



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: Therese Gauthier Date: \_\_\_\_\_

Mailing Address: 1321 20th St. Key West 33040

Owner Signature: Therese Gauthier Owner Ph#: (305) 304-8300

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 Letter of Representation ( )

Tree(s) Address: 1321 20th St. Cross/Corner Street: PAULA

Common Name(s): ALMOND 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:

THE TREE IS LEANING OVER THE HOUSE

THE TREE IS DAMAGING A WALL

TREE IS INVASIVE NON NATIVE

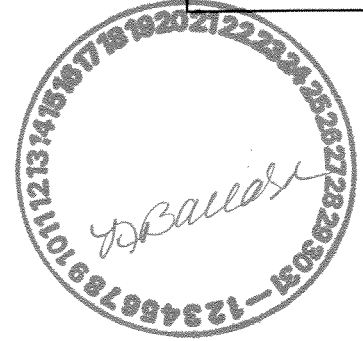
Replacement plant material must be Florida Grade #1. Replacement of a palm with a native palm is required. Replacement of a canopy tree with a native canopy tree is required. If you need assistance with replacements, please call the Landscape Department at 305-809-3764.

<<<<< 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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X TREE



1321 20th ST.

20th STREET

PAULINA ST

Tree Species TROPICAL ALMOND

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