## T2025-0220



TC



## **Tree Permit Application**

Please Clearly Print All Inform	nation unless indicated otherwise. Date: $\frac{9/23/25}{}$
Tree Addres	s Washington ROLL
Cross/Corner Stree	t
List Tree Name(s) and Quantity	(1) Tamasian True (1) tick Tab Mi
Reason(s) for Application	
( <del>)</del> Remove	( ) Tree Health ( Safety ( ) Other/Explain below
( ) Transplant	t ( ) New Location ( ) Same Property ( ) Other/Explain below
( ) Heavy Maintenance Trim	( ) Branch Removal ( ) Crown Cleaning/Thinning ( ) Crown Reduction
Additional Information and	Tru is unbalanced caused a large
Explanation	crack/tracture in concrete wall
Property Owner Name	City of Key West
Property Owner email Address	
roperty Owner Mailing Address	
Property Owner Phone Number _	
Property Owner Signature	
*Representative Name	Orban Foreston
Representative email Address	
Representative Mailing Address	
Representative Phone Number	305 809 3957
*NOTE: A Tree Representation Authorization	n 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.
As of August 1, 2022, application fees	are required. Click here for the fee schedule.
Sketch location of tree (aerial view) including cross/corner street. Please identify tree(s) on the property regarding this application with colored tape or ribbon.	