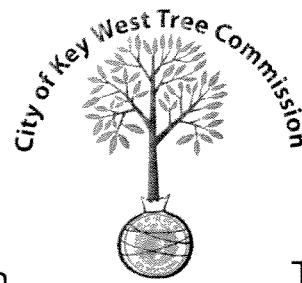


JAN 17 2012  
J. Ballard



AGENDA ITEM #

3

## 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: City of Key West Date: 1/14/2012

Mailing Address: P.O. Box 1409, Key West, FL 33041

Owner Signature: David Fomandy Owner Ph#: (305) 809-3879

Represented by: Doug Bradshaw Rep. Ph#: (305) 809-3792

Represented by mailing address: P.O. Box 1409, Key West, FL 33041

**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: 5701 College Rd. Cross/Corner Street: \_\_\_\_\_

Common Name(s): (4) Sabal Palms Scientific Name(s): \_\_\_\_\_

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

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

<input type="checkbox"/> REMOVE	<input checked="" type="checkbox"/> TRANSPLANT	<input type="checkbox"/> HEAVY MAINTENANCE
<input type="checkbox"/> Tree Health	<input checked="" type="checkbox"/> New Location	<input type="checkbox"/> Branch Removal
<input type="checkbox"/> Safety	<input type="checkbox"/> Same Property	<input checked="" type="checkbox"/> Crown Cleaning/Thinning
<input type="checkbox"/> Other / Explain	<input type="checkbox"/> Other / Explain	<input type="checkbox"/> Crown Reduction

Reason(s) for request:

We would like to transplant (4) Sabal Palms from  
the FMT Building to City Property.

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

AGENDA ITEM #

Tree Species\_\_\_\_\_

Circumference\_\_\_\_\_  $\div 3.14$  = 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**