MEMORANDUM FOR THE FILE

DATE: March 25, 2013

RE: 905 Elizabeth St (permit application # 6337)

FROM: Karen DeMaria, Interim Urban Forestry Manager,

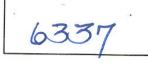
City of Key West

An application was received for the removal of 1- Royal Palm tree (Roystonea regia). A site inspection was done on March 25, 2013.

Photo submitted with application is accurate.

Recommendations: Approve the application to remove 1- Royal Palm to be replaced with 1- native palm 4 ft tall.





City of Key West Tree Commission

Tree Permit Application

	PO Box 1409 Key West, FL 33040 Phone: 305-809-3764 Fax: 305-809-3978	RE#:		
X	Home/Property Owner:	eyo QUIN	Date:	3-19-13
K	Mailing Address:	EUZABETH	STREET	, KW
X	Owner Signature:		Owner Ph	#:()
	Represented by: Robert C	rider, Just Keys 7.		305304-3144
	Represented by mailing address	5550 5 th Ave	Suite 6.	Key West F
	mecessary in order to expedite	ission meeting on the date who the resolution of your applicate owner must accompany this ap	tion	
	•		Letter of	Representation ()
	Tree(s) Address: 905	. 1	ross/Corner Street:_	
(Common Name(s): Roya	Scientifi	ic Name(s): Roy	Sharea regia
,	Species Type(s) {check all that a	pply}: () Palm () Flowering		
F	Reason(s) for Application {check (x) REMOVE () Tree Health () Safety () Other / Explain	all that apply}: () TRANSPLANT () New Location () Same Property () Other / Explain	() HEAVY MAINT () Branch Remova () Crown Cleaning () Crown Reduction	al g/Thinning
-	Reason(s) for request: This palm has Several target Very difficult	out grown the ets in all d	space, a	od has

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 305-809-3723. If this process requires blocking of a city right-of-way, a separate ROW Permit is required. Please contact Diane Nicklaus 305-809-3951.

Rev. Date: SEPT 2012

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

Provide access for viewing tree(s) prior to meeting AGENDATE AGENDATE PLEASE DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY	TEM
Tree Species	
Circumference *3.14 = diameter	
Location% Species% Condition% Total Average Value%	
Avg. valueXDiameter =	
Replacement Inches	
LOCATION: OLD CITY HALL, 510 GREENE STREET, 5:00 p.m.	
FOR TREE COMMISSION USE ONLY.	
() TABLED () APPROVED () DENIED () FURTHER ACTION	
COMMENTS:	
Rev. Date: SEPT 2012 Side 2 of 2	



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

AUTHORIZATION LETTER

Print clearly, name, address	
Dear Tree Commissioners:	
This letter is authorization and confirmation that I,	
have retained Robert Cider Just Keys Tres Inc. Keywos. (represent tative name, address and phone number, print) 305-304-	1
to represent me in the matter of obtaining a permit from the City of Key West Tree Commission for my property at: (tree address, print)	2
You may contact me at 646 239 6461. Thank you. (telephone number)	
y Signature	

