

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: City of Key West Date: 12/29/2011

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

Owner Signature: _____ Owner Ph#:(____)

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: 1 Whitehead Cross/Corner Street: WAIL ST

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}:

- () 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:

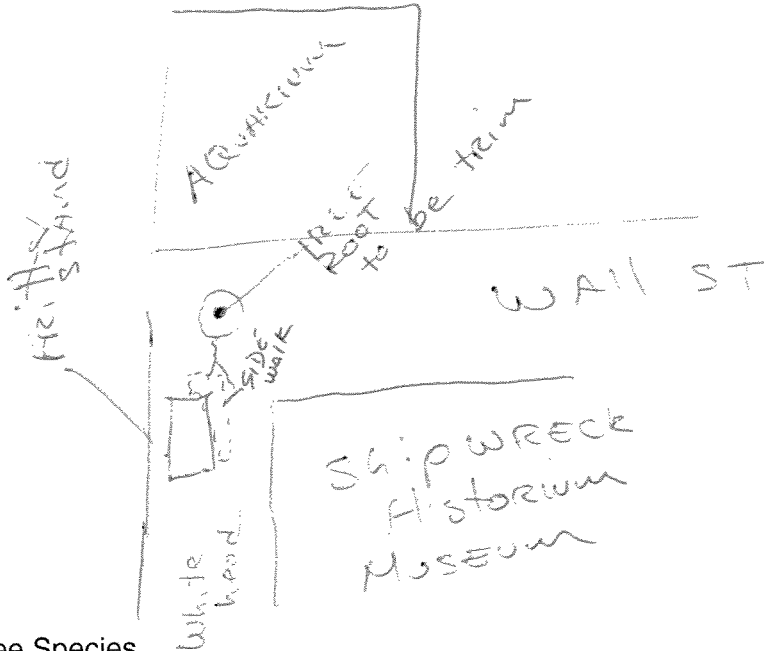
Trim Roots ^{HAT} are Lifting side walk causing a trip hazard to customers around couch factory stand -

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

AUTHORIZATION LETTER

City of Key West
(owner address)

1 Whitehead St.

Key West, Fl 33040

Dear Tree Commissioners:

This letter is authorization and confirmation that I, David Fernandez,
(owner name)
have retained Frank Herrada (HTA) to represent me in the matter
(representative name)

obtaining a permit from the City of Key West for my property at 1 Whitehead
(address)
Street. You may contact me at _____

(305) 809-3879. Thank you. .
(telephone number)

sincerely,

DGF
(owner signature)

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