

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: JAN JOZWIAK Date: 2/14/2012

Mailing Address: 910 TRUMAN AV.

Owner Signature: [Signature] Owner Ph#: 847 710-0367 CELL

Represented by: Rep. Ph#:

Represented by mailing address:

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: 910 TRUMAN AV Cross/Corner Street:

Common Name(s): Scientific Name(s):

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

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

- ( ) REMOVE ( ) TRANSPLANT ( ) HEAVY MAINTENANCE
( ) Tree Health ( ) New Location (X) Branch Removal
(X) Safety ( ) Same Property ( ) Crown Cleaning/Thinning
( ) Other / Explain ( ) Other / Explain ( ) Crown Reduction

Reason(s) for request:

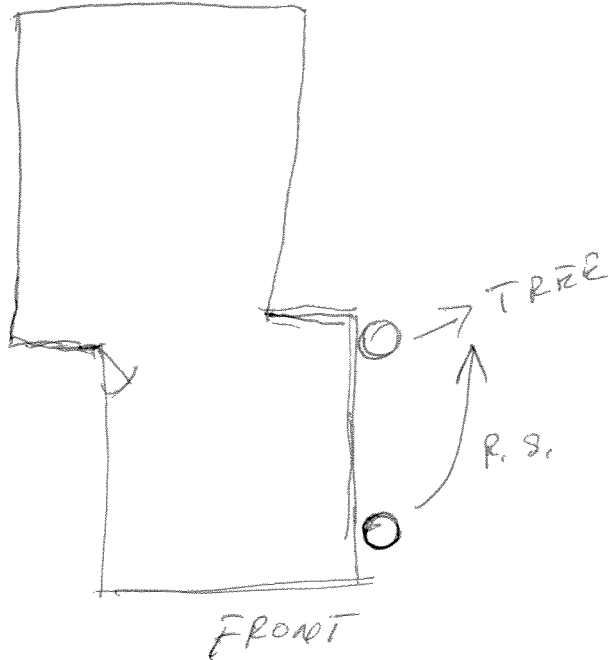
Blank lines for providing reasons for request.

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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FEB 14 2012  
Dallada

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