



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: Putra + Philip Timyan Date: 1-24-2012

Mailing Address: 52 Front St. Key West, FL 33040

Owner Signature: _____ Owner Ph#: (305) 294-5794

Represented by: Kenneth King Rep. Ph#: (305) 296-8101

Represented by mailing address: 1602 Laurel St Key West FL 33040

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: 52 Front St. Cross/Corner Street: Flamingo St

Common Name(s): Royal Palm 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:

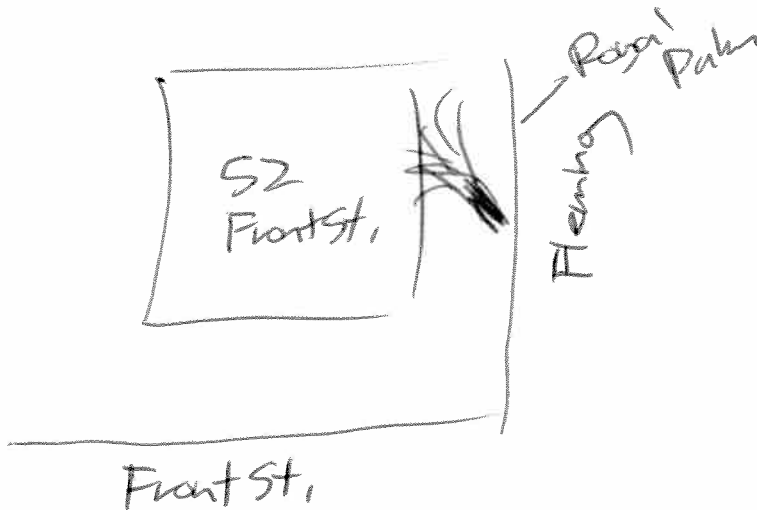
Tree roots are cracking the sidewalk and pushing up bricks
inside the yard. Falling fronds are causing stress for the
owners

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 _____ $\div 3.14$ = 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



THE CITY OF KEY WEST
TREE COMMISSION

Post Office Box 1409, Key West, FL 33041-1409 (305) 809-3764

AUTHORIZATION LETTER

Philip Timyan
52 FRONT ST.
KEY WEST
Print clearly, name, address

Dear Tree Commissioners:

This letter is authorization and confirmation that I, Patricia Timyan,
(owner name, print)

have retained Kenneth King 1602 Lald St, Key West FL 33040 305-296-810
(representative name, address and phone number, print)

to represent me in the matter of obtaining a permit from the City of Key West Tree Commission for my
property at: 52 FRONT
(tree address, print)

You may contact me at 305 2945 794. Thank you.
(telephone number)

Patricia Timyan
Signature

Jan 23 2013
Date