

STAFF REPORT

DATE: July 25, 2014

RE: 409 Grinnell Street (permit application #6999)

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

An application was received for the removal of **(1) Egg Fruit tree**. A site inspection was done on July 21, 2014 and documented the following:

Tree Species: Egg Fruit Tree (*Pouteria campechiana*)



Diameter: 11.5"

Location: 80% (in corner of back yard, plenty of room to grow)

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

Condition: 70% (fair to good)

Total Average Value = 66%

Value x Diameter = **7.6 replacement caliper inches**







1-x-mas palm rootball
(2 trunks) also to be
removed-growing in
egg fruit root area

Application

7-21-14
7-18-14
no access
FD



6999-C

7023 -palm

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: Tony Weil & Ann Orr Date: June 5, 2014

Mailing Address: 409 Grinnell Street

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

Represented by: Carl Gilley Rep. Ph#: () 304-1032

Represented by mailing address: 1207 Grinnell Street

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.

Pouteria campechiana Letter of Representation ()

Tree(s) Address: 409 Grinnell Street Cross/Corner Street: Elgin Lane

Common Name(s): Egg Fruit Tree Scientific Name(s): Pouteria campechiana

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

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

- | | | |
|---------------------|---------------------|-----------------------------|
| (X) REMOVE | () TRANSPLANT | () HEAVY MAINTENANCE |
| () Tree Health | () New Location | () Branch Removal |
| () Safety | () Same Property | () Crown Cleaning/Thinning |
| (X) Other / Explain | () Other / Explain | () Crown Reduction |

Reason(s) for request:

We would like to remove this non native tree. We are designing a new garden, pool & patio for this very small garden

7-21-14 1- xmas palm
to be removed - in root zone
of tree (egg fruit)

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.

Rev. Date: Dec 2007

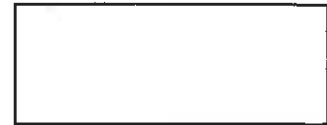


x-mas palm
to be removed

Side 1 of 2

3" circ

11.5 dbh



Tree Representation Authorization

Date: June 5, 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 409 Grinnell Street

Property Owner Name Ann Orr & Tony Weil

Property Owner eMail Address tweil@umich.edu

Property Owner Mailing Address 409 Grinnell St.

Property Owner Mailing City Key West State Fl. Zip 33040

Property Owner Phone Number (734) 487 - 3300 ex.2657

Property Owner Signature Ann C. Orr Tony Weil

Representative Name Carl Gilley

Representative eMail Address thrinaxinc@aol.com

Representative Mailing Address 1207 Grinnell Street

Representative Mailing City Key West State Fl. Zip 33040

Representative Phone Number (305) 304 - 1032

I Ann Orr or Tony Weil, 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 Ann C. Orr Tony Weil

The forgoing instrument was acknowledged before me on this _____ day _____.

By (Print name of Affiant) Ann C. Orr & Tony Weil who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Barbara A. Lindberg

Notary Public - State of Florida (seal)

Print Name: BARBARA A. LINDBERG

My Commission Expires: 02-16-2015

BARBARA A. LINDBERG
NOTARY PUBLIC, STATE OF FL
COUNTY OF WASHINGTON
MY COMMISSION EXPIRES Feb 16, 2015
ACTING IN COUNTY OF WASHINGTON

