



T2025-0181



## Tree Permit Application

Please Clearly Print All Information unless indicated otherwise. Date: 8/5/25

Tree Address 504 Southard ROW  
Cross/Corner Street \_\_\_\_\_  
List Tree Name(s) and Quantity (1) Mahogany Tree  
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 Tree has a split in the main branch hanging over ROW & Southard St.

Property Owner Name City of Key West  
Property Owner email Address zachary.bentley@cityofkeywest-fl.gov  
Property Owner Mailing Address 1300 White St.  
Property Owner Phone Number 305 509 3957  
Property Owner Signature \_\_\_\_\_

\*Representative Name \_\_\_\_\_  
Representative email Address \_\_\_\_\_  
Representative Mailing Address \_\_\_\_\_  
Representative Phone Number \_\_\_\_\_

\*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.

