



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: LUCINDA B. EMMET Date: 4/18/12

Mailing Address: 1020 SOUTHARD ST, KEY WEST

Owner Signature: Lucinda B. Emmet Owner Ph#: (305) 295-1308

Represented by: NATIVE LANDSCAPE DESIGN Rep. Ph#: 305 509-7882

Represented by mailing address: PO Box 2847, KEY WEST, 33045

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: 1020 SOUTHARD Cross/Corner Street: GRINNELL

Common Name(s): ROYAL PALM (2) Scientific Name(s): ROYSTONEA REGIA

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

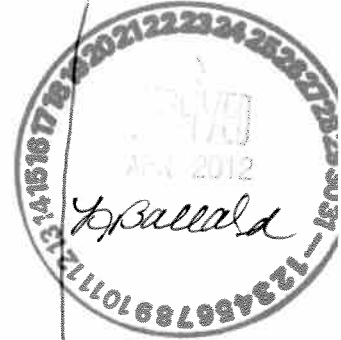
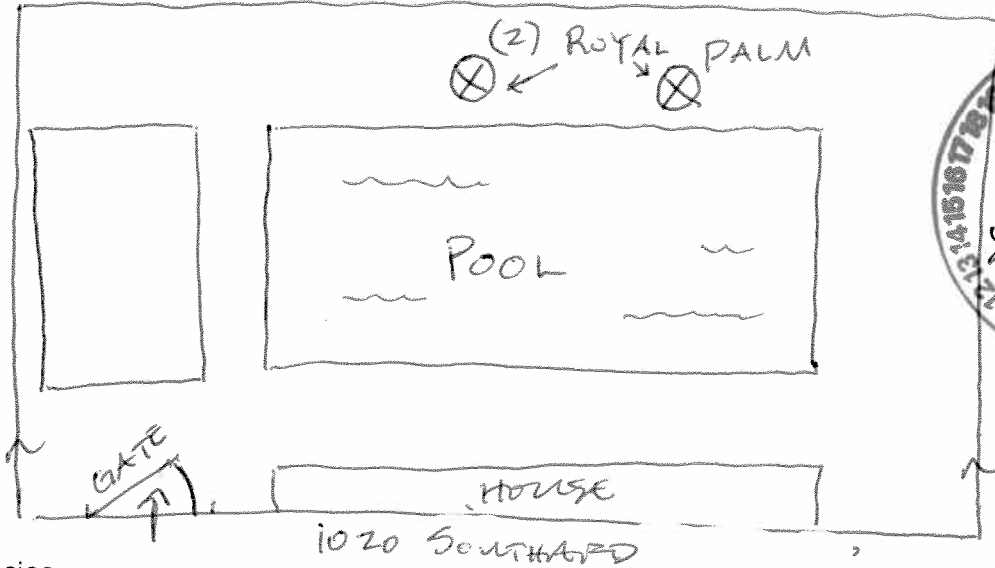
HAVE OUTGROWN SPACE - SAFETY HAZARD FROM FALLING FRONDS

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

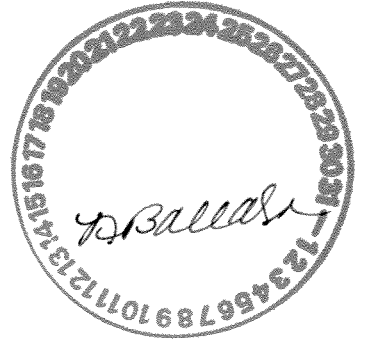
COMMENTS: _____

CHAIRPERSONS SIGNATURE/DATE

City Engineer comments if required: _____

ENGINEER'S SIGNATURE/DATE

AUTHORIZATION LETTER



(owner address)
1020 Southard St
Key West, FL 33040

Dear Tree Commissioners:

This letter is authorization and confirmation that I, LUCINDA EMMET, have
(owner name)
retained NATIVE LANDSCAPE DESIGN to represent me in the matter of obtaining a
(representative name)
permit from the City of Key West for my property at 1020 Southard St.
(tree address)

You may contact me at 295-1308. Thank you.
(telephone number)

Lucinda B. Emmet
Signature

City of Key West Tree Commission
McCoy Indigenous Park
1801 White Street
Key West, FL 33040