



AGENDA ITEM #

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: HYATT WINDWARD POINT Date: 3/20/12

Mailing Address: 3675 S. ROOSEVELT BLVD. 33040

Owner Signature: [Signature] Owner Ph#: (305) 809-4048

Represented by: TIM MATTHEWS Rep. Ph#: (305) 451-7670

Represented by mailing address: 160 FLORIDA AVE TAVENNER, FL 33070

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 ()

3675 S. ROOSEVELT BLVD.

Tree(s) Address: HYATT WINDWARD POINT Cross/Corner Street: _____

Common Name(s): FICUS SPECIES Scientific Name(s): FICUS WITIDA?

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

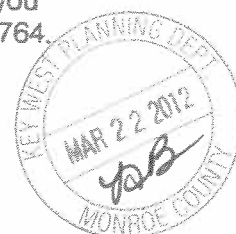
Reason(s) for Application (check all that apply):

- REMOVE () TRANSPLANT () HEAVY MAINTENANCE
- Tree Health () New Location () Branch Removal
- Safety () Same Property () Crown Cleaning/Thinning
- () Other / Explain () Other / Explain () Crown Reduction

Reason(s) for request:

TREE IS IN DECLINE AND HAS LOST SEVERAL LARGE DEAD LIMBS. TREE IS DIRECTLY NEXT TO A PICNIC AREA FOR EMPLOYEES.

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.

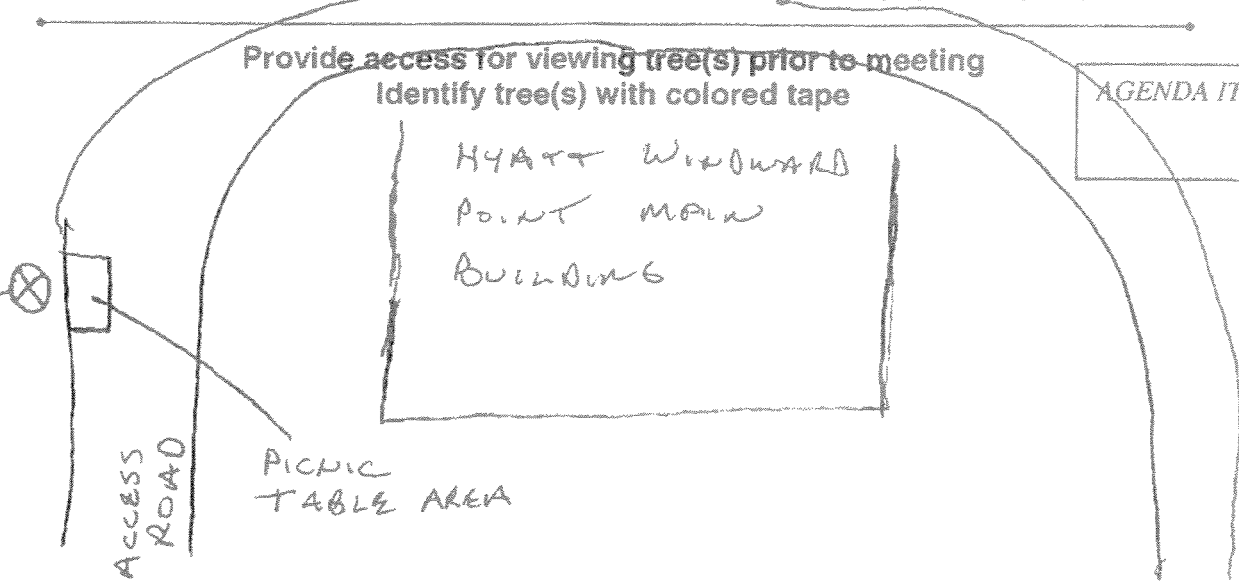


<<<< Sketch location of tree in this area including cross/corner Street >>>>

Provide access for viewing tree(s) prior to meeting
Identify tree(s) with colored tape

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Ficus
Tree



W ← 3675 S. ROOSEVELT BLVD → E

Tree Species _____

Circumference _____ ÷ 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.

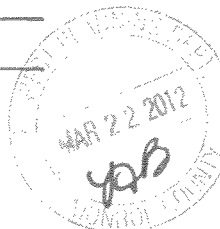
() TABLED () APPROVED () DENIED () FURTHER ACTION

COMMENTS: _____

CHAIRPERSONS SIGNATURE/DATE

City Engineer comments if required: _____

ENGINEER'S SIGNATURE/DATE



AUTHORIZATION LETTER

3675 SOUTH ROOSEVELT BLVD.
(owner address)

Key West 33040

Dear Tree Commissioners:

This letter is authorization and confirmation that I, RYATT WINDWARD POINT
(owner name)

have retained TIM MATTHEWS to represent me in the matter
(representative name)

obtaining a permit from the City of Key West for my property at 3675 SOUTH ROOSEVELT BLVD.
(address)

_____. You may contact me at _____

305-509-3027 . Thank you.
(telephone number)

sincerely,

* Use handset
(owner signature)

Assistant Secretary HHS KW Inc
on behalf of WPI LLC.

City of Key West Tree Commission
Public Works Facility
633 Palm Avenue
Key West, FL- 33040
Office: (305)-809-3764
Fax: (305)-296-6152

