



TP 2024-0012



Tree Permit Application

Please Clearly Print All Information unless indicated otherwise. Date: Nov. 13, 2024

Tree Address 3200 N Roosevelt Blvd., Key West, FL 33040

Cross/Corner Street Glynn Archer Blvd.

List Tree Name(s) and Quantity See Landscape Plans provided

Reason(s) for Application:

☒ (x) Remove ☐ () Tree Health ☐ () Safety ☒ (x) Other/Explain below

☐ () Transplant ☐ () New Location ☐ () Same Property ☐ () Other/Explain below

☐ () Heavy Maintenance Trim ☐ () Branch Removal ☐ () Crown Cleaning/Thinning ☐ () Crown Reduction

Additional Information and Explanation Conceptual Landscape Plan Approval and removal of trees and palms as shown in the disposition plan

Property Owner Name REAL SUB LLC

Property Owner Email Address hank@tlpittman.com

Property Owner Mailing Address PO Box 32018, Lakeland, FL 33802

Property Owner Phone Number 561-346-4702

Property Owner Signature  Hank Porcher, Authorized Representative

***Representative Name** Smith Hawks, PL

Representative Email Address aj@smithhawks.com

Representative Mailing Address 138 Simonton St., Key West, FL 33040

Representative Phone Number 305-296-7227

*NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will represent the owner at a Tree Commission meeting or pick up an issued Tree Permit.

As of August 1, 2022, application fees are required. [Click here for the fee schedule.](#)

Sketch the tree's location (aerial view), including cross/corner street. Please identify tree(s) on the property regarding this application with colored tape or ribbon and if the tree is accessible.

See attached Landscape Plans.
Please do not hesitate to contact us with any questions.

24-6694

\$400 - paid
plus tree removal
fees to be determined



Tree Representation Authorization

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.

Date 11/11/24
Tree Address 3200 N Roosevelt Blvd., Key West, FL 33040
Property Owner Name REAL SUB LLC
Property Owner Mailing Address PO Box 32018
Property Owner Mailing City, State, Zip Lakeland, FL 33802
Property Owner Phone Number 561-346-4702
Property Owner email Address hank@tlpittman.com
Property Owner Signature [Signature] Hank Porcher, Authorized Representative

Representative Name Smith Hawks, PL
Representative Mailing Address 138 Simonton St.
Representative Mailing City, State, Zip Key West, FL 33040
Representative Phone Number 305-296-7227
Representative email Address aj@smithhawks.com

I Hank Porcher 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 if there are any questions or need access to my property.

Property Owner Signature [Signature]

The forgoing instrument was acknowledged before me on this 11th day November.
By (Print name of Affiant) Hank Porcher who is personally known to me or has produced as identification and who did take an oath.

Notary Public

Sign name: Kacie Elizabeth Dalton
Print name: KACIE ELIZABETH DALTON

My Commission expires: 7/25/27

Notary Public-State of

