

RECEIVED
FEB 22 2012
Ballard



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: W. Thayne McKenzie Date: 2-21-2012

Mailing Address: 720 Eisenhower

Owner Signature: _____ Owner Ph#: (305) 849-8778

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

Represented by mailing address: 1602 Lard 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: 720 Eisenhower Cross/Corner Street: Petronia St.

Common Name(s): Strangler Fig Scientific Name(s): _____

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

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

- | | | |
|--|---------------------|-----------------------------|
| <input checked="" type="checkbox"/> 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:

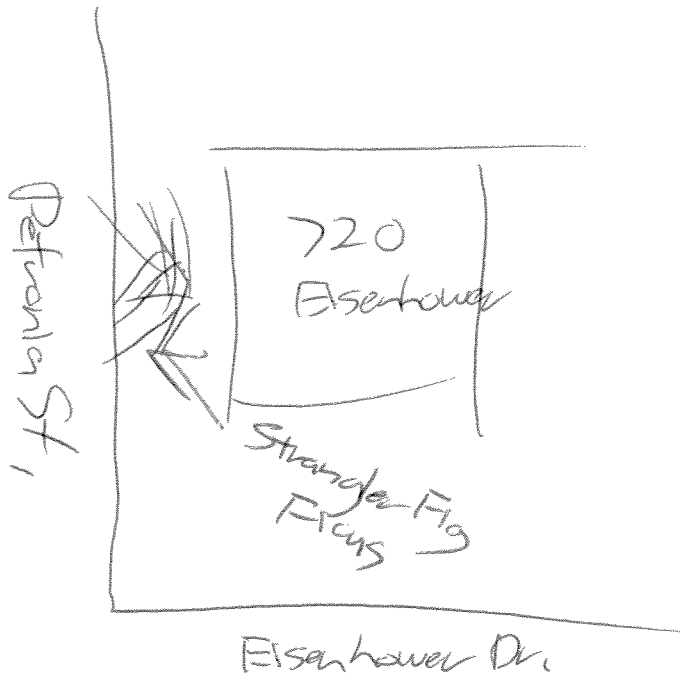
Tree is ruining fence and has been trimmed away repeatedly from the utility lines. There is not enough room for a Strangler Fig.

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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D. Ballard

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