

STAFF REPORT

DATE: June 19, 2014

RE: 400 Front Street/Hogs Breath Saloon (permit application #6961)

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

An application was received for the removal of **(1) Rubber tree**. A site inspection was done on June 19, 2014 and documented the following:

Tree Species: Rubber Tree (*Ficus elastica*)



Existing strangler
fig tree to remain

Tree to be
removed

Diameter: $30.8'' - 24'' = 6.8''$ regulated

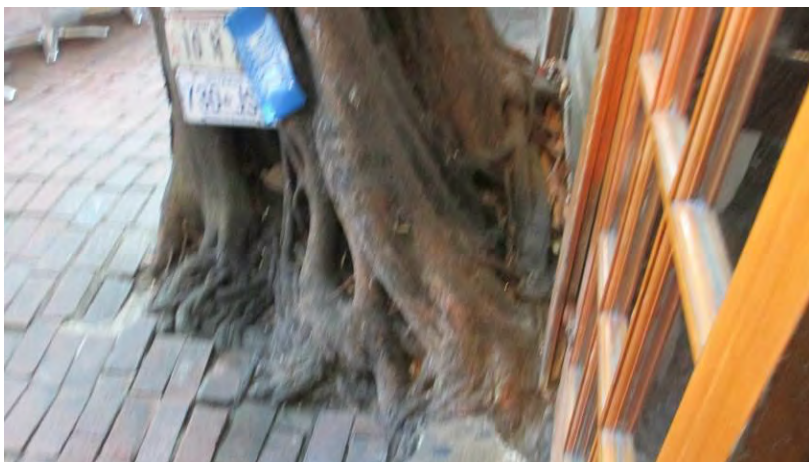
Location: 40% (in the center of the bar area, roots under brick causing safety issues)

Species: 0 % (on not protected tree list)

Condition: 50% (fair to poor, large canopy but no aerial root structure to support large trunks, some trunks with evidence of disease and decay, oozing sap)

Total Average Value = 30%

Value x Diameter = **2 replacement caliper inches**



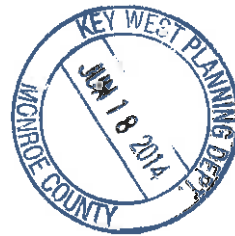






Recommendations: Recommend approval of the removal of (1) Rubber tree located at 400 Front Street, to be replaced with 2 caliper inches of FL#1 native dicot or fruit trees.

Application



6961

Tree Permit Application

Date: 6-17-14

Please Clearly Print All Information unless indicated otherwise.

Tree Address 400 FRONT STREET
Cross/Corner Street DUVAL
List Tree Name(s) and Quantity (1) FICUS ELASTICA - RUBBER TREE
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 ROOTS ARE PUSHING UP FLOOR - CREATING A
TRIP HAZARD. CANOPY EXTENDS OVER BUILDING,
Reason for Request IS WITHOUT SUPPORTING BUTTRESS ROOTS, AND IS
DIFFICULT AND COSTLY TO MAINTAIN.

Property Owner Name LOVE MIVE MARKER I, LLC. (HOLIS BREATH)
Property Owner eMail Address jhandelsman@loverealtygroup.com
Property Owner Mailing Address PO Box 28 Gedney Station
Property Owner Mailing City White Plains State NY Zip 10605
Property Owner Phone Number (914) 761-8880
Property Owner Signature _____

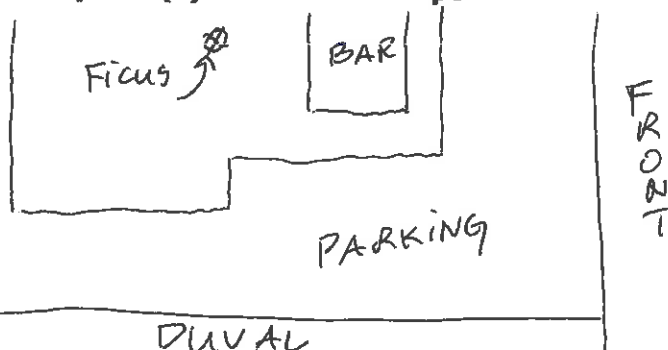
Representative Name NATIVE LANDSCAPE DESIGN
Representative eMail Address nativelandscape@comcast.net
Representative Mailing Address PO Box 2847
Representative Mailing City KW State FL Zip 33045
Representative Phone Number (305) 393-5028

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.

From: Love Realty Management Corp.

914 428 2145

06/10/2014 09:23

#656 P.001/001

06/09/2014 12:16

3852928472

HOG'S BREATH SALOON

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Tree Representation Authorization

Date: June 9th 2014

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 Hog's Breath Saloon - 400 Front StreetProperty Owner Name Love Mile Marker I, LLCProperty Owner eMail Address dhandelman@lovemilemarker.comProperty Owner Mailing Address P.O. Box 28, Gateway StationProperty Owner Mailing City White Plains State NY Zip 10605Property Owner Phone Number (914) 761-5850

Property Owner Signature _____

Representative Name NATIVE LANDSCAPE DESIGNRepresentative eMail Address nativelandscape@comcast.netRepresentative Mailing Address P.O. Box 2847Representative Mailing City KW State FL Zip 33045Representative Phone Number (305) 393-5026

I, Steven Handelman, 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 _____

The forgoing instrument was acknowledged before me on this 9th day of June, 2014.

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

NOTARY PUBLIC

Sign Name: Deborah D. HandelmanNotary Public - State of New York (seal)Print Name: Deborah D. Handelman

My Commission Expires: _____

DEBORAH D. HANDELMAN
Notary Public, State of New York
No. 01946078651
Qualified in Westchester County
Commission Expires May 27, 2015