



AGENDA ITEM #

15

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: Robert T. Richardson Date: Jan 17 12Mailing Address: 508 Margaret St, Key West, FL 33040Owner Signature: Robert T. Richardson Owner Ph#: (305) 292-1379Represented by: LARRIE BOSLOFF Rep. Ph#: ()

Represented by mailing address: _____

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: 508 MARGARET ST Cross/Corner Street: SOUTHWARD, FLASCommon Name(s): GG6PLUIT, TIESSA 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 |
| () Other / Explain | () Other / Explain | () Crown Reduction |

Reason(s) for request:

THIS CLUMP OF SPROUTS HAS GROWN FROM A
STUMP IS THREATENING FENCE, DROPS FRUIT IN
FLETCHERS LAWE

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

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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

AUTHORIZATION LETTER

508 MARGARET ST
(owner address)

JAN 14 2012

Ballard

Dear Tree Commissioners:

This letter is authorization and confirmation that I, Robert Richardson,
(owner name)
have retained LARRIE to represent me in the matter
(representative name)

obtaining a permit from the City of Key West for my property at 508 MGT.
(address)

. You may contact me at _____
305-292-1379. Thank you.
(telephone number)

sincerely,

Robert Richardson
(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