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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) Horse flesh 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

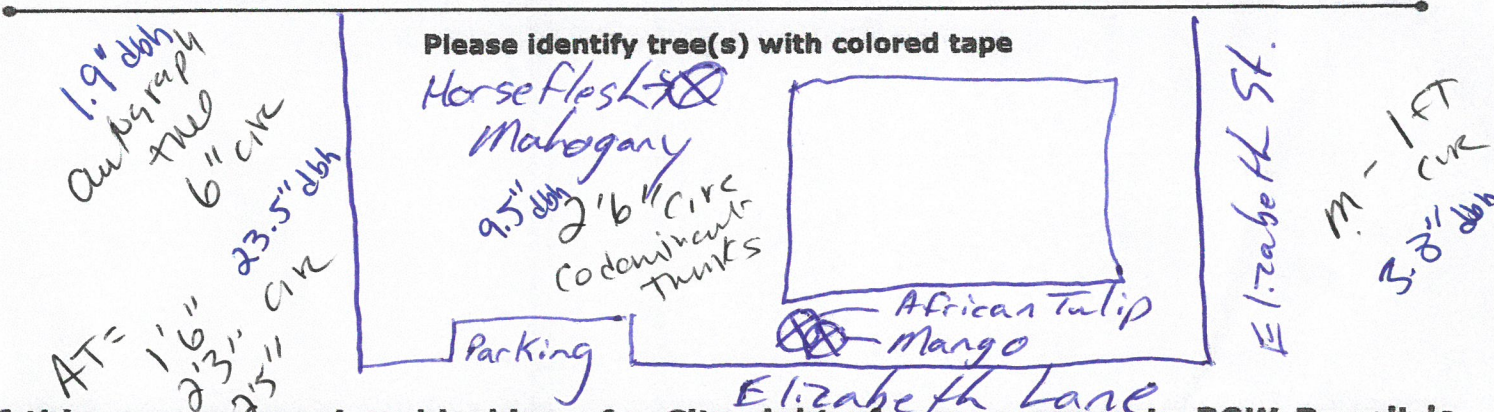
Additional Information and Explanation: These trees are in poor condition and there will be repairs done to the siding and a new pool installed.

Property Owner Name 1227 DUAL 1227 LLC
Property Owner eMail Address TTO MARATONIC SF
Property Owner Mailing Address 46 PROSPERIDAD FROM 520 BOWHARD
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number () - -
Property Owner Signature [Signature]

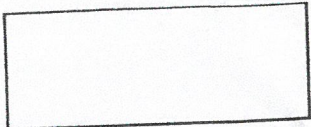
Representative Name Just Keys Trees
Representative eMail Address Justkeystrees@comcast.net
Representative Mailing Address 5550 5th Ave Suite #6
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 735-4656

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 >>>>>



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: 1-27-19

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 1277 Duval Street LLC

Property Owner eMail Address tt@maratone.com

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

Signature: [Signature]

Print Name: Sumiko Crider

My Commission Expires: _____

Notary Public - State of Florida (seal)

