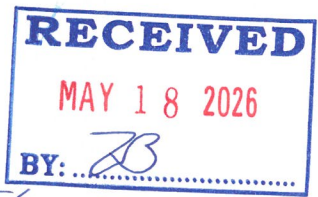




T2026-0109



Tree Permit Application TC

Please Clearly Print All Information unless indicated otherwise. Date: 5/18/26

Tree Address 308 Front St ROW.

Cross/Corner Street _____

List Tree Name(s) and Quantity Cuban Mahogany (1)

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 _____

Property Owner Name City of Key West

Property Owner email Address _____

Property Owner Mailing Address 1300 White St.

Property Owner Phone Number _____

Property Owner Signature Marian L Barrera

*Representative Name Urban Forestry (Zach Bentley)

Representative email Address _____

Representative Mailing Address _____

Representative Phone Number 305 809 3957

*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.

