

RECEIVED
DEC 15 2011
BY: *[Signature]*



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: DALE J SCATURRO Date: 11-28-11

Mailing Address: 1232 SOUTH ST

Owner Signature: *[Signature]* Owner Ph#: 305 294-0539

Represented by: Larrie Busloff 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: 1232 South St. Cross/Corner Street: TROPICAL

Common Name(s): SUMBO LIMBO Scientific Name(s): BURSERA SIMARUBA

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

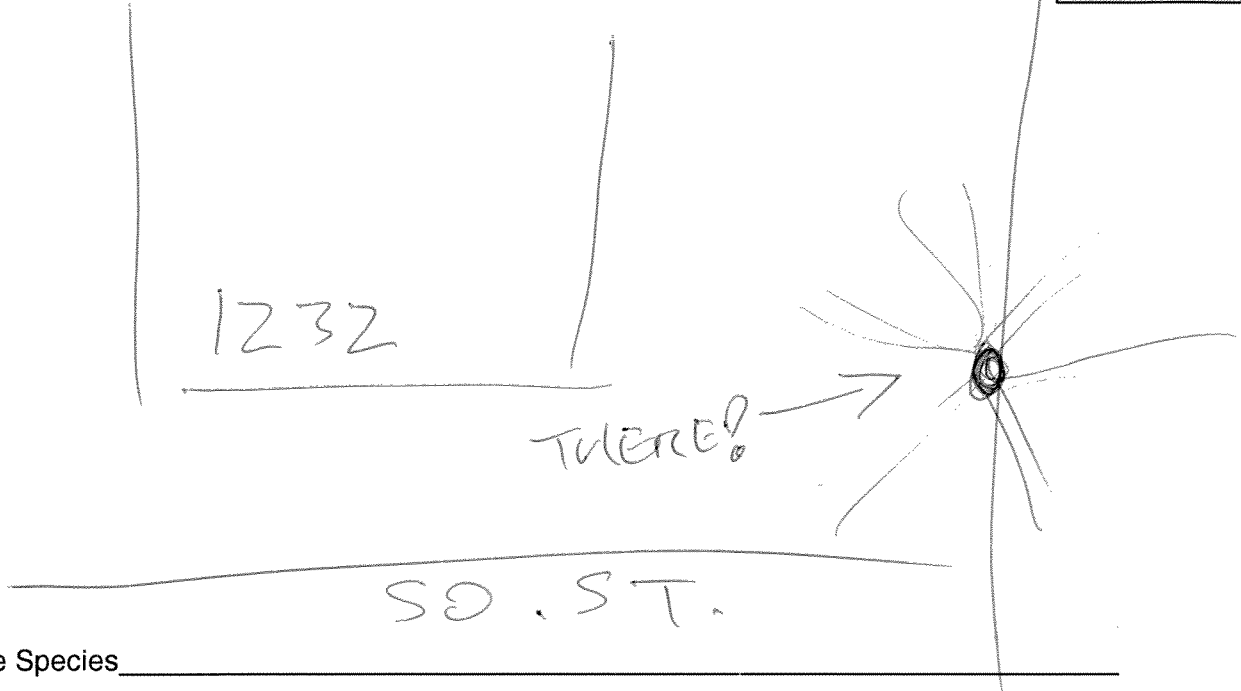
Reason(s) for request:
DROPS SAP, CAUSES BLACK SOOTY MOLD

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 _____

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

STAN PALE SCATURRO
(owner address)

1232 SO ST

KEY WEST, FL 33040

DEC 15 2011
Ballard

Dear Tree Commissioners:

This letter is authorization and confirmation that I, Dale J Scaturro,
(owner name)

have retained LARRIE BUSCLOFF to represent me in the matter
(representative name)

obtaining a permit from the City of Key West for my property at 1232 SO ST
(address)

_____ . You may contact me at _____

305-294-0539 . Thank you.
(telephone number)

sincerely,



(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