



AGENDA ITEM #
4

City of Key West Tree Commission

PO Box 1409
Key West, FL 33040
Phone: 305-809-3764
Fax: 305-809-3978

Tree Permit Application

Home/Property Owner: The City of Key West Date: 01/23/2012

Mailing Address: P.O. Box 1409, Key West, FL 33041

Owner Signature: JHS/RLH Owner Ph#: (305) 809-3888

Represented by: _____ Rep. Ph#: _____

Represented by mailing address: P.O. Box 1409, Key West, FL 33041

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: 5701 College Road Cross/Corner Street: _____

Common Name(s): Mahogany (3) Scientific Name(s): Swietenia mahogani

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

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

() REMOVE
() Tree Health
() Safety
() Other / Explain

() TRANSPLANT
() New Location
() Same Property
() Other / Explain

() HEAVY MAINTENANCE
() Branch Removal
() Crown Cleaning/Thinning
() Crown Reduction

Reason(s) for request:

We would like to Transplant mahogany trees
from the FMT Building to City Property.

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.

Rev. Date: Dec 2007

<<<< 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