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CITY OF KEY WEST
PLANNING DEPT.



6381

City of Key West Tree Commission

Tree Permit Application

PO Box 1409
Key West, FL 33040
Phone: 305-809-3764
Fax: 305-809-3978

LANDSCAPE PLAN APPROVAL
DOCKMASTER BLDG

Home/Property Owner: CITY OF KEY WEST Date: 4-9-13

Mailing Address: P.O. Box 1409, KEYWEST, FL 33040

Owner Signature: [Signature] Owner Ph#: (305) 809 3879

Represented by: ELIZABETH NEWMAN Rep. Ph#: 305 481 6301
LANDSCAPE ARCHITECTURE LLC

Represented by mailing address: P.O. Box 140908, CORAL GABLES, FL 33114

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: 1801 N. ROOSEVELT BLVD. Cross/Corner Street: PALM AVENUE & ROOSEVELT BLVD.

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

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:
LANDSCAPE PLAN APPROVAL FOR
REDEVELOPMENT OF SITE.
SEE ATTACHED PLANS

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.



THE CITY OF KEY WEST
TREE COMMISSION

Post Office Box 1409, Key West, FL 33041-1409 (305) 809-3764

AUTHORIZATION LETTER

CITY OF KEY WEST
P.O. Box 1409
Key West, FL 33040
Print clearly, name, address

Dear Tree Commissioners:

This letter is authorization and confirmation that I, E David Fernandez for City of Key West
(owner name, print)

have retained ELIZABETH NEWLAND LANDSCAPE ARCHITECTURE, LLC
(represent tative name, address and phone number, print)
P.O Box 140908, CORAL GABLES, FL. 33114
to represent me in the matter of obtaining a permit from the City of Key West Tree Commission for my
property at: 1801 N. ROOSEVELT BLVD, KEY WEST, FL 33040
(tree address, print)

You may contact me at 305 809 3879 Thank you.
(telephone number)

E David Fernandez
Signature Acting City Manager

4-23-13
Date