



AGENDA ITEM #
13

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: City of Key West Date: 12/21/2011

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

Owner Signature: [Signature] Owner Ph#: ()

Represented by: Karen Demaria Rep. Ph#: (305) 809-3768

Represented by mailing address: P.O. Box 1409, Key West, Fl 33040

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: 511 Greene Street Cross/Corner Street: Anna Street

Common Name(s): Womans Tongue Scientific Name(s): _____

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:

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 Womern's Tongue

Circumference 91" $\div 3.14 =$ diameter 29"

Location _____ % Species _____ % Condition _____ % Total Average Value _____ %

Avg. value _____ X _____ Diameter = 29"

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