
	ss 1010 Kennedy Dr
Cross/Corner Stre	
List Tree Name(s) and Quanti	
Reason(s) for Application	
	re ()Tree Health()Safety ✔ Other/Explain below
() Transplar	nt () New Location () Same Property () Other/Explain below
() Heavy Maintenance Tri	m () Branch Removal () Crown Cleaning/Thinning () Crown Reduction
Additional Information and	The generator for the building has to be placed in this area as there is no other location available.
Explanation	as there is no other location available
•	
Property Owner Name	Kennedy Center Condominium Association, Inc.
operty Owner email Address	V//C41)V/// (6, 1) = 01021 = 0.0 An 200
rioberty Owner Mailing Addless	1111) KAMPALI DININ SHILE TAI WALLACT TO STAIL
Property Owner Phone Number	305-725-7427
Property Owner Signature	
*Ponyananinting \$1	
Poprocontative and it all	Clifton Turner Shorty's Tree & Lawn Care LLC
Representative email Address	shortystic@gmail.com
Representative Mailing Address	19463 Date Palm Dr
Representative Phone Number *NOTE: A Tree Representation Authorization	30564/9261
representing the owner at a Tree Commission	on form must accompany this application if someone other than the owner will be n meeting or picking up an issued Tree Permit.
As of August 1, 2022, application fees are required. Click here for the fee schedule.	
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.	



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 Tree Address 1010 Property Owner Name Kennedy Center C Property Owner Mailing Address 1010 Kenned Property Owner Mailing City, Key State, Zip Flohda Property Owner Phone Number 305-Property Owner email Address Victorio **Property Owner Signature** Representative Name Clifton Turner Shortys Tree & Lawn Care LLC Representative Mailing Address 19463 date palm dr Representative Mailing City, State, Zip sugarloaf key fl 33042 Representative Phone Number 3056479261 Representative email Address shortystlc@gmail.com 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 The forgoing instrument was acknowledged before me on this 12th day NAN By (Print name of Affiant) Kenin Pribrams Klwho is personally known to me or has produced as identification and who did take an oath. **Notary Public** Sign name: Print name: My Commission expires: 6 Notary Public-State of Phico (Seal)

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