

STAFF REPORT

DATE: March 27, 2018

RE: **528 William Street (permit application # T18-8926)**

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

An application was received requesting the removal of **(1) Pigeon Plum tree**. A site inspection was done on February 22 and March 27, 2018 and documented the following:

Tree Species: Pigeon Plum (*Cocoloba diversifolia*)









03/27/2018



03/27/2018





02/22/2018



Diameter: 7"

Location: 20% (canopy sitting on roof)

Species: 100% (on protected tree list)

Condition: 50% (fair-healthy tree with a lean into house)

Total Average Value = 56%

Value x Diameter = 3.9 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Pigeon Plum tree at 528 William Street to be replaced with 3.9 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application

RECEIVED
MAR 20 2018
BY: MCM



canopy
REMOVAL

8926

need access

Tree Permit Application

Date: 3-21-2018

Please Clearly Print All Information unless indicated otherwise.

Tree Address 528 William St.
Cross/Corner Street Southard St.
List Tree Name(s) and Quantity 1 Pigeon Plum
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 The tree partially uprooted and got bent pretty badly during Hurricane Irma and now its laying on the house.

Reason for Request

Property Owner Name Don Mance
Property Owner eMail Address southardmstchief@gmail.com
Property Owner Mailing Address 350 NW Lakewood Blvd.
Property Owner Mailing City Summit **State** MO **Zip** 64064
Property Owner Phone Number (816) 550-2751
Property Owner Signature

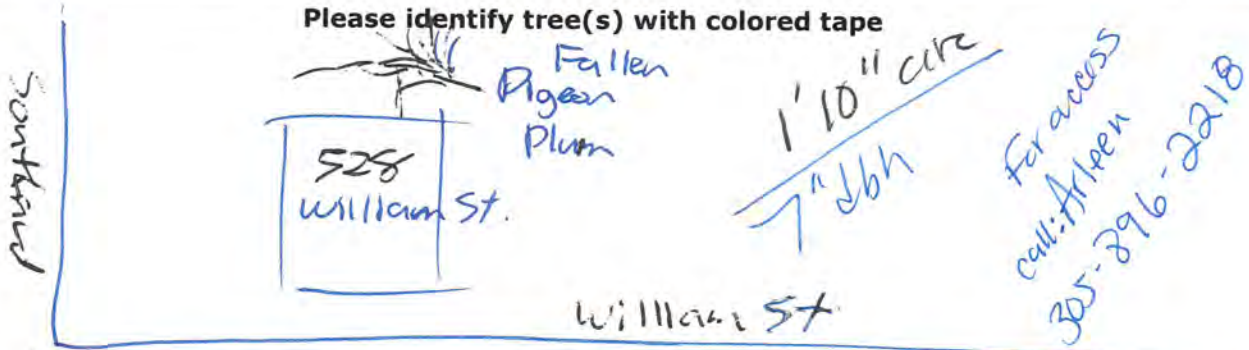
Representative Name Kenneth King
Representative eMail Address
Representative Mailing Address 1602 Laurel St.
Representative Mailing City Key West **State** FL **Zip** 33040
Representative Phone Number (305) 296-8101

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.



Tree Representation Authorization

Date: 3-9-18

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 528 William St

Property Owner Name Don Munce

Property Owner eMail Address 509 thernmostchief@gmail.com

Property Owner Mailing Address 350 NW Lakewood Blvd

Property Owner Mailing City Lees Summit State MO Zip 64064

Property Owner Phone Number (816) 550-2751

Property Owner Signature [Signature]

Representative Name Kenneth King

Representative eMail Address _____

Representative Mailing Address 1602 Laird St

Representative Mailing City Key West State FL Zip 33040

Representative Phone Number (305) 296-8101

I Don Munce, 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 9th day March 2018

By (Print name of Affiant) Don Munce who is personally known to me or has produced Florida DL as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: [Signature]

Print Name: Beth Cleveland

My Commission Expires: 04-09-2021

Notary Public - State of Florida (seal)



BETH CLEVELAND
My Commission Expires
April 9, 2021
Jackson County
Commission #17424142