

STAFF REPORT

DATE: June 26, 2019

RE: **1227 Washington Street (permit application # T2019-0262)**

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

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

Tree Species: Mahogany (Swietenia mahagoni)



Street view photo of property and tree.



Photo of tree, view 1.



Photo of tree trunk, view 2.



Photo of tree
canopy view 2a.



Photo of tree
canopy, view 2b.



Photo of tree trunk and canopy, view 1a.



Photo of tree trunk and canopy, view 1b.



Close up photo of tree trunk, view 1.



Close up photo of tree trunk and decay, view 1a.



Close up photo of tree trunk and decay, view 1b.



Close up of tree crotch area, view 2a.



Close up of tree crotch area, view 2b.



Close up of tree crotch area, view 2c.



Close up of tree crotch area, view 2d.



Close up of tree crotch area and cracking of bark in trunk, view 2e.



Close up of trunk bark crack area.



Photo of base of tree.

Diameter: 24.8"

Location: 90% (front yard tree)

Species: 100% (on protected tree list)

Condition: 30% (very poor, lopsided tree with major decay, crack in main trunk)

Total Average Value = 73%

Value x Diameter = 18.1 replacement caliper inches

Tree Species: Barbados Cherry (Malpighia glabra)



Lignum
vitae tree
to remain

Photo of whole tree, view 1.



Photo of tree canopy.



Photo of whole tree, view 2.

Diameter: 7.6"

Location: 50% (root issues with structures-fence and carport, originally also issues with branches on roof, located in small area)

Species: 50% (not on protected or not protected tree list)

Condition: 80% (good, multi-trunked tree)

Total Average Value = 60%

Value x Diameter = 4.5 replacement caliper inches

Total replacement value for both trees if both removed:

Mahogany tree = 18.1"

Cherry tree = 4.5"

22.6"

Application

RECEIVED
MAY 31 2019
100



Canopy
removed

T2019-0262

Tree Permit Application

Date: 5/22/19

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1221 Washington St
Cross/Corner Street _____
List Tree Name(s) and Quantity 1 Mahogany 1 Barbados Cherry
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

Additional Information and Explanation Mahogany has large areas of Decay
Barbados Cherry is in the way of
future land use

Property Owner Name Tim Mitchell
Property Owner eMail Address tim4auto@hotmail.com
Property Owner Mailing Address 1420 Grindelwald Drive
Property Owner Mailing City Keyersville State NC Zip 27284
Property Owner Phone Number (336) 978-6957
Property Owner Signature _____

Representative Name John Cole Shade Tree Inc
Representative eMail Address shadetreeservices@yahoo.com
Representative Mailing Address PO Box 1341
Representative Mailing City Key West State FL Zip 33041
Representative Phone Number (305) 340-8094

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

24" circ 7.6" dbh
X Barbados Cherry to be Removed
tagged with green Ribbon
Home
6'6" circ 24.8" dbh
X Mahogany to be Removed
tagged with Green Ribbon

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: 5/22/19

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 1227 Washington St

Property Owner Name Tim Mitchell
Property Owner eMail Address +1M4AUTO@HOTMAIL.COM
Property Owner Mailing Address 1420 Grindelwald Drive
Property Owner Mailing City Kennesville State NC Zip 27284
Property Owner Phone Number (336) 978-6957
Property Owner Signature [Signature]

Representative Name John Cole Shade Tree Tree
Representative eMail Address ShadeTreeServices@yahoo.com
Representative Mailing Address PO Box 1341
Representative Mailing City Key West State FL Zip 33041
Representative Phone Number (305) 340-8094

I Timothy Mitchell, 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 _____ day _____.

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

NOTARY PUBLIC

Sign Name: M. Holly Booton

Print Name: M. Holly Booton

My Commission Expires: 12-26-21

Notary Public - State of Florida (seal)



MARJORIE HOLLY BOOTON
Commission # GG 151778
Expires December 26, 2021
Bonded Thru Budget Notary Services