



AGENDA ITEM #
3

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: Nancy Flynn QPRT Date: 3-7-12

Mailing Address: 1411 Petronia St

Owner Signature: Nancy Flynn Owner Ph#: (843-290-8895)

Represented by: DAN'S 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: 1411 Petronia Cross/Corner Street: _____

Common Name(s): Gumbo Scientific Name(s): _____

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

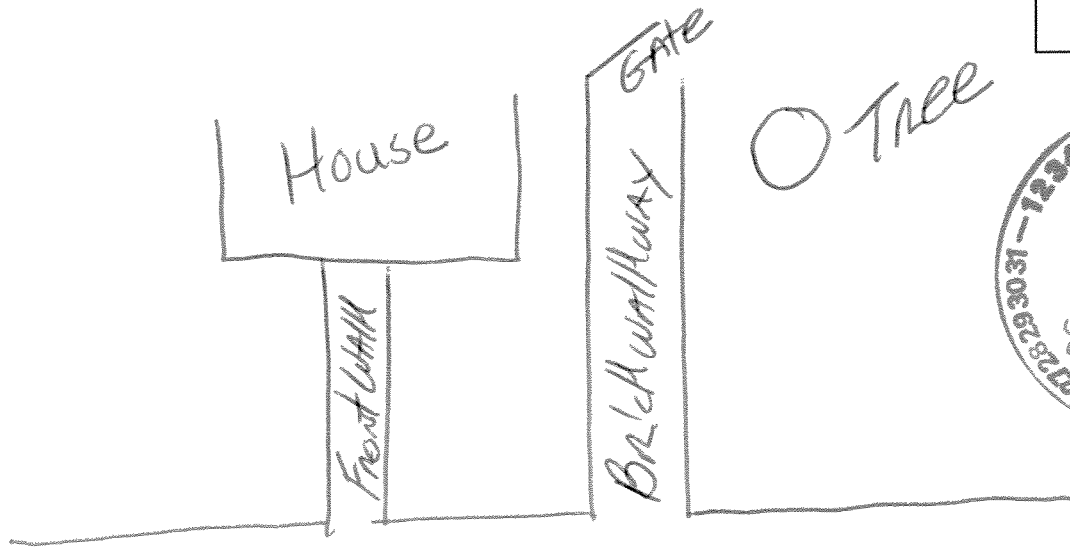
Reason(s) for request:
Bad Shape, Causing Foundation
DAMAGE to Nelson

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 _____ ÷ 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

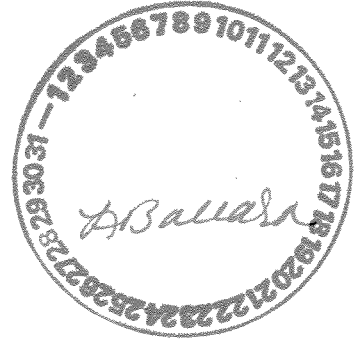
COMMENTS: _____

CHAIRPERSONS SIGNATURE/DATE

City Engineer comments if required: _____

ENGINEER'S SIGNATURE/DATE

AUTHORIZATION LETTER



Nancy Flynn
(owner address)

1411 Petronia St

Key West Fl, 33040

Dear Tree Commissioners:

This letter is authorization and confirmation that I, Nancy Flynn,
(owner name)

have retained Dan Tree to represent me in the matter
(representative name)

obtaining a permit from the City of Key West for my property at 1411 Petronia St
(address)

. You may contact me at _____

843-290-8895. Thank you.
(telephone number)

sincerely,

[Signature]
(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