

STAFF REPORT

DATE: May 29, 2019

RE: **3742 Eagle Avenue (permit application # T2019-0243)**

FROM: Karen DeMaria, City of Key West Urban Forestry Manager

An application was received requesting the removal of **(1) Black Olive and (1) Mahogany tree**. A site inspection was done and documented the following:



Tree Species: Black Olive (*Bucidia beceras*)



05/24/2019





05/24/2019



05/24/2019





05/24/2019



05/24/2019





05/24/2019



Diameter: $30.5'' - 24'' = 6.5''$

Location: 80% (front yard tree)

Species: 0% (on not protected tree list)

Condition: 40% (poor, originally had three trunks-one split off, included bark, decay and insect evidence in tear area, canopy need maintenance)

Total Average Value = 40%

Value x Diameter = 2.6 replacement caliper inches

Tree Species: Mahogany (Swietenia mahagoni)

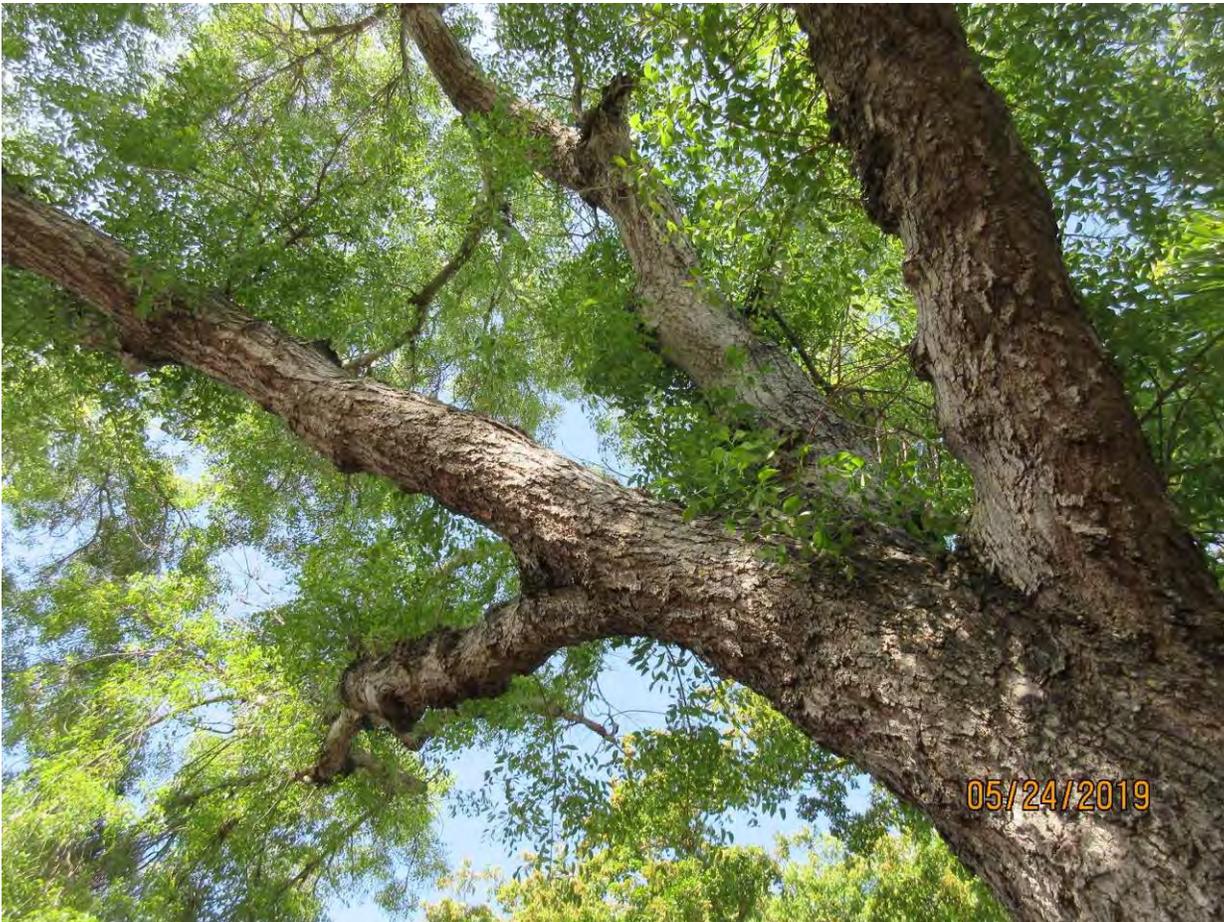








05/24/2019







05/24/2019





Diameter: 22.9"

Location: 80% (front yard tree)

Species: 100% (on protected tree list)

Condition: 60% (fair, canopy lopsided-storm damage)

Total Average Value = 80%

Value x Diameter = 18.3 replacement caliper inches

Can the Mahogany tree be trimmed to repair shape? Probably but it will take time as a few large cuts would have to be made to the canopy branches.

NOTE: A second Black Olive tree and a Norfolk Pine is also being removed. No permit required as both species are on the not protected tree list and the second black olive, against the structure, is less than 24" diameter (9.2" measured diameter)

Total replacements if both trees approved for removal:

Black Olive 2.6"

Mahogany 18.3"

20.9"

Application

RECEIVED
 MAY 21 2019
 BY: ED



Canopy
removal

2019
0243

Tree Permit Application

Date: MAY 21 2019

Please Clearly Print All Information unless indicated otherwise.

Tree Address 3742 EAGLE
Cross/Corner Street 2 BLACK OLIVE 1 MAHOGANY
List Tree Name(s) and Quantity 19X?
Species Type(s) check all that apply () Palm () Flowering () Fruit (X) Shade () Unsure
Reason(s) for Application:

- (X) REMOVE (X) Tree Health (X) Safety (X) Other/Explain below
- () TRANSPLANT () New Location () Same Property () Other/Explain below
- () HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

Other/Explain 1 Black olive growing under house eaves 1 black olive dangerous decay Mahogany misshapen out of balance

Reason for Request _____

Property Owner Name David Swiderski
Property Owner eMail Address dswiderski@ffriemail.com
Property Owner Mailing Address 337 EVERGREEN
Property Owner Mailing City Cherry Hill **State** N.J. **Zip** 08002
Property Owner Phone Number (305) 849-5413
Property Owner Signature _____

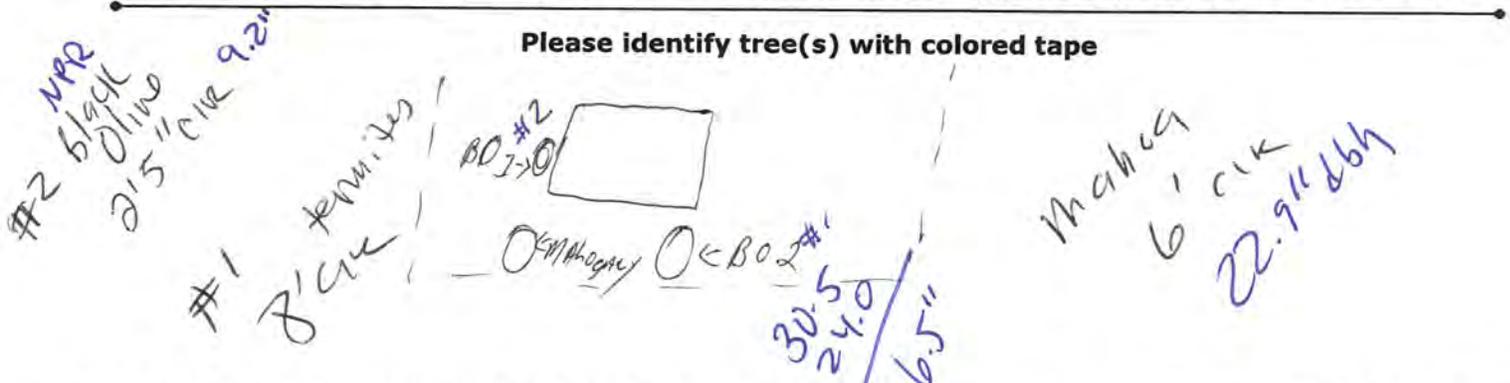
Representative Name TREE MAN
Representative eMail Address keystreetman@gmail.com
Representative Mailing Address 10 ROOSEVELT ST.
Representative Mailing City BIG PINE **State** FLA **Zip** 33043
Representative Phone Number (305) 900-8448

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.

Tree Representation Authorization form attached ()

<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

Please identify tree(s) with colored tape



If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.



Tree Representation Authorization

Date: 4/29/19

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. This Tree Representation Authorization form must accompany the application if the property owner is unable to attend or will have someone else pick up the Tree Permit once issued.

Please Clearly Print All Information unless indicated otherwise.

Tree Address 3742 Eagle Ave

Property Owner Name David Swiderski

Property Owner eMail Address dswiderski@ffremail.com

Property Owner Mailing Address 337 Evergreen

Property Owner Mailing City CherryHill State NJ Zip 08002

Property Owner Phone Number (386) 316 - 8541

Property Owner Signature *David Swiderski*

Representative Name _____

Representative eMail Address _____

Representative Mailing Address _____

Representative Mailing City _____ State _____ Zip _____

Representative Phone Number (_____) _____ - _____

I David Swiderski, hereby authorize the above listed agent(s) to represent me in the matter of obtaining a Tree Permit from the City of Key West for my property at the tree address above listed. You may contact me at the telephone listed above is there is any questions or need access to my property.

Property Owner Signature *David Swiderski*

The forgoing instrument was acknowledged before me on this 29 day April.

By (Print name of Affiant) David Swiderski who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: *Corrie May* Notary Public - State of Florida (seal)

Print Name: Corrie May

My Commission Expires:

