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FEB 14 2012
BY: *Bucard*



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: Thomas Schmitt Date: 2/14/12

Mailing Address: 804 South Street #4

Owner Signature: [Signature] Owner Ph#: 305-294-5702

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: 1224 Johnson St. Cross/Corner Street: Johnson / Seavey

Common Name(s): Buttonwood 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

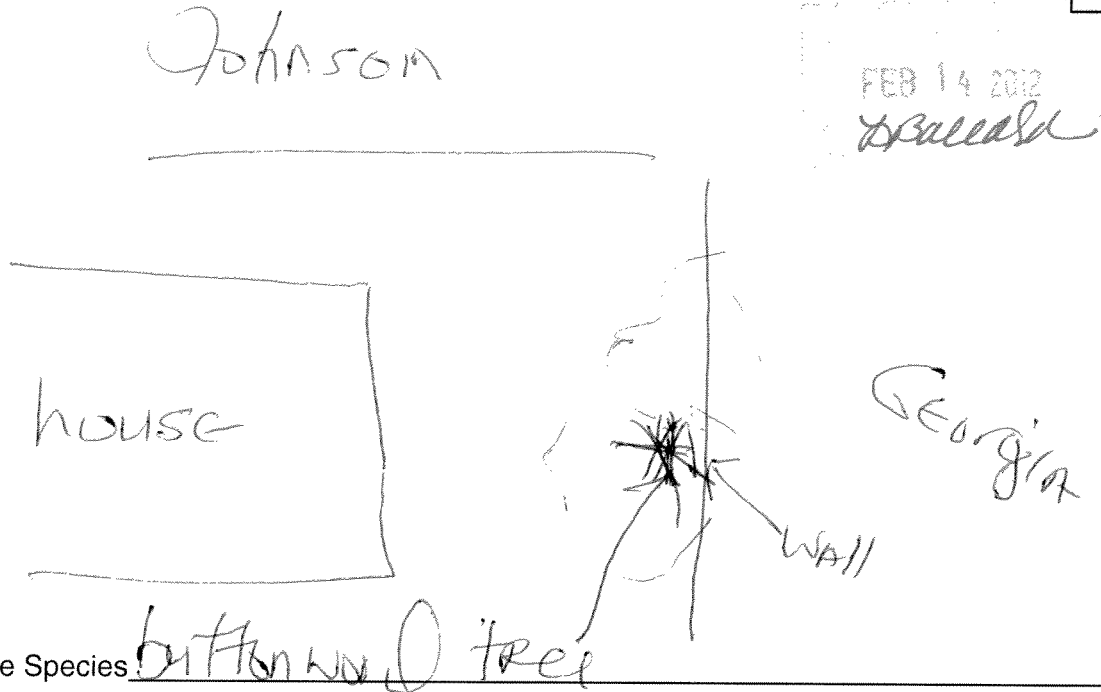
Reason(s) for request:
destroying existing wall which otherwise is in good condition

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 bitterwood tree

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