

CANOPY  
REMOVAL

2019-0045

## Tree Permit Application

Date: 1-22-19

Please Clearly Print All Information unless indicated otherwise.

Tree Address 322 Elizabeth St.  
Cross/Corner Street Elizabeth Lane  
List Tree Name(s) and Quantity (1) Horseflesh Mahogany (1) Mango (1)  
Species Type(s) check all that apply ☐ Palm ☐ Flowering ☐ Fruit ☐ Shade ☐ Unsure  
Reason(s) for Application:

☐ REMOVE ☒ Tree Health ☐ Safety ☒ 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 trees are in poor condition and there will be repairs done to the siding and a new pool installed.

Property Owner Name 1227 DUAL 1227 LLC  
Property Owner eMail Address TT@MARADONIA.SF  
Property Owner Mailing Address 46 PRESTON RD 520 BOWHARD  
Property Owner Mailing City KEY WEST State FL Zip 33040  
Property Owner Phone Number ( ) - -  
Property Owner Signature [Signature]

Representative Name Just Keys Trees  
Representative eMail Address Justkeystrees@comcast.net  
Representative Mailing Address 5550 5th Ave Suite #6  
Representative Mailing City Key West State FL Zip 33040  
Representative Phone Number (305) 735-4656

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.

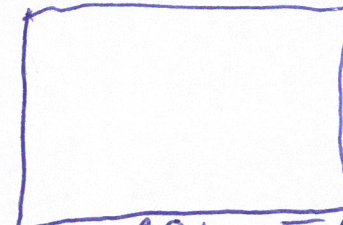
Tree Representation Authorization form attached ☐

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

Please identify tree(s) with colored tape

Horseflesh Mahogany

9.5" dbh 2'6" circ  
codominant  
trunks



African Tulip  
Mango

Parking

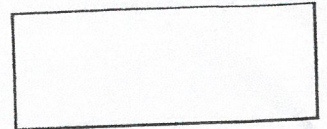
Elizabeth Lane

Elizabeth St.

1' FT  
circ  
3.8" dbh

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: 1-22-19

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 322 Elizabeth St.  
Property Owner Name 1227 Duval Street LLC  
Property Owner eMail Address t.t. @maratone .se  
Property Owner Mailing Address Preferred Properties 520 Southard St.  
Property Owner Mailing City Key West State FL Zip 33040  
Property Owner Phone Number (310) 880-2139  
Property Owner Signature [Signature]  
Representative Name Just Key Trees  
Representative eMail Address Justkeytrees @ comcast.net  
Representative Mailing Address 5550 5th Ave Suite #6  
Representative Mailing City Key West State FL Zip 33040  
Representative Phone Number (305) 735-4656

I TOM TALOMAA, 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 [Signature]

The forgoing instrument was acknowledged before me on this 21st day January.

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

### NOTARY PUBLIC

Sign Name: [Signature]

Print Name: Sumiko Crider

My Commission Expires: \_\_\_\_\_

Notary Public - State of Florida (seal)

