

RECEIVED
DEC 19 2011
BY: S. Ballard



AGENDA ITEM #

City of Key West Tree Commission

Tree Permit Application

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

Home/Property Owner: Cand Grove Compound Date: 12-19-2011

Mailing Address: 1021 Catherine St.

Owner Signature: _____ Owner Ph#: (305) 292-2591

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

Represented by mailing address: 1602 Land 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: 1021 Catherine St. Cross/Corner Street: Watson St.

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

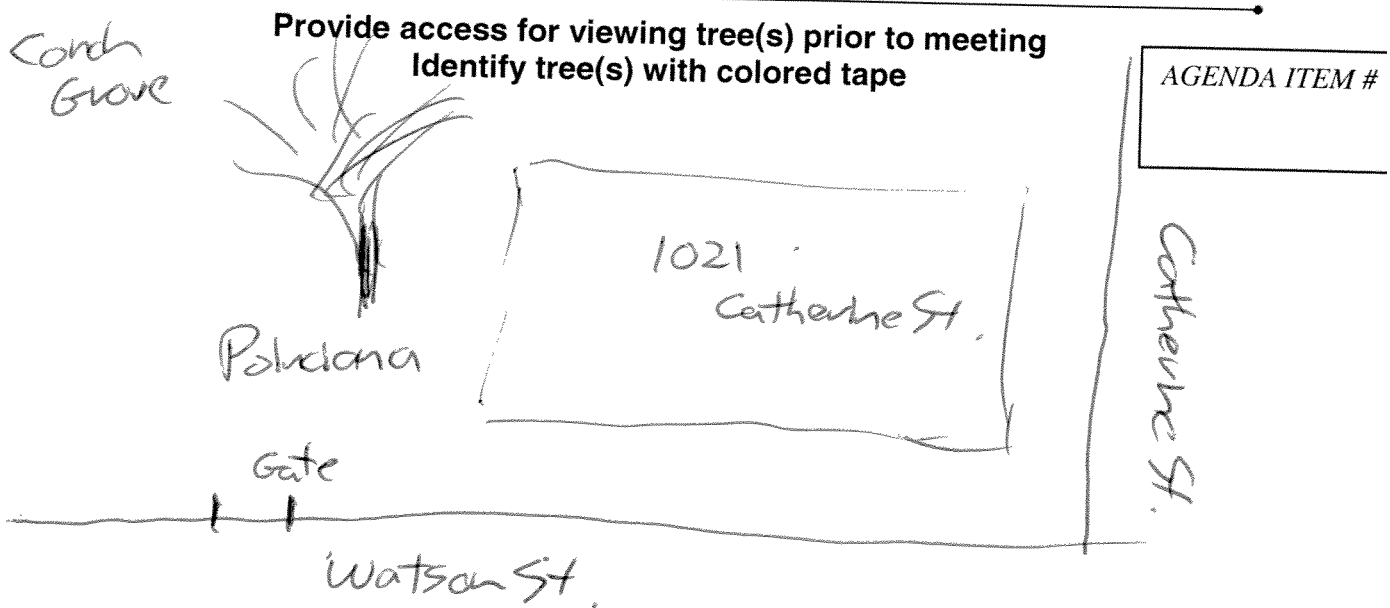
Species Type(s) (check all that apply): () Palm (X) Flowering () Fruit () Shade

Reason(s) for Application (check all that apply):
(X) REMOVE () TRANSPLANT () HEAVY MAINTENANCE
(X) Tree Health () New Location () Branch Removal
(X) Safety () Same Property () Crown Cleaning/Thinning
() Other / Explain () Other / Explain () Crown Reduction

Reason(s) for request:
The tree is hollow at the base, heavy up top and presents a serious safety hazard.

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 >>>>



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

1021 Catherine St.

(owner address)

Conch Grove Compound

Key West, Fl 33040

DEC 19 2011

Ballard

Dear Tree Commissioners:

This letter is authorization and confirmation that I, Rosalez Sprout,
(owner name)
have retained Ken King
(representative name) to represent me in the matter

obtaining a permit from the City of Key West for my property at 1021 Catherine St.
(address)

. You may contact me at _____
(305) 292-2591
(telephone number). Thank you.

sincerely,

Rosalez Sprout
(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