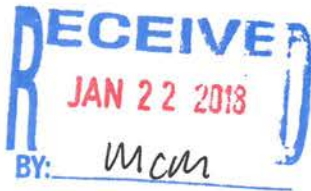


# Application



CANOPY  
REMOVAL

8825

11:30  
1-23-18

## Tree Permit Application

Date: 1-22-2018

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 1220 South St  
**Cross/Corner Street** White St.  
**List Tree Name(s) and Quantity** 2 Avocado trees  
**Species Type(s) check all that apply** ( ) Palm ( ) Flowering (X) Fruit ( ) Shade ( ) Unsure  
**Reason(s) for Application:**

(X) REMOVE ( ) Tree Health ( ) Safety (X) Other/Explain below

( ) TRANSPLANT ( ) New Location ( ) Same Property ( ) Other/Explain below

( ) HEAVY MAINTENANCE ( ) Branch Removal ( ) Crown Cleaning/Thinning ( ) Crown Reduction

**Additional Information and Explanation** These 2 Avocado trees which were planted along with several other Avocados by the owner. Both have poor structure and some decay and are directly in the footprint of a planned addition

**Property Owner Name** Frank Bernaldi  
**Property Owner eMail Address** F.Bernaldi@A20.com  
**Property Owner Mailing Address** 1220 South St.  
**Property Owner Mailing City** Key West **State** FL **Zip** 33040  
**Property Owner Phone Number** (305) 304-1249  
**Property Owner Signature** \_\_\_\_\_

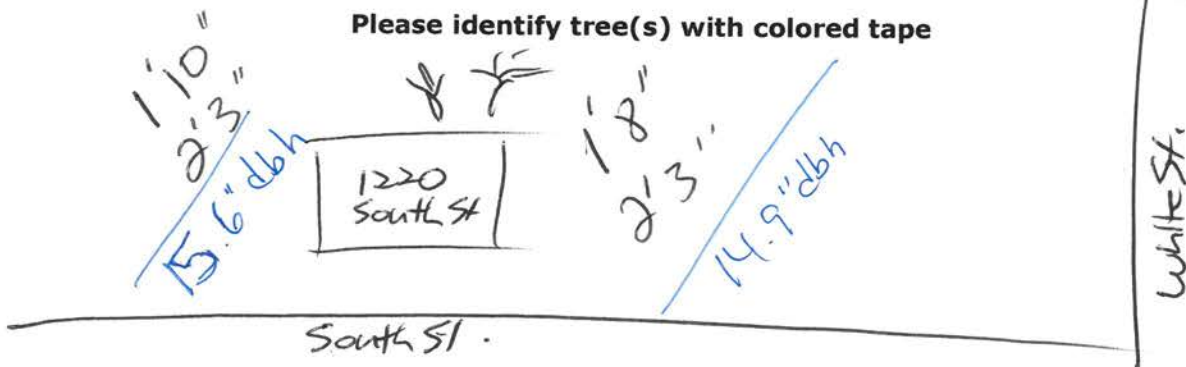
**Representative Name** Kenneth King  
**Representative eMail Address** \_\_\_\_\_  
**Representative Mailing Address** 1602 Laird St.  
**Representative Mailing City** Key West **State** FL **Zip** 33040  
**Representative Phone Number** (305) 296-8101

NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

Tree Representation Authorization form attached ( )

<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

Please identify tree(s) with colored tape



If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.



## Tree Representation Authorization

Date: 1/13/18

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. This Tree Representation Authorization form must accompany the application if the property owner is unable to attend or will have someone else pick up the Tree Permit once issued.

**Please Clearly Print** All Information unless indicated otherwise.

Tree Address 1220 SOUTH ST.

Property Owner Name FRANK V. BERNALDI

Property Owner eMail Address F.BERNALDI@AOL.COM

Property Owner Mailing Address 1220 SOUTH ST.

Property Owner Mailing City KEY WEST, State FL Zip 33040

Property Owner Phone Number (305) 304-1249

Property Owner Signature Frank Bernaldi

Representative Name Kenneth King

Representative eMail Address \_\_\_\_\_

Representative Mailing Address 1607 Laurel St.

Representative Mailing City Key West State FL Zip 33040

Representative Phone Number (305) 296-8101

I FRANK V. BERNALDI, hereby authorize the above listed agent(s) to represent me in the matter of obtaining a Tree Permit from the City of Key West for my property at the tree address above listed. You may contact me at the telephone listed above is there is any questions or need access to my property.

Property Owner Signature Frank Bernaldi

The forgoing instrument was acknowledged before me on this 13TH day JANUARY.

By (Print name of Affiant) FRANK V. BERNALDI who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

### NOTARY PUBLIC

Sign Name: Ruby L Reynolds

Print Name: Ruby L Reynolds

My Commission Expires: 4/13/2021

Notary Public - State of Florida (seal)

