

STAFF REPORT

DATE: June 17, 2014

RE: 509 South Street (permit application # 6958)

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

An application was received for the removal of **(1) Spanish Lime tree**. A site inspection was done on June 17, 2014 and documented the following:

Tree Species: Spanish Lime (*Melicoccus bijugatus*)



Diameter: 51.5" (2 trunks covered in vines)

Location: 50% (on property line, backyard tree, deck issues with roots, growing in a raised planter area surrounded by a deck)

Species: 100% (on protected tree list)

Condition: 60% (fair-canopy misshaped due to trimming by adjacent property owner, covered in vines)

Total Average Value = 70%

Value x Diameter = **36 replacement caliper inches**

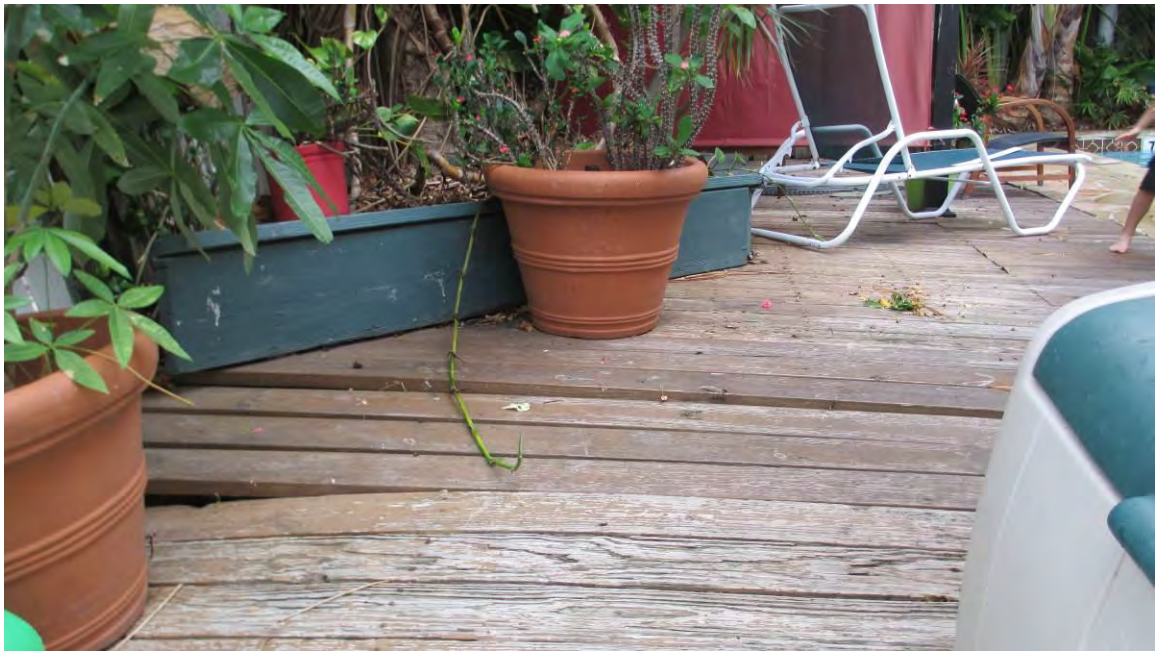






Tree location





Application

done for me ✓



JUN 2014
KS

6958

Tree Permit Application

Date: 6/18/14

Please Clearly Print All Information unless indicated otherwise.

Tree Address 509 South Street
Cross/Corner Street Between Duval And Simmon St
List Tree Name(s) and Quantity ONE SPANISH LIME
Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade (X) Unsure
Reason(s) for Application:
(X) REMOVE () Tree Health (X) Safety () Other/Explain below
(X) TRANSPLANT () New Location (X) Same Property () Other/Explain below
() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction
Other/Explain The roots are lifting our deck
Extreme, pool in danger House pipes
Reason for Request Extreme Safety
Property Owner Name CRAIG FAZIO JOYCE Marie HW
Property Owner eMail Address casa key@aol.com
Property Owner Mailing Address 910 James St
Property Owner Mailing City Key West FL **State** FL **Zip** 33040
Property Owner Phone Number (305) 747-3397
Property Owner Signature

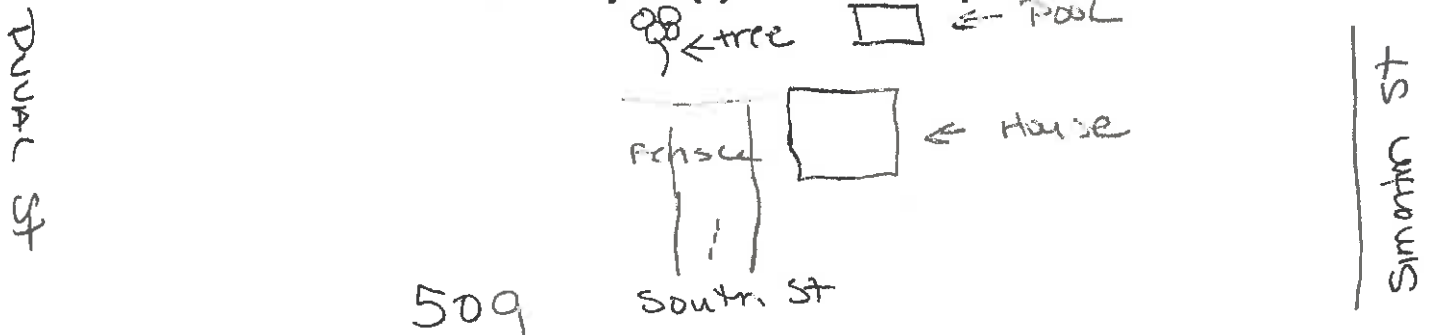
Representative Name DOT Palms
Representative eMail Address dotpalms@comcast.net
Representative Mailing Address 5200 Overseas Highway
Representative Mailing City Marathon FL **State** FL **Zip** 33050
Representative Phone Number (305) 743-3090

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: 6/13/14

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 509 South STREET

Property Owner Name FAZIO CRAIG MOORE JOYCE
Property Owner eMail Address casa key@aol.com
Property Owner Mailing Address 910 JAMES ST
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 797-3396
Property Owner Signature _____

Representative Name DOT PALMS
Representative eMail Address dotpalm@comcast.net
Representative Mailing Address 5200 OVERSEAS HIGHWAY
Representative Mailing City INARATRON State FL Zip 33050
Representative Phone Number (305) 743-3090

I CRAIG R FAZIO, 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 if there is any questions or need access to my property.

Property Owner Signature [Signature]
The forgoing instrument was acknowledged before me on this 13th day June 2014.

By (Print name of Affiant) Craig R Fazio who is personally known to me or has produced FLDL E2001166106040 as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Christee Mattingly

Print Name: Christee Mattingly

My Commission Expires: 11-27-15

Notary Public - State of Florida (seal)

