



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: Doug MacLean Date: 1-22-2012

Mailing Address: 1017 Varda St. Key West, FL 33040

Owner Signature: _____ Owner Ph#: (961) 547-8992

Represented by: Kenneth King Rep. Ph#: (305) 296-8101

Represented by mailing address: 1602 Land St. 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: 1017 Varda St. Cross/Corner Street: Virginia St.

Common Name(s): 2 Royal Palm Scientific Name(s): _____

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:

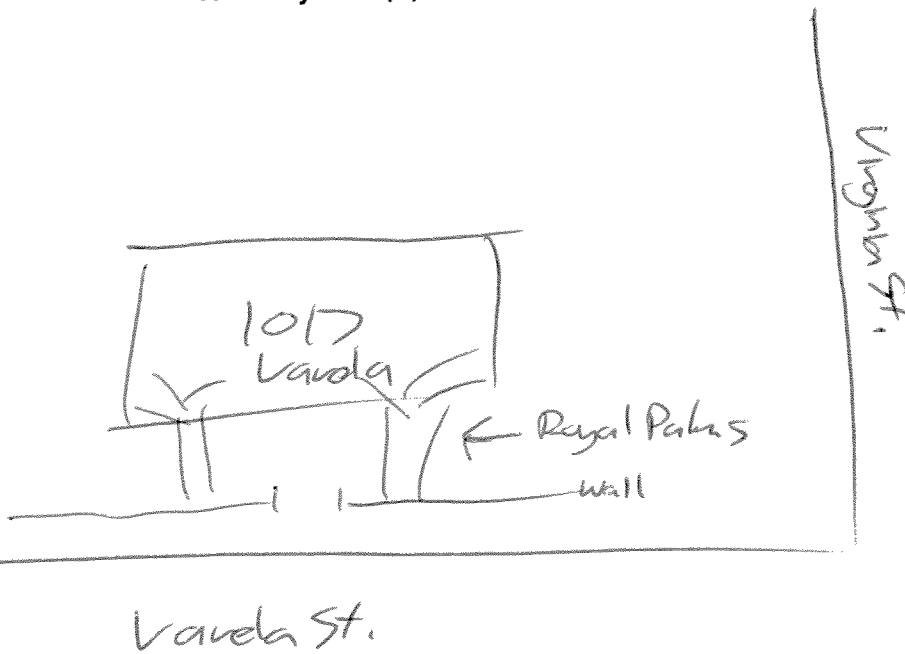
Both palm's trunks and roots are destroying the front wall. They should never have been planted there.

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