



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: 1/4/2012Mailing Address: P.O. Box 1409, Key West, FL 33041Owner Signature: David Fernandez Owner Ph#: (305) 809-3879Represented by: Doug Bradshaw Rep. Ph#: (305) 809-3792Represented 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

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

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