

AGENDA ITEM #
2

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: Harry W. Coplan Date: MARCH 5 2012

Mailing Address: P.O. Box 372888

Owner Signature: [Signature] Owner Ph#: (216) 509 4400

Represented by: DANS TROPICAL TREE Rep. Ph#: (296) 7200

Represented by mailing address: #4 Evergreen Ct Key West

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 (4)

Tree(s) Address: 267 Golf Club Drive Cross/Corner Street: _____

Common Name(s): 6) Butternut wood Scientific Name(s): 1) Autograph

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

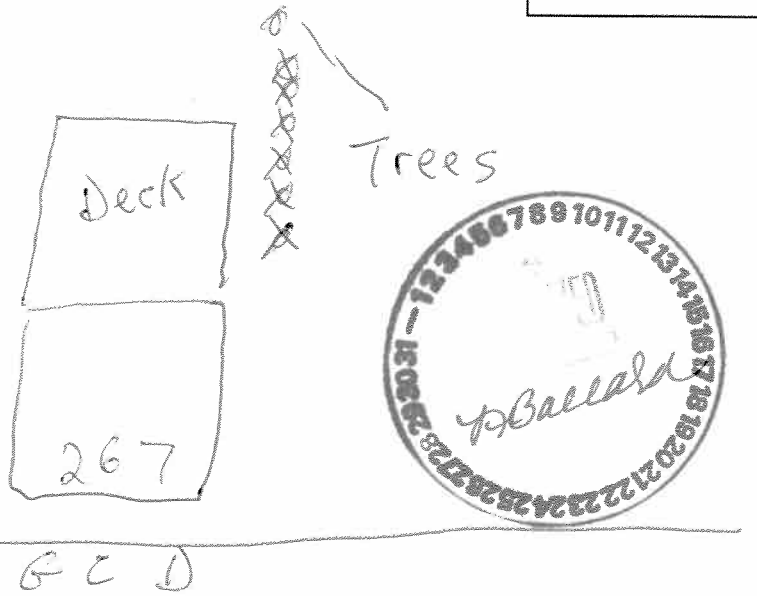
Reason(s) for request:
REMOVE 6 Butternut wood and one
Autograph Tree on right back of
207 GCD by Fence, pushing
Fence over

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 #



Tree Species _____

Circumference _____ ÷ 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: _____

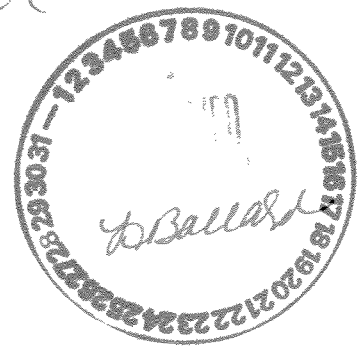
CHAIRPERSONS SIGNATURE/DATE

City Engineer comments if required: _____

ENGINEER'S SIGNATURE/DATE

AUTHORIZATION LETTER

267 GOLF club Drive
(owner address)



Dear Tree Commissioners:

This letter is authorization and confirmation that I, HARRY CAPLAN,
(owner name)
have retained DANS TROPICAL TREE to represent me in the matter
(representative name)

obtaining a permit from the City of Key West for my property at 267 GCD
(address)

. You may contact me at _____

305 296 7200. Thank you.
(telephone number)

sincerely,

[Signature]
(owner signature)
Harry W. Caplan
Candyn G. Caplan

City of Key West Tree Commission
Public Works Facility
633 Palm Avenue
Key West, Fl- 33040
Office: (305)-809-3764
Fax: (305)-296-6152