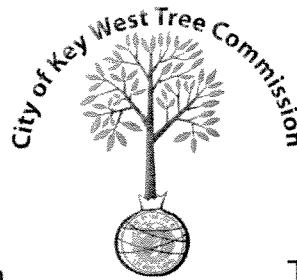


RECEIVED
JAN 17 2012
J. Ballard



AGENDA ITEM #

2

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: Florida Keys SPCA Date: 12/20/2011

Mailing Address: 5230 College Rd., Key West, FL 33040

Owner Signature: David Fernando Owner Ph#: (305) 809-3879

Represented by: _____ Rep. Ph#: _____

Represented by mailing address: P.O. Box 1409, Key West, FL 33041

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: 5230 College Rd. Cross/Corner Street: _____

Common Name(s): Mahogany Scientific Name(s): Swietenia mahogani

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

Reason(s) for Application {check all that apply}:

<input checked="" type="checkbox"/> REMOVE	<input type="checkbox"/> TRANSPLANT	<input type="checkbox"/> HEAVY MAINTENANCE
<input checked="" type="checkbox"/> Tree Health	<input type="checkbox"/> New Location	<input type="checkbox"/> Branch Removal
<input checked="" type="checkbox"/> Safety	<input type="checkbox"/> Same Property	<input type="checkbox"/> Crown Cleaning/Thinning
<input checked="" type="checkbox"/> Other / Explain	<input type="checkbox"/> Other / Explain	<input type="checkbox"/> Crown Reduction

Reason(s) for request:

The tree is uprooting and in poor health and is leaning across fence which is in need of repair to properly secure the shelter facility.

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

AGENDA ITEM #

Tree Species _____

Circumference _____ $\div 3.14 =$ 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

DEC 20 2011

DBallard

AGENDA ITEM #

12



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: FLORIDA KEYS SPCA Date: 12/20/2011

Mailing Address: 5230 COLLEGE RD., KEYWEST, FL 33040

Owner Signature: Sue Turner SUE TURNER,
TREASURER Owner Ph#: 305 294-4857

Represented by: STERLING C. CHRISTIAN Rep. Ph#: 305 923-1210

Represented by mailing address: 5 Driftwood Terrace Key West, FL

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: 5230 COLLEGE RD. Cross/Corner Street: _____

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

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

Reason(s) for Application {check all that apply}:

<input checked="" type="checkbox"/> REMOVE	<input type="checkbox"/> TRANSPLANT	<input type="checkbox"/> HEAVY MAINTENANCE
<input checked="" type="checkbox"/> Tree Health	<input type="checkbox"/> New Location	<input type="checkbox"/> Branch Removal
<input checked="" type="checkbox"/> Safety	<input type="checkbox"/> Same Property	<input type="checkbox"/> Crown Cleaning/Thinning
<input checked="" type="checkbox"/> Other / Explain	<input type="checkbox"/> Other / Explain	<input type="checkbox"/> Crown Reduction

Reason(s) for request:

TREE IS UPRIGHT AND IN POOR HEALTH AND IS

LEANING ACROSS FENCE WHICH IS IN NEED OF

REPAIR TO PROPERLY SECURE THE SHELTER FACILITY.

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

AGENDA ITEM #

SEE ATTACHED DRAWINGS AND PHOTO.

Do not write under this line

Tree Species Mahogany

Circumference 31" $\div 3.14 =$
diameter 9.87"

Location _____ % Species _____ % Condition _____ % Total Average Value _____ %

Avg. value _____ X _____ Diameter _____ = 6"
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

FLORIDA KEYS SPCA
(owner address)
5230 COLLEGE RD.
KEY WEST, FL 33040

REC'D
DEC 20 2011
BY: Y. Ballard

Dear Tree Commissioners:

This letter is authorization and confirmation that I, SUE TURNER, TREASURER, have
(owner name)

retained STERLING CHRISTIAN to represent me in the matter of obtaining a
(representative name)
permit from the City of Key West for my property at 5230 COLLEGE RD.
(tree address)

You may contact me at 294-4857. Thank you.
(telephone number)

Sue Turner
Signature

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

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000602

FILED
Mar 07, 2011
Secretary of State

Entity Name: FLORIDA KEYS SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, INC.

Current Principal Place of Business:

5230 COLLEGE ROAD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5230 COLLEGE ROAD
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0891564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALKER, LINDA A
63 TWO TURTLES LANE
KEY WEST, FL 33040 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: SKEVINGTON, PAT
Address: 620 THOMAS STREET, #188
City-St-Zip: KEY WEST, FL 33040

Title: PD
Name: DAWKINS, JANE
Address: 1408 PETRONIA
City-St-Zip: KEY WEST, FL 33040

Title: TD
Name: TURNER, SUE
Address: 6800 MALONEY AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: SD
Name: WALKER, LINDA
Address: 63 TWO TURTLES LANE
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: FAVELLI, GEORGIA
Address: 1523 PATRICIA STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: D
Name: ROUNDS, CHRISTOPHER
Address: 1508 JOHNSON STREET
City-St-Zip: KEY WEST, FL 33040 US

REC'D BY FLORIDA SECRETARY OF STATE
DEC 20 2011
S. B. C. (Signature)

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUE TURNER

TD

03/07/2011

Electronic Signature of Signing Officer or Director

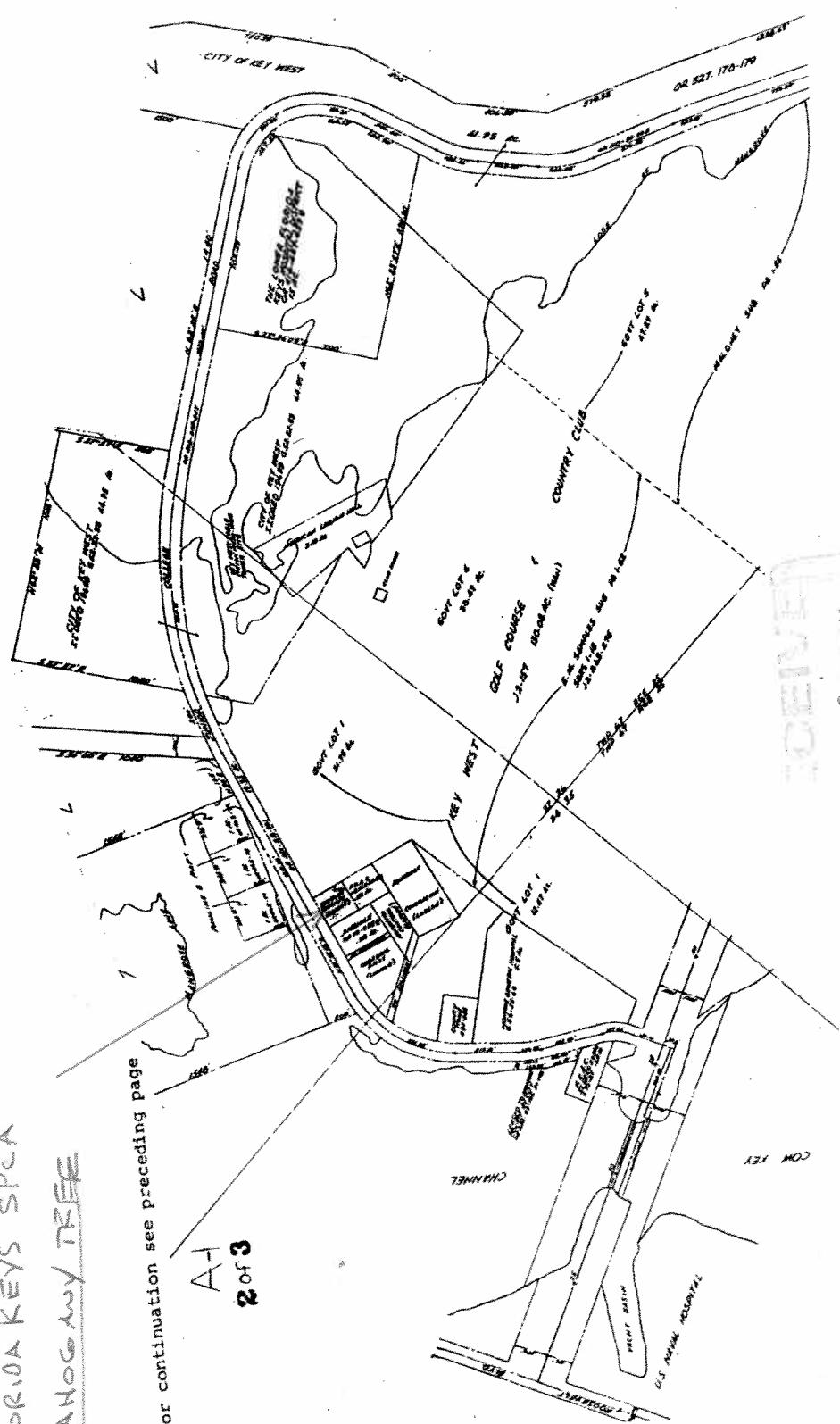
Date

FLORIDA KEYS SPECIAL
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for continuation see preceding

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MEMORANDUM FOR THE FILE

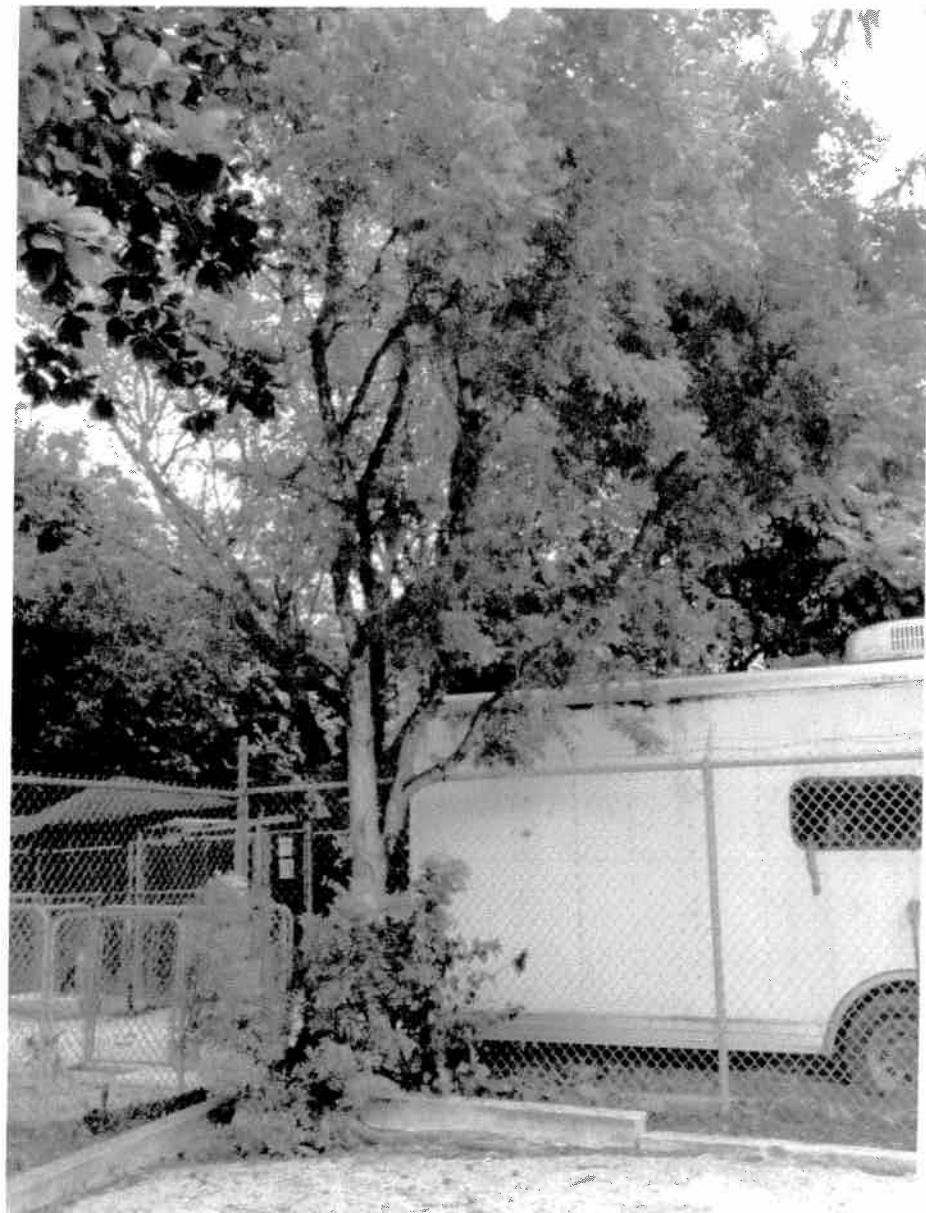
DATE: December 21, 2011

FROM: Karen DeMaria, Interim Urban Forestry Manager, City of Key West

RE: 5230 College Road (ASPCA)

A site inspection was done on December 8, 2011, and documented the following:

The tree is a Mahogany Tree (*Swietenia mahagoni*)



5230 College Rd (aspea) cont....page 2

Circumference: 31" = 9.87" dbh

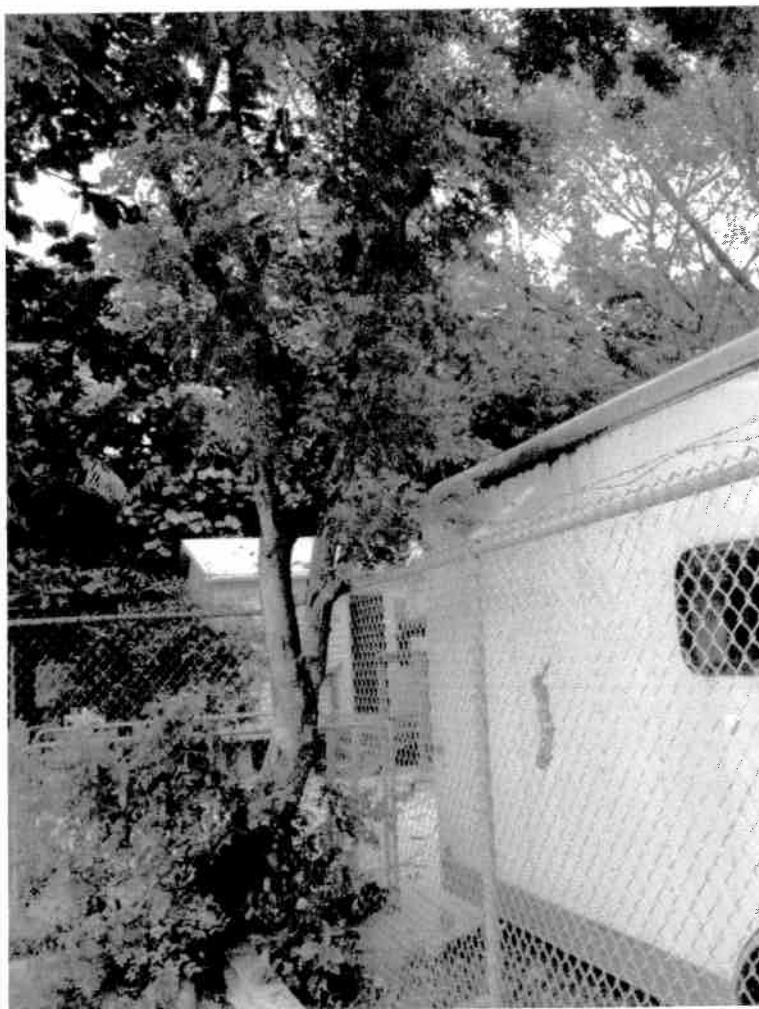
Location: 50% (at the corner of a parking lot and close to buildings. Is impacting the fence which creates a safety issue to the shelter.)

Species: 100% (on protected tree list)

Condition: 40% (tree has a heavy lean toward a structure and the safety fence and roots on one side are uprooting. Canopy appears to be one sided. Trunk bark cracking and peeling. Health overall fair to poor.)

Total Average Value = 63%

Value x Diameter = replacement calipher (dbh) inches = $.63 \times 9.87" = 6" \text{ replacement}$



5230 College Rd (aspea) cont....page 23



5230 College Rd (aspca) cont....page 4

