

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: 12/20/2011Mailing Address: 5230 College Rd., Key West, FL 33040Owner Signature: David Fernandez 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 mahoganiiSpecies Type(s) {check all that apply}: ( ) Palm ( ) Flowering ( ) Fruit ( ☒ ) Shade

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

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

*Ballard*

AGENDA ITEM #

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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

*to be represented  
by city st  
at Feb  
meet.*

Represented by: STERLING 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          | ( ) TRANSPLANT      | ( ) HEAVY MAINTENANCE       |
| <input checked="" type="checkbox"/> Tree Health     | ( ) New Location    | ( ) Branch Removal          |
| <input checked="" type="checkbox"/> Safety          | ( ) Same Property   | ( ) Crown Cleaning/Thinning |
| <input checked="" type="checkbox"/> Other / Explain | ( ) Other / Explain | ( ) Crown Reduction         |

Reason(s) for request:

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.

*16*

<<<<< 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 DRAWING 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

2-8-11  
and  
12-20-11  
re attached  
memo  
K. J. J.

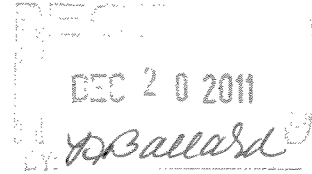
## AUTHORIZATION LETTER

FLORIDA KEYS SPCA

(owner address)

5230 COLLEGE RD.

KEY WEST, FL 33040



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:**

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

**Name and Address of New Registered Agent:**

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

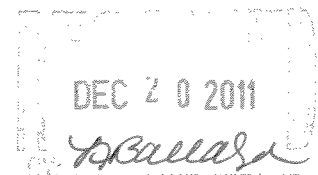
Title: PD  
Name: DAWKINS, JANE  
Address: 1408 PETRONIA  
City-St-Zip: KEY WEST, FL 33040

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



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

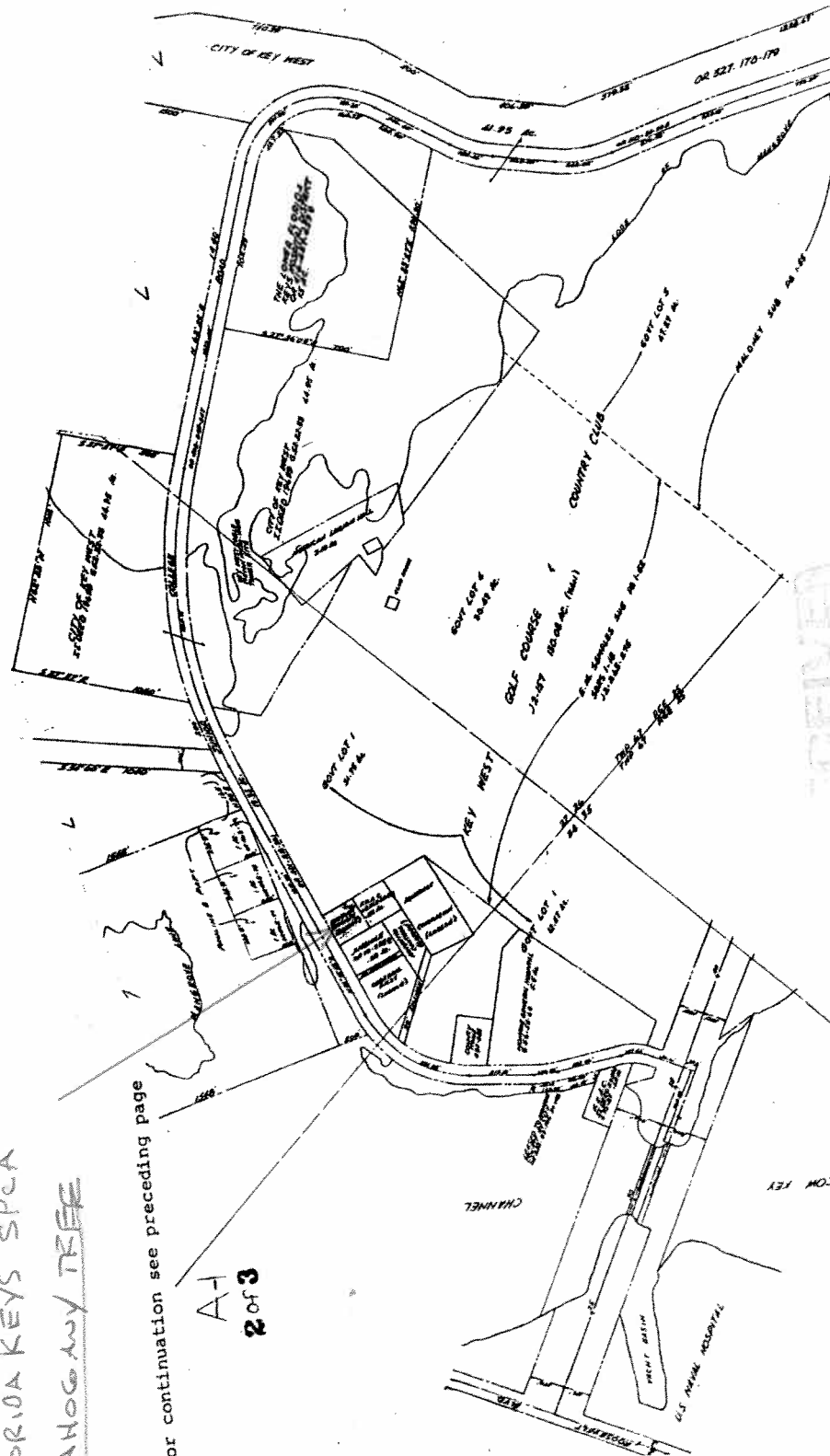
03/07/2011

Electronic Signature of Signing Officer or Director

Date

For continuation see preceding page

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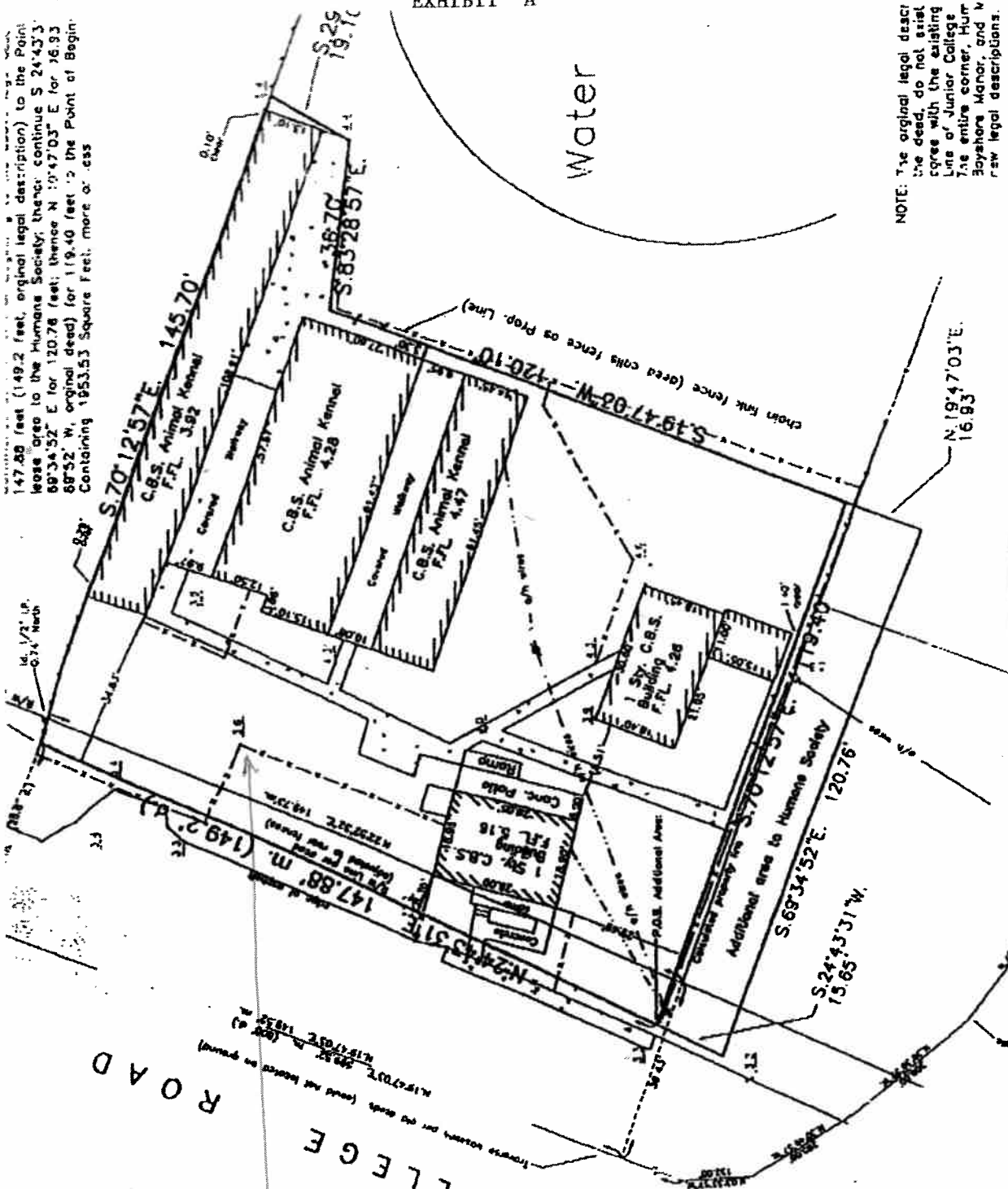
03100000

# MAP

FLORIDA KEYS SPA  
MANOY TREE

JUNIOR COLLEGE ROAD

## EXHIBIT A



NOTE: The original legal description of the dead, do not exist copies with the existing Line of Junior College The entire corner, Hum Boyshore Manor, and v raw legal descriptions.

DEC 20 2011  
Spalena

- head
- inground
- th Floor Elevation
- crete
- Pipe
- Bar
- slime
- crete Black
- crete Black Stucco
- ered
- d
- er Meter
- n Hole
- itary
- rm Water Catch Basin
- rt
- e Hydrant
- l Boak
- le
- ctric
- ephone
- ain Link Fence
- lcany
- inter
- e Hydrant
- e Well

performed on: 3/1/01

DARY SURVEY  
Weed and Detail: that it meets the minimum





MEMORANDUM FOR THE FILE

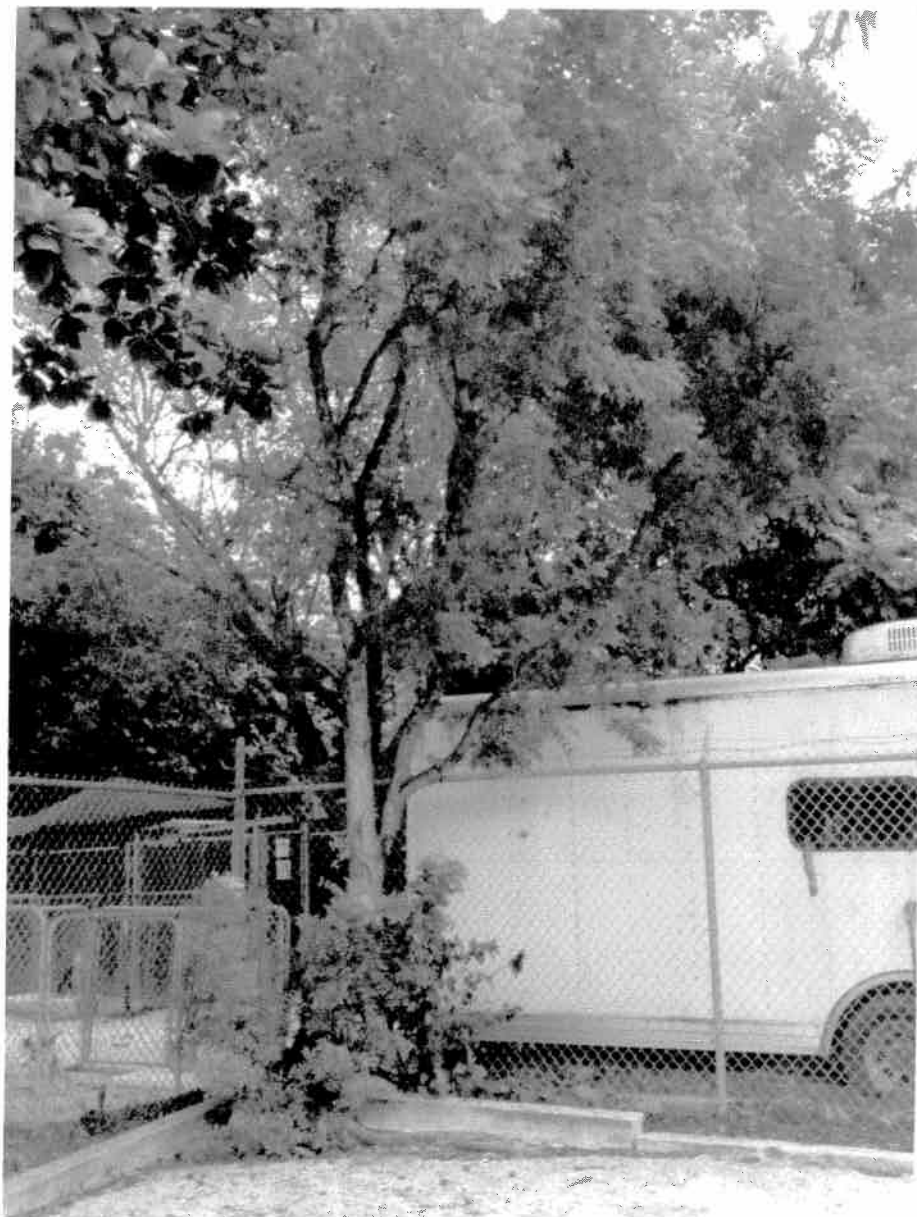
DATE: December 21, 2011

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 (aspca) cont....page 2**

Circumference: 31" = 9.87" dbh

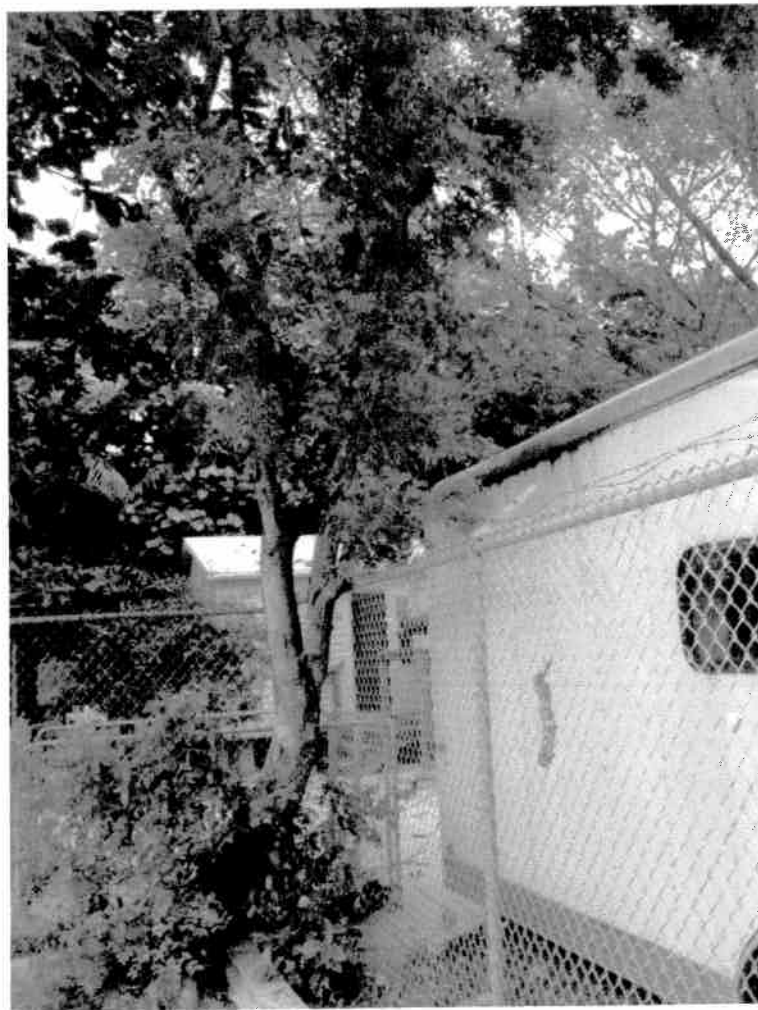
Location: 50% (at the corner of a parking lot and close to buildings. Is impacting the fence which creates a safety issue to the shelter.)

Species: 100% (on protected tree list)

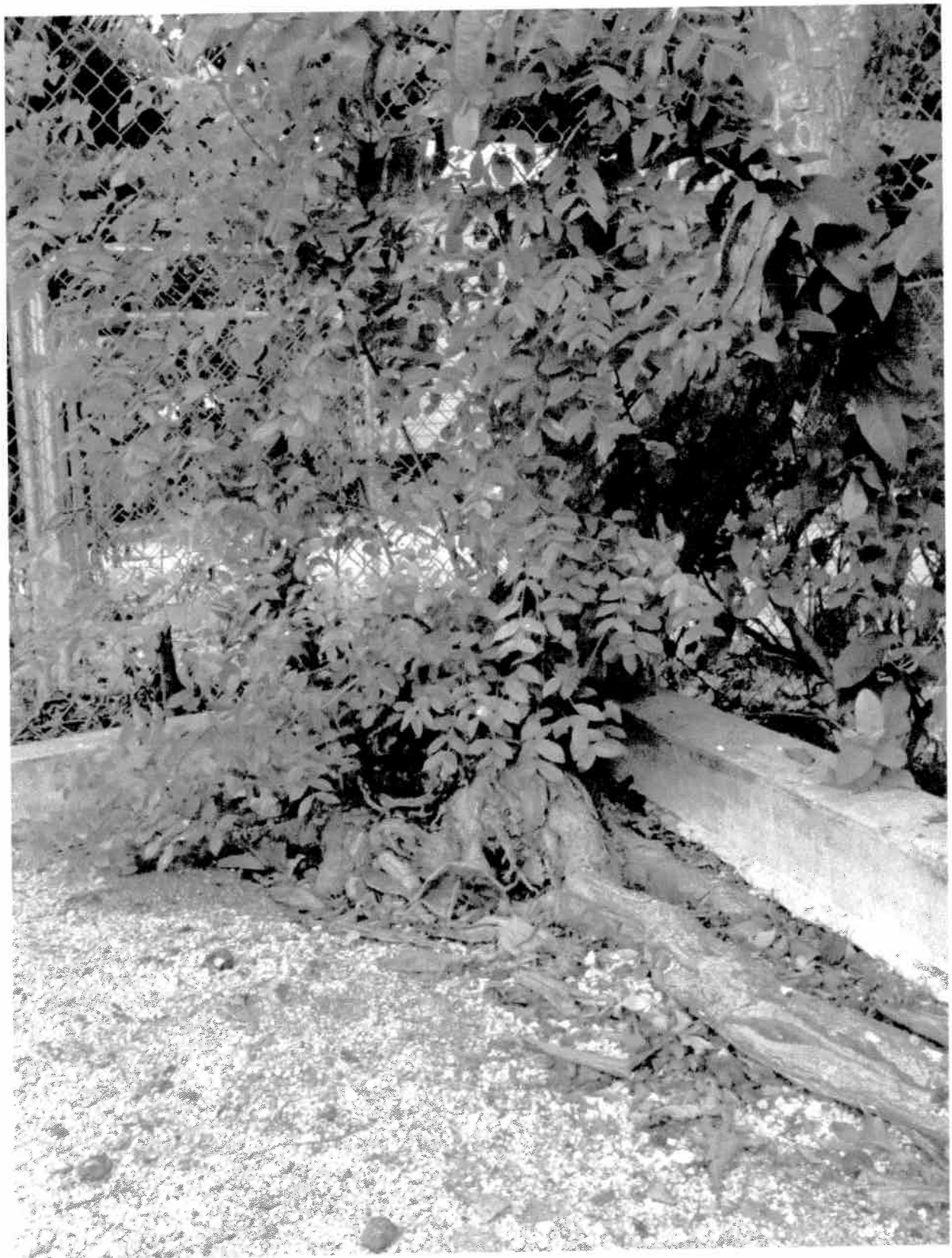
Condition: 40% (tree has a heavy lean toward a structure and the safety fence and roots on one side are uprooting. Canopy appears to be one sided. Trunk bark cracking and peeling. Health overall fair to poor.)

Total Average Value = 63%

Value x Diameter = replacement caliper (dbh) inches =  $.63 \times 9.87'' = 6''$  **replacement**







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

