



AGENDA ITEM #

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: Sue O'Brien Date: 2/21/12

Mailing Address: 18 Spoonbill Way, Stock Island

Owner Signature: Sue O'Brien Owner Ph#: 708-557-9180

Represented by: Rep. Ph#:()

Represented by mailing address:

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: 18 Spoonbill Way Gulf Course Cross/Corner Street:

Common Name(s): Scientific Name(s):

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

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

- (X) 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:

The tree is causing damage to my house & walkway & is mostly dead. I will be happy to replace it with a healthy tree in the same area but more centered

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

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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



D. Bailey '14



T. Ballant