

STAFF REPORT

DATE: July 17, 2014

RE: 904 Flagler Ave (permit application # 6972)

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

An application was received for the removal of **(1) Avocado tree**. A site inspection was done on July 7, 2014 and documented the following:

Tree Species: Avocado (*Persea americana*)



Diameter: 14"

Location: 70% (close to fence, in back-side yard)

Species: 100% (on protected tree list)

Condition: 30% (poor, major decay along length of trunk)

Total Average Value: 67 %

Value x Diameter = **9.4 replacement caliper inches**













Recommendations: Recommend approval of the removal of (1) Avocado tree located at 904 Flagler Avenue, to be replaced with 9.4 caliper inches of FL#1 native dicot or fruit tree.

Application



6972

Tree Permit Application

Date: June 18, 2014

Please Clearly Print All Information unless indicated otherwise.

Tree Address 904 Flagler
Cross/Corner Street Reynolds
List Tree Name(s) and Quantity AVOCADO
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

Reason for Request

Property Owner Name

Property Owner eMail Address**Property Owner Mailing Address****Property Owner Mailing City****Property Owner Phone Number****Property Owner Signature**

Representative Name

Representative eMail Address

Representative Mailing Address

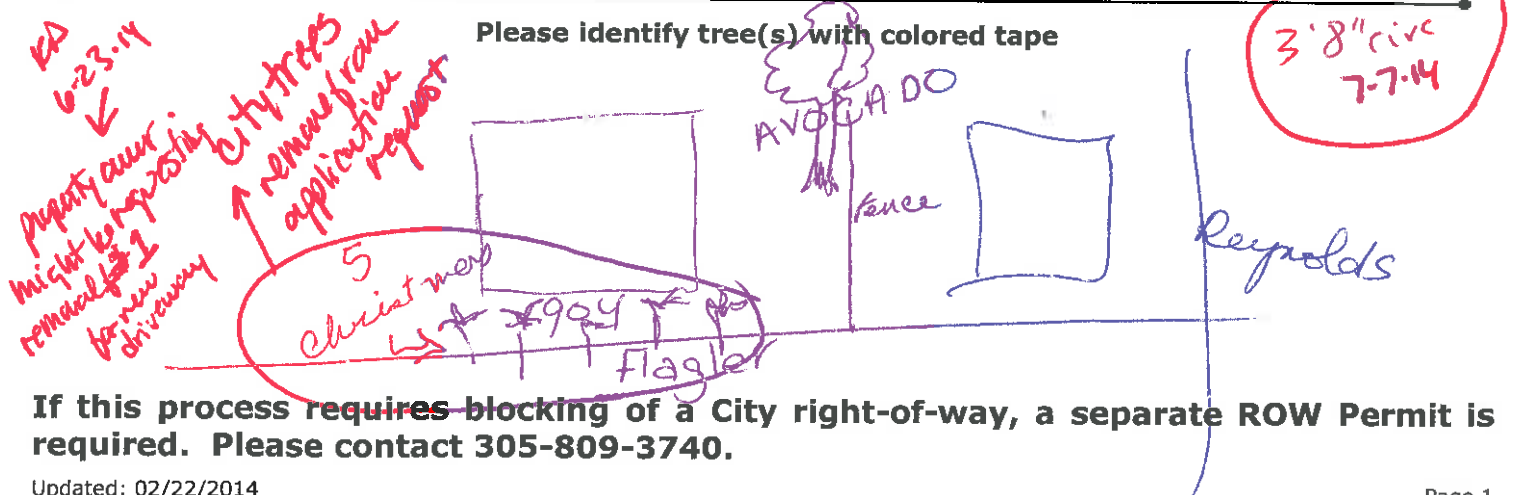
Representative Mailing City**Representative Phone Number**

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.



6973-C
6974-P

Tree Representation Authorization

Date: June 18, 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 904 Flagler

Property Owner Name John Hammond

Property Owner eMail Address jham@comcast.net

Property Owner Mailing Address 1107 Key Plz # 288

Property Owner Mailing City Key West State FL Zip 33040

Property Owner Phone Number (248) 769-3279

Property Owner Signature [Signature]

Representative Name Tarzan Tree Care

Representative eMail Address janesinglework@gmail.com

Representative Mailing Address 2297W Bluebird Lane

Representative Mailing City Cudjoe Key State FL Zip 33042

Representative Phone Number (305) 304-9303

I John Hammond, 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 20th day June 2014.

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

NOTARY PUBLIC

Sign Name: Daina D. Katsubi Notary Public - State of Florida (seal)

Print Name: _____

My Commission Expires: _____

