

# STAFF REPORT

DATE: June 26, 2019

RE: **1212 Varela Street (permit application # T2019-0229)**

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

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

**Tree Species: Autograph (Clusia rosea)**



Photo of Autograph tree.



Photo of autograph tree canopy view 1.



Photo of autograph tree canopy view 2.



Photo of Autograph tree-close to house view 1.



Photo of Autograph tree trunks view 1.



Photo of Autograph tree-canopy view 3.



Photo of Autograph tree-close to house view 2.



Photo of Autograph tree trunks view 2.



Photo of Autograph tree trunks close up.





Photo of Autograph tree showing aerial roots and trunk structure.



Photo of Autograph tree canopy view 4.

Diameter: 28.9"

Location: 60% (at least one trunk close to structure/roof, small growth area-this is a large, tall tree with spread out canopy that needs space for aerial roots to properly support canopy)

Species: 100% (on protected tree list)

Condition: 50% (part of tree damaged in Hurricane Irma and removed. Canopy has branches that are heavy with leaves-branches breaking off canopy, main structure is a mixture of main trunks and aerial roots-does not have one main trunk)

Total Average Value = 70%

**Value x Diameter = 20.2 replacement caliper inches**

Note: Property owner was given permission to trim canopy to remove weight due to concerns of falling branches

# **Additional Information**

## Karen DeMaria

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**From:** eb eb-realty.com <eb@eb-realty.com>  
**Sent:** Satu relay, June 8, 2019 9:34 PM  
**To:** Karen DeMaria  
**Cc:** eb eb-realty.com  
**Subject:** 1212 Varela



Photo of tree crotch in canopy.



Photo of tree canopy



Closeup photo of tree canopy, view 1.



Close up photo of tree canopy, broken branch area.



Close up photo of tree canopy, view 2.





Close up photo of tree canopy, view 3.

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# Application

RECEIVED  
MAY 14 2019  
MT



2019-0229

# Tree Permit Application

Date: 5-14-19

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 1212 Vavela St.  
**Cross/Corner Street** United St.  
**List Tree Name(s) and Quantity** 1 Autograph tree  
**Species Type(s) check all that apply** ( ) Palm ( ) Flowering ( ) Fruit (X) Shade ( ) Unsure  
**Reason(s) for Application:**

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

**Other/Explain** The tree was badly damaged during Irma what's left of the canopy is extremely unbalanced and poses a serious threat to the house the next time we get some big winds.  
**Reason for Request**

**Property Owner Name** Southernmost Holdings Property Management LLC  
**Property Owner eMail Address** EB@EB-Realty.com  
**Property Owner Mailing Address** 1212 Vavela St.  
**Property Owner Mailing City** Key West **State** FL **Zip** 33040  
**Property Owner Phone Number** (305) 923-1047  
**Property Owner Signature**

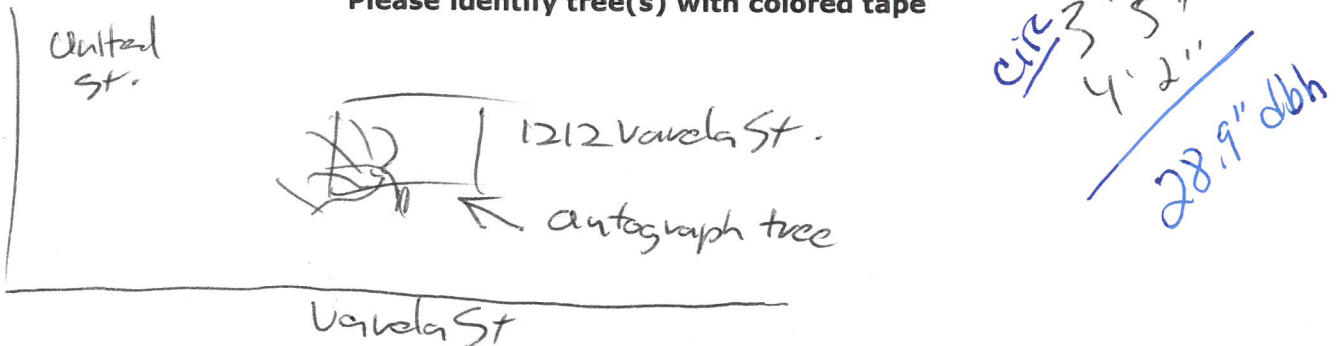
**Representative Name** Kenneth King  
**Representative eMail Address**  
**Representative Mailing Address** 1602 Laurel St.  
**Representative Mailing City** Key West **State** FL **Zip** 33040  
**Representative Phone Number** (305) 296-8101

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.

MAY 14 2019  
BY: NLH



### Tree Representation Authorization

Date: 5-3-19

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 1212 VANOLA ST Key West 33040

Property Owner Name Southernmost Holiday Property Management Inc

Property Owner eMail Address EBO@b- Realty.com

Property Owner Mailing Address 1212 VANOLA ST Key West FL 33040

Property Owner Mailing City Key West State FL Zip 33040

Property Owner Phone Number 805-1933-1047

Property Owner Signature [Signature]

Representative Name Kenneth King

Representative eMail Address \_\_\_\_\_

Representative Mailing Address 1602 Leeward St.

Representative Mailing City Key West State FL Zip 33040

Representative Phone Number (305) 586-9401

I Elizabeth Birmingham, 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 [Signature]

The forgoing instrument was acknowledged before me on this 3 day May.

By (Print name of Affiant) D. Elizabeth Birmingham who is personally known to me or has produced FDL as identification and who did take an oath.

#### NOTARY PUBLIC

Sign Name: Cindy Church Notary Public - State of Florida (seal)

Print Name: CINDY CHURCH

My Commission Expires:

