



TREE 2025-0187



TC

Tree Permit Application

Please Clearly Print All Information unless indicated otherwise. Date: 8/14/25

Tree Address 1300 White St
Cross/Corner Street _____
List Tree Name(s) and Quantity Lignum Vites (Replace)
Reason(s) for Application:

- ☒ Remove () Tree Health () Safety () Other/Explain below
() Transplant () New Location () Same Property () Other/Explain below
() Heavy Maintenance Trim () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

Additional Information and Explanation This tree never met the FL #1 dicot standard & has never improved one iota.

Property Owner Name City of Key West
Property Owner email Address _____
Property Owner Mailing Address _____
Property Owner Phone Number _____
Property Owner Signature _____

*Representative Name Zach Bentley
Representative email Address _____
Representative Mailing Address _____
Representative Phone Number _____

*NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

As of August 1, 2022, application fees are required. [Click here for the fee schedule.](#)

Sketch location of tree (aerial view) including cross/corner street. Please identify tree(s) on the property regarding this application with colored tape or ribbon.