

STAFF REPORT

DATE: July 17, 2014

RE: 1019 Flagler Avenue (permit application #6971)

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

An application was received for the removal of **(1) Royal Poinciana tree and (2) Gumbo Limbo trees**. A site inspection was done on July 7, 2014 and documented the following:



1. Tree Species: Royal Poinciana (*Delonix regia*)









Tree appears to have been damaged by demolition work.

Diameter: 18.5"

Location: 60% (Close to property line fence, roots in neighbors yard-not sure of impact)

Species: 100% (on protected tree list)

Condition: 60% (fair-old nail items have been put into tree, some recent damage on a tree branch)

Total Average Value = 73%

Value x Diameter = **13.5"**
replacement caliper inches

2. Tree Species: Gumbo Limbo (*Bursera simaruba*)





Tree appears to have been
damaged during demolition work





Tree appears to have been damaged during demolition work on property



Diameter: 19.4"

Location: 80% (not into the utility lines, set back from the sidewalk area)

Species: 100% (on protected tree list)

Condition: 70% (fair, assessment does not include some recent damage to base of trunk and large branch)

Total Average Value = 83%

Value x Diameter = **16 replacement caliper inches**

3. Tree Species: Gumbo Limbo (*Bursera simaruba*)





Diameter: 14.6"

Location: 80% (not into the utility lines, set back from the sidewalk area)

Species: 100% (on protected tree list)

Condition: 70% (fair)

Total Average Value = 83%

Value x Diameter = **12 replacement caliper inches**

NOTE: Two of the trees were damaged during clearing/demolition on the site.

Recommendations: Recommend denial of the application to remove the trees (Sec 110-328 #2).



Google Earth photos (photos of property before demolition work)



Existing photos-looking at the property line area with 1015 Flagler. Large Spanish Lime trees in front.



Existing back yard area.



Application

6-19-14
TC
August 2014
KW



AGENDA ITEM #

6971

City of Key West Tree Commission

Tree Permit Application

PO Box 1409
Key West, FL 33040
Phone: 305-809-3764
Fax: 305-809-3978

Home/Property Owner: MR LAWRENCE CARROLL Date: 06/11/14

Mailing Address: P.O. BOX 906, KEY WEST, FL 33041

Owner Signature: [Signature] Owner Ph#: ()

Represented by: LARRY BUSOFF Rep. Ph#: () 304-1581

Represented by mailing address: 410 AVE C, KW, FL 33040

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.

A letter of representation from the owner must accompany this application if the owner is unable to attend.

Letter of Representation (X)

Tree(s) Address: 1019 FASLER Cross/Corner Street: WILSON
Common Name(s): 2 GUMBO LIMBOS Scientific Name(s): 1. DELONIX REGIA
2. ROYAL POINCIANA 2. BURSERA SIMARUBA

Species Type(s) (check all that apply): () Palm () Flowering () Fruit () Shade

Reason(s) for Application (check all that apply):

- | | | |
|---|---------------------|-----------------------------|
| <input checked="" type="checkbox"/> REMOVE | () TRANSPLANT | () HEAVY MAINTENANCE |
| <input checked="" type="checkbox"/> Tree Health | () New Location | () Branch Removal |
| () Safety | () Same Property | () Crown Cleaning/Thinning |
| () Other / Explain | () Other / Explain | () Crown Reduction |

Reason(s) for request:

THE LARGER GUMBO LIMBO HAS SOME POOR ATTACHMENTS & SOME INCLUDED BARK. SMALLER ONE HAS POOR FORM & INCLUDED BARK
THE POINCIANA GREW THRU A BUILDING & HAS SOME ROOT TROUBLE FROM DEMOLITION.

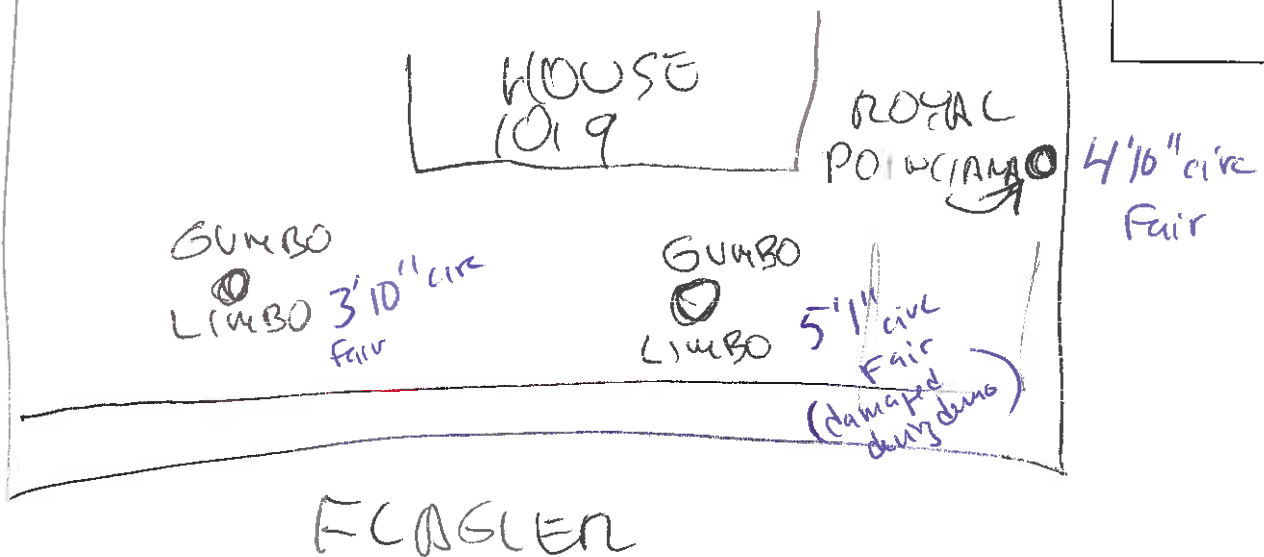
Replacement plant material must be Florida Grade #1. Replacement of a palm with a native palm is required. Replacement of a canopy tree with a native canopy tree is required. If you need assistance with replacements, please call the Landscape Department at 305-809-3764.

7-7-14
KD

<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

Provide access for viewing tree(s) prior to meeting
Identify tree(s) with colored tape

AGENDA ITEM #



Tree Species _____

Circumference _____ $\div 3.14$ = diameter _____

Location _____ % Species _____ % Condition _____ % Total Average Value _____ %

Avg. value _____ X _____ Diameter _____ = _____

Replacement Inches

LOCATION: OLD CITY HALL, 510 GREENE STREET, 5:00 p.m.

FOR TREE COMMISSION USE ONLY.

() TABLED () APPROVED () DENIED () FURTHER ACTION

COMMENTS: _____

CHAIRPERSONS SIGNATURE/DATE

City Engineer comments if required: _____

ENGINEER'S SIGNATURE/DATE



Tree Representation Authorization

Date: JUNE 13, 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 1019 Flagler St

Property Owner Name Lawrence Carter

Property Owner eMail Address _____

Property Owner Mailing Address PO BOX 906 Key West FL 33041

Property Owner Mailing City _____ State _____ Zip _____

Property Owner Phone Number (305) 942-6871

Property Owner Signature _____

Representative Name LARRY BUSLOFF

Representative eMail Address LARRYBUSLOFF@YAHOO.COM

Representative Mailing Address 410 AV. C, KW FL

Representative Mailing City _____ State FL Zip 33040

Representative Phone Number (305) 304-1581

I LARRY CARTER, 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 are any questions or need access to my property.

Property Owner Signature [Signature]

The forgoing instrument was acknowledged before me on this JUN day 13, 2014.

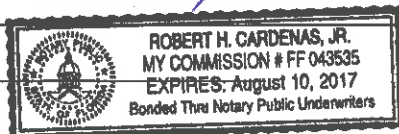
By (Print name of Affiant) LARRY CARTER who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: [Signature] Notary Public - State of Florida (seal)

Print Name: _____

My Commission Expires: _____



Property Information

Address: 1019 FLAGLER AVE
KEY WEST, FL 33040
Location ID: 16511
Owner name: DELONG GREGORY A
RE #/PARCEL #/TAX ID etc: 0003-8950-000000-
Previous utility acct #: 1039691.00
Zoning: SF SINGLE FAMILY UNITS
Subdivision:

Application Information

Application status: PERMIT PRINTED
Status Date: 5/01/2014
Application type: HARC APPLICATION - BUILDING
Application date: 3/03/2014
Valuation: 0
Square footage: 0
Public building: NO
Reviewed by: CW CAROLYN WALKER
Pin number: 864800
Entered by: KEYWJOB

HARC

Contractor Information

Contractor Name: TRADEWINDS CONSTRUCTION LLC
Contractor Number: 14-00026948
Type: CONTRACTOR - CERT BU
Status: ACTIVE

Contractor Requirements	Doc Number	Exp Date
WORKERS COMP INSURANCE	NOT NEEDED	12/31/2020
GENERAL LIABILITY INSURANCE	3DQ4073	8/11/2014
STATE LICENSE	CBC027021	8/31/2014
CITY REGISTRATION EXPIRATION	NOT REQ	12/31/2020
WORKER'S COMP EXEMPTION	CARDENAS, ROBER	4/29/2016

Outstanding Inspections

Type	Insp ID	Schedule Date	Confirmation Number	Permit Description	Pmt Seq	Min	Max
------	---------	---------------	---------------------	--------------------	---------	-----	-----

No outstanding inspections exist

Work Description

Code	Description	Quantity
------	-------------	----------

CO Information

Str/seq	CO Issue Date	Status	Description
---------	---------------	--------	-------------

Property Information

Address: 1019 FLAGLER AVE
KEY WEST, FL 33040
Location ID: 16511
Owner name: DELONG GREGORY A
RE #/PARCEL #/TAX ID etc: 0003-8950-000000-
Previous utility acct #: 1039691.00
Zoning: SF SINGLE FAMILY UNITS
Subdivision:

Application Information

Application status: PERMIT PRINTED
Status Date: 5/07/2014
Application type: RENOVATION, ADDITION, CONVERSION: RESIDENTIAL
Application date: 4/14/2014
Valuation: 12000
Square footage: 0
Public building: NO
Reviewed by: CW CAROLYN WALKER
Pin number: 265538
Entered by: KEYWMXC

Building

Contractor Information

Contractor Name: TRADEWINDS CONSTRUCTION LLC
Contractor Number: 14-00026948
Type: CONTRACTOR - CERT BU
Status: ACTIVE

Contractor Requirements	Doc Number	Exp Date
WORKERS COMP INSURANCE	NOT NEEDED	12/31/2020
GENERAL LIABILITY INSURANCE	3DQ4073	8/11/2014
STATE LICENSE	CBC027021	8/31/2014
CITY REGISTRATION EXPIRATION	NOT REQ	12/31/2020
WORKER'S COMP EXEMPTION	CARDENAS, ROBER	4/29/2016

Outstanding Inspections

Type	Insp ID	Schedule Date	Confirmation Number	Permit Description	Pmt Seq	Min	Max
No outstanding inspections exist							

Work Description

Code	Description	Quantity
------	-------------	----------

CO Information

Str/seq	CO Issue Date	Status	Description
---------	---------------	--------	-------------

Business Information

Name:	TRADEWINDS CONSTRUCTION LLC
Business address:	917 EATON ST 919 KEY WEST FL 33040
Mailing address:	917 EATON ST 919 KEY WEST FL 33040
Business phone:	(305) 304-8292
Emergency phone:	0
Status:	ACTIVE
C2G account ID	

Other Business Information

Location ID:	9967
Date opened:	5/02/2012
Federal tax ID:	205028428
Type of ownership:	CORPORATION
Type of business:	
Contractor flag:	Y
Status date:	5/02/2012
Email renewals:	NO
Total amount due:	.00
Email address:	

Business Owner

Owner:	TRADEWINDS CONSTRUCTION, LLC
Address:	
Phone:	0
Email address:	

Property Information

Address: 1019 FLAGLER AVE
KEY WEST, FL 33040
Location ID: 16511
Owner name: DELONG GREGORY A
RE #/PARCEL #/TAX ID etc: 0003-8950-000000-
Previous utility acct #: 1039691.00
Zoning: SF SINGLE FAMILY UNITS
Subdivision:

Application Information

Application status: PERMIT PRINTED
Status Date: 5/01/2014
Application type: DEMOLITION - NONRESIDENTIAL STRUCTURE
Application date: 4/17/2014
Valuation: 2700
Square footage: 0
Public building: NO
Reviewed by: CW CAROLYN WALKER
Pin number: 618840
Entered by: KEYWGRC

Contractor Information

Contractor Name: TRADEWINDS CONSTRUCTION LLC
Contractor Number: 14-00026948
Type: CONTRACTOR - CERT BU
Status: ACTIVE

Contractor Requirements	Doc Number	Exp Date
WORKERS COMP INSURANCE	NOT NEEDED	12/31/2020
GENERAL LIABILITY INSURANCE	3DQ4073	8/11/2014
STATE LICENSE	CBC027021	8/31/2014
CITY REGISTRATION EXPIRATION	NOT REQ	12/31/2020
WORKER'S COMP EXEMPTION	CARDENAS, ROBER	4/29/2016

Outstanding Inspections

Type	Insp ID	Schedule Date	Confirmation Number	Permit Description	Pmt Seq	Min	Max
No outstanding inspections exist							

Work Description

Code	Description	Quantity
------	-------------	----------

CO Information

Str/seq	CO Issue Date	Status	Description
---------	---------------	--------	-------------

Demo