

DEC 19 2011
P. Ballard

AGENDA ITEM #



City of Key West Tree Commission

Tree Permit Application

PO Box 1409
Key West, FL 33040
Phone: 305-809-3764
Fax: 305-296-6152

Home/Property Owner: John Gervant Date: 12-19-2011

Mailing Address: 1116 Seminary St.

Owner Signature: _____ Owner Ph#: (305) 735-4987

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

Represented by mailing address: 1602 Laurel St, 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: 1116 Seminary St, Cross/Corner Street: Whitton St,

Common Name(s): Gumbo Limbo 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:

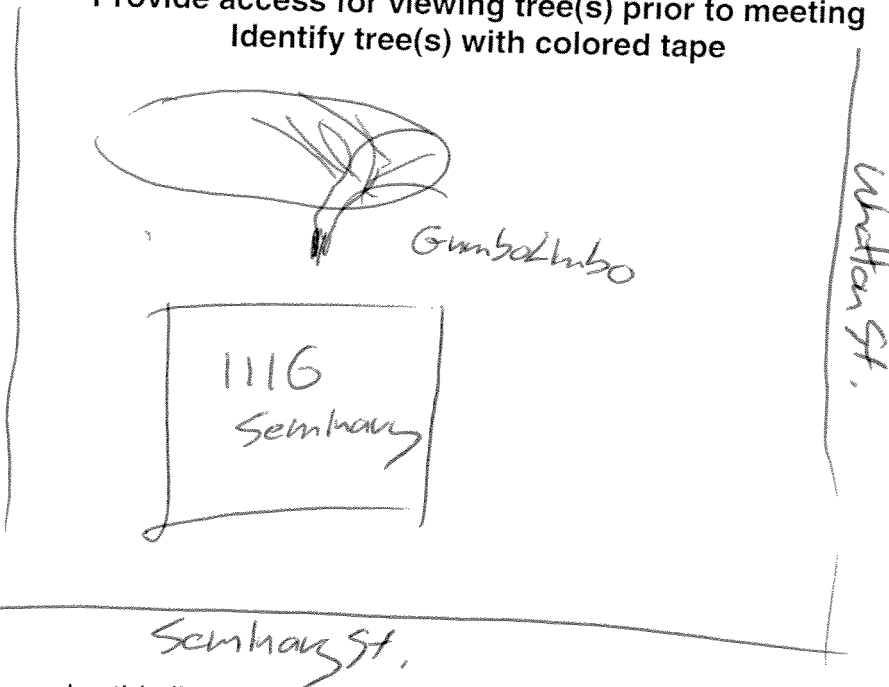
The tree has significant decay in the first crotch of the canopy. It is oozing a green liquid in a couple of places and that's never a good sign. Tree is also lifting the deck and its roots are to

Replacement plant material must be Florida Grade #1. Replacement of a palm with a native close to pool 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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Do not write under this line

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:

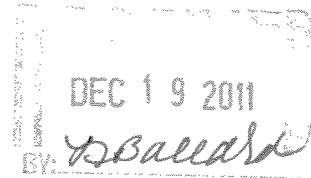
ENGINEER'S SIGNATURE/DATE

AUTHORIZATION LETTER

1116 Seminary St.

(owner address)

Key West, FL 33040



Dear Tree Commissioners:

This letter is authorization and confirmation that I,

John Garment

(owner name)

have retained

Kenneth King

(representative name)

to represent me in the matter

obtaining a permit from the City of Key West for my property at

1116 Seminary St

(address)

. You may contact me at

305-735-4987

(telephone number)

. Thank you.

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