



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: Gardens Hotel
Kate Milano Date: 3-18-2012

Mailing Address: 526 Angela St.

Owner Signature: _____ Owner Ph#: (305) 294-2661

Represented by: Kenneth King Rep. Ph#: (305) 296-8101

Represented by mailing address: 1602 Land Key West, FL 33040

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: 520 Angela St. Cross/Corner Street: Sloman St.

Common Name(s): South Leaf Scientific Name(s): _____

Species Type(s) {check all that apply}: () Palm () Flowering () Fruit (X) Shade

Reason(s) for Application {check all that apply}:

- REMOVE
- Tree Health
- Safety
- Other / Explain
- TRANSPLANT
- New Location
- Same Property
- Other / Explain
- HEAVY MAINTENANCE
- Branch Removal
- Crown Cleaning/Thinning
- Crown Reduction

Reason(s) for request:
Tree is unwanted, and is growing into lines.

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 >>>>>

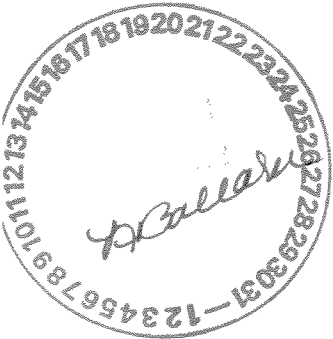
Provide access for viewing tree(s) prior to meeting
Identify tree(s) with colored tape

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Angel St. ← Sath leaf.

520
Angel St.

Swan St.



Tree Species _____

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: _____

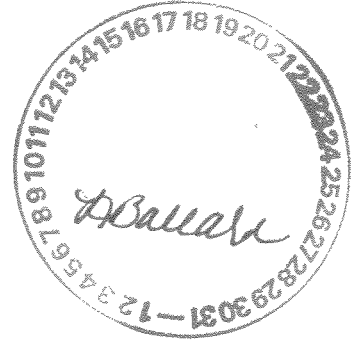
CHAIRPERSONS SIGNATURE/DATE

City Engineer comments if required: _____

ENGINEER'S SIGNATURE/DATE

AUTHORIZATION LETTER

526 ANGELA ST
(owner address)
KEY WEST FL
33040

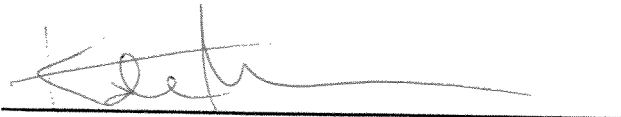


Dear Tree Commissioners:

This letter is authorization and confirmation that I, KATE MIANO,
(owner name)
have retained Kenneth King to represent me in the matter
(representative name)

obtaining a permit from the City of Key West for my property at 520+526
(address)
Angela St,
You may contact me at
305 294 2661
(telephone number). Thank you.

sincerely,


(owner signature)
Kate Miano

City of Key West Tree Commission
Public Works Facility
633 Palm Avenue
Key West, FL- 33040
Office: (305)-809-3764
Fax: (305)-296-6152