STAFF REPORT

DATE: July 18, 2014

RE: 916 Seminary Street (permit application # 7002)

FROM: Karen DeMaria, Urban Forestry Manager,

City of Key West

An application was received for the removal **of (1) Sapodilla tree**. A site inspection was done on July 18, 2014 and documented the following:

Tree Species: Sapodilla (Manilkara zapota)



Diameter: 35"

Location: 70% (some utility line impacts to canopy, front yard tree-very

visible)

Species: 100% (on protected tree list)

Condition: 80% (good)
Total Average Value = 83%

Value x Diameter = **29 replacement caliper inches**









Applicant states that tree is impacting concrete wall. Can wall be rebuilt using alternative techniques to avoid future damage to wall (cantilever over roots)? Are there reasonable alternatives available to removing the tree (root prune, redesign and rebuild wall)?

Recommendations: Recommend denial of the permit application to remove (1) Sapodilla tree.

Application



Tree Permit Application

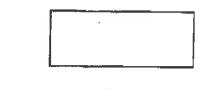
Date:	7/15/14	N	1.13.11
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Date:
Please Clearly Print All Information unless indicated otherwise.
Tree Address 9/6 SEMINARY STREET Cross/Corner Street QRINELL
List Tree Name(s) and Quantity SARADILLA TREE
species Type(s) check all that apply () Palm () Flowering (/) Fruit () Shade () Lingue
keason(s) for Application:
(y) 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 Roots OF TREE ARE UP 2007 ING THE
FOUNDATION OF WALL CAUSING STRUCTURAL
Property Owner Name PAIII 4 CAA MED MANA
Property Owner eMail Address PCRAMER @ CRAMED NATE
Property Owner Mailing Address 2401 DELANCE V DIACE
Property Owner Mailing City PHIC ADECPHIA State PA 7 in 19 170 2
Property Owner Phone Number (2/5) 579 - 7869
Property Owner Signature
Representative Name NICE DOWNS
Representative eMail Address A CARING TRE COMPANY (2) OMAIL, COM Representative Mailing Address 19204 HCOSta OC
Representative Mailing Address 19264 Acosta Or Representative Mailing City Sugar log & Rey State FLA zip 33042
Representative Phone Number (305) 432 - 1764
IOTE: 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
Please identify tree(s) with colored tape 7.8-11 God ford time to the start of th
and least a good 25 P
1 YOUR 916 SEMINARY ST

If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.

Updated: 02/22/2014





Tree Representation Authorization

Tree Representation Authorization	ion meeting on the date when your request will be to expedite the resolution of your application. This on form must accompany the application if the property a someone else pick up the Tree Permit once issued.		
Please Clearly Print A	All Information unless indicated otherwise.		
Tree Address	916 SEMWARY STREET		
Property Owner eMail Address Property Owner Mailing Address	PAUL H. CRAMER PCRAMER @ CRAMED, set 2401 Deloncey PLACE PHILAPELPHIA State PA Zip 19/03 (215) 519-7869		
Representative Name Representative eMail Address Representative Mailing Address Representative Mailing City Representative Phone Number	ALICK DOWNS ACARING FREE COMPANY & GMAIL, COM 572 HAMMOCK DRIVE KEY WEST State FLA ZIP 33040 (305) 432-1764		
I <u>Paul H</u> <u>Cearme</u> , hearby 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	Deleter		
The forgoing instrument was acknowle	edged before me on this		
By (Print name of Affiant) Pal H produced (creek	who is personally known to me or has as identification and who did take an oath.		
NOTARY PUBLIC Sign Name: Print Name: My Commission Expires:	Notary Public - State of Florida (seal) COMMONWEALTH OF PENNSYLVANIA		
W countries out exhibites	Hotavial Stell Sustan Scall, Nictory Public City of Selectorists, Caleristration County		

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3 sheets including