STAFF REPORT

DATE: November 18, 2021

RE: 1321 Simonton Street (permit application # T2021-0372)

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

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

Tree Species: Starburst (Clerodendrum quadriloculare)



Photo showing location of tree, in parking lot planter area.

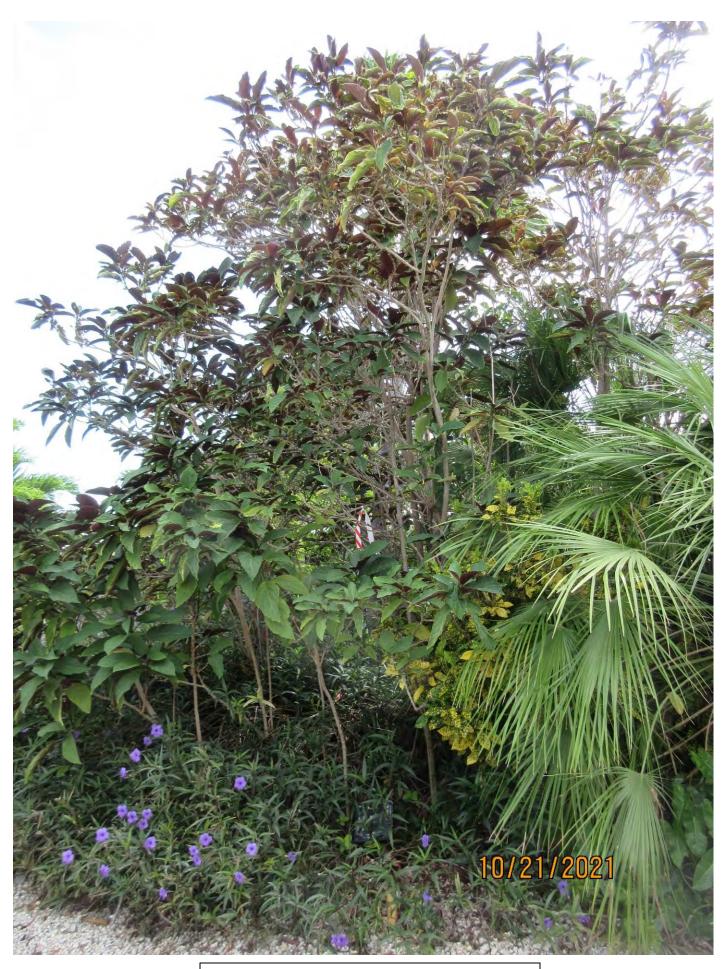




Two photos showing location of tree, different views.



Photo of entire tree. There are several smaller starburst sapling trees around subject tree.



Another view of entire tree and adjacent saplings.



Photo showing trunk of subject tree, view 1.

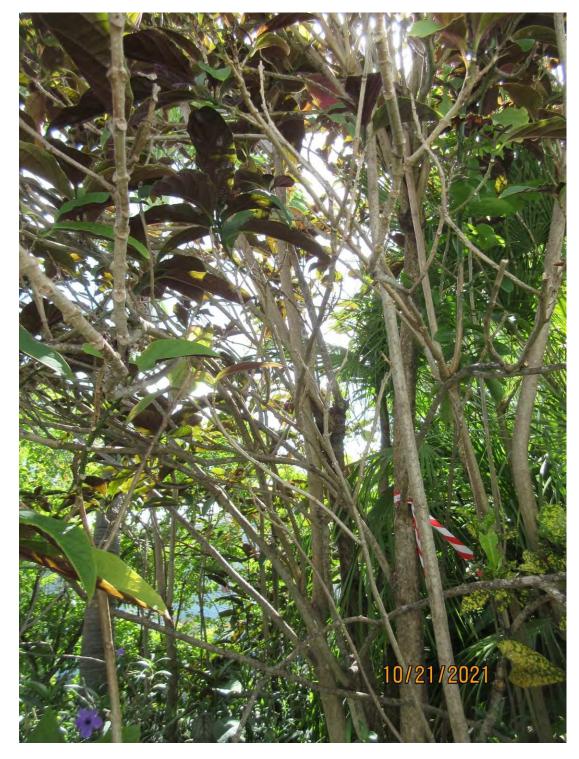


Photo showing trunks of tree, view 2.

Diameter: 6" (multiple trunks)

Location: 70% (growing in a parking lot planter with other plants)

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

Condition: 60% (overall condition is fair, multi trunked, shrubby tree)

Total Average Value = 60%

Value x Diameter = 3.6 replacement caliper inches

NOTE: entire parking lot planter to be removed to expand parking area for motel.

Application



C-T2021-03721 P-T2021-03737

Tree Permit Application

Please Clearly Print All Informa	ation unless indicated otherwise. Date: 11-7-202
Tree Address	1321 SImontan St.
Cross/Corner Street	South St.
List Tree Name(s) and Quantity	1 Starburst tree 1 alexander Palm
Species Type(s) check all that apply	(A) Palm (X) Flowering () Fruit () Shade () Unsure
Reason(s) for Application:	
(x) Remove	() Tree Health () Safety (x) Other/Explain below
() Transplant	() New Location () Same Property () Other/Explain below
() Heavy Maintenance Trim	() Branch Removal () Crown Cleaning/Thinning () Crown Reduction
Additional Information and	The Student tice is the also protected decideous tree
Explanation _	a a clump of an protected donthas which must be deared
13	make the parkly area blace to along to DI
	of to rait appears.
Property Owner Name	Melsal Holdings FL-1321 Simentin acc
Property Owner email Address	
Property Owner Mailing Address	1321 Simonton St.
Property Owner Phone Number	305-304-0663
Property Owner Signature	
Representative Name	Kamoth Khay Fep from an file i
Representative email Address	0520-150ST
Representative Mailing Address	1602 Land St.
Representative Phone Number	305-30-296-801
NOTE: A Tree Representation Authoriz	ation 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 atta Sketch location of tree in this area incl	ached ()
Please identify tree(s) with colored ta	duing cross/corner Street
(4)	
1321 Startages	Seeth St " John
Simonto	γSt .

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

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 **Property Owner Name** Property Owner Mailing Address Property Owner Mailing City, State, Zip **Property Owner Phone Number Property Owner email Address Property Owner Signature** Representative Name Representative Mailing Address Representative Mailing City, State, Zip Representative Phone Number Representative email Address 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** The forgoing instrument was acknowledged before me on this day By (Print name of Affiant) James Hememan who is personally known to me or has produced as identification and who did take an oath. **Notary Public** Sign name: Print name: 2024 My Commission expires: Notary Public-State of



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