

# STAFF REPORT

DATE: August 25, 2015

RE: **3740 Duck Avenue (permit application # T15-7526)**

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

An application was received for the removal of **(1) Strangler Fig tree**. A site inspection was done on August 14, 2015 and documented the following:

1. Tree Species: Strangler Fig (*Ficus aurea*)

Ficus tree











Diameter: 14.3" (multi trunked)

Location: 20% (tree is growing on the root ball of two date palms-  
"strangling")

Species: 100% (on protected tree list)

Condition: 30% (poor-not presently a true tree, enveloping the root ball  
and trunks of two date palms. Lots of structural roots in the ground.)

Total Average Value = 50%

**Value x Diameter = 7 replacement caliper inches**

**Recommendation: Recommend approval of the removal of one (1)  
Strangler Fig tree at 3740 Duck Avenue to be replaced with 7  
caliper inches of dicot or fruit trees from approved list, FL#1, to be  
planted onsite.**

# Application



7546

# Tree Permit Application

Date: 8-7-15

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 3740 DUCK AVE  
**Cross/Corner Street** 20<sup>th</sup> STREET  
**List Tree Name(s) and Quantity** STRANGLER FIG  
**Species Type(s) check all that apply** ( ) Palm ( ) Flowering ( ) Fruit  Shade  Unsure  
**Reason(s) for Application:**

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

**Other/Explain** KILLING HOST DATE PALM (MATURE)

**Reason for Request** ROOTS INVASIVE TO HOUSE FOUNDATION AND ADJACENT NEIGHBORS POOL. OVER SHADING YARD, TREES PLANTINGS

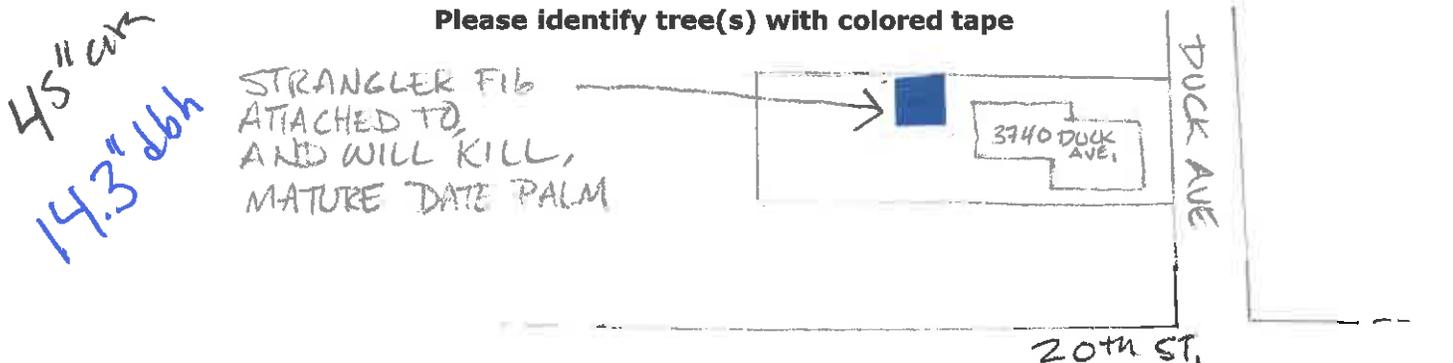
**Property Owner Name** CHRISTOPHER SANTORO  
**Property Owner eMail Address** SANLAK@AOL.COM  
**Property Owner Mailing Address** 3740 DUCK AVE  
**Property Owner Mailing City** KEY WEST State FL Zip 33040  
**Property Owner Phone Number** (912) 398-5136  
**Property Owner Signature** Christopher Santoro

**Representative Name** \_\_\_\_\_  
**Representative eMail Address** \_\_\_\_\_  
**Representative Mailing Address** \_\_\_\_\_  
**Representative Mailing City** \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**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.  
 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.