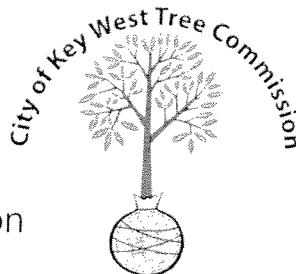


RECEIVED
DEC 13 2011
By Ballard

AGENDA ITEM #



City of Key West Tree Commission

Tree Permit Application

PO Box 1409
Key West, FL 33040
Phone: 305-809-3764
Fax: 305-296-6152

Home/Property Owner: Thomas Markowski Date: 12/9/11

Apt 517

Mailing Address: 115 112th AVE NE St. Peterburg FL 33716

Owner Signature: Thomas Markowski Owner Ph#: (208) 300-7564

Represented by: Dot Palm Landscaping Inc. Rep. Ph#: (305) 481-0959 Office (305) 743-3070

Represented by mailing address: 5200 Overseas Hwy Marathon FL 33050

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: 144 Golf Club Dr. Cross/Corner Street: _____

Common Name(s): Cumba Limbo Scientific Name(s): Bursera Simaruba

Species Type(s) {check all that apply}: () Palm () Flowering () Fruit () Shade

Reason(s) for Application {check all that apply}:

(<input checked="" type="checkbox"/>) REMOVE	(<input type="checkbox"/>) TRANSPLANT	(<input type="checkbox"/>) HEAVY MAINTENANCE
(<input type="checkbox"/>) Tree Health	(<input type="checkbox"/>) New Location	(<input type="checkbox"/>) Branch Removal
(<input type="checkbox"/>) Safety	(<input type="checkbox"/>) Same Property	(<input type="checkbox"/>) Crown Cleaning/Thinning
(<input type="checkbox"/>) Other / Explain	(<input type="checkbox"/>) Other / Explain	(<input type="checkbox"/>) Crown Reduction

Reason(s) for request:

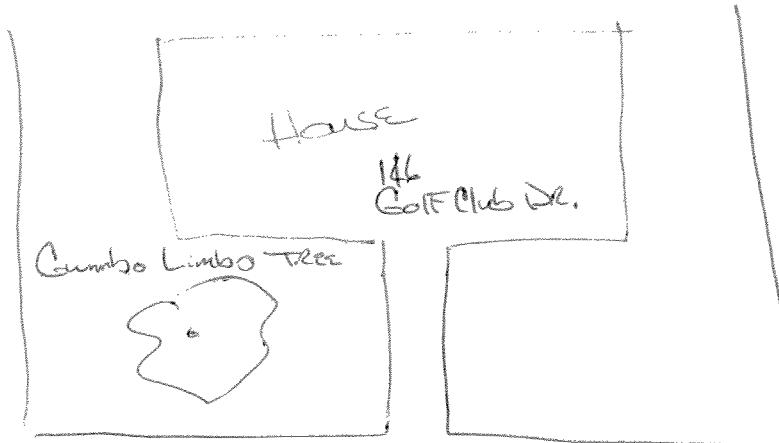
I worried about water lines under House & had to Replace the Bricks AS A RESULT of Roots

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

AGENDA ITEM #



Do not write under this line

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.

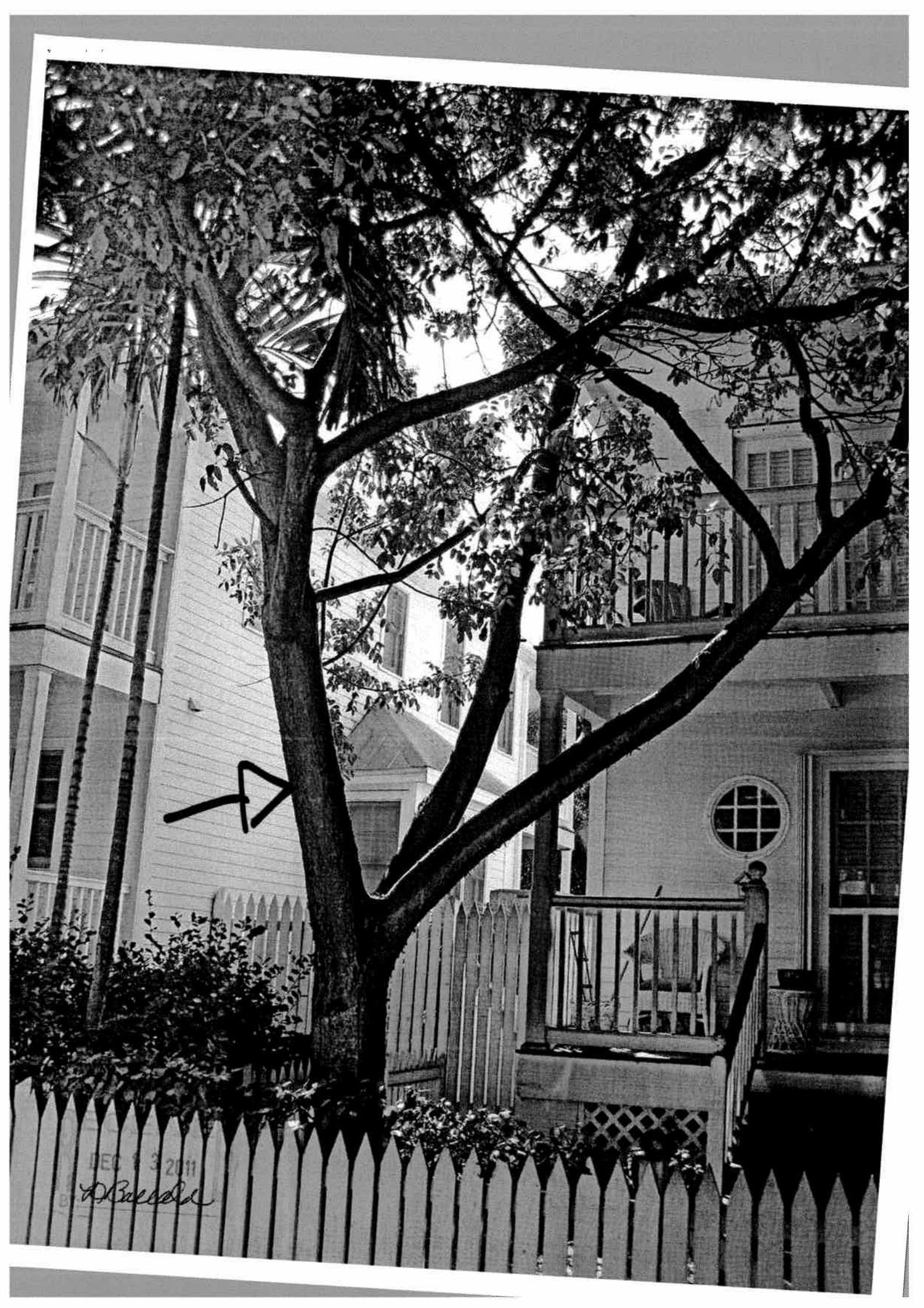
TABLED APPROVED DENIED FURTHER ACTION

COMMENTS:

CHAIRPERSONS SIGNATURE/DATE

City Engineer comments if required:

ENGINEER'S SIGNATURE/DATE



DEC 3 2011
D. Baecke

