STAFF REPORT

DATE: September 24, 2014

RE: 1109 Virginia Street (permit application #7076)

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

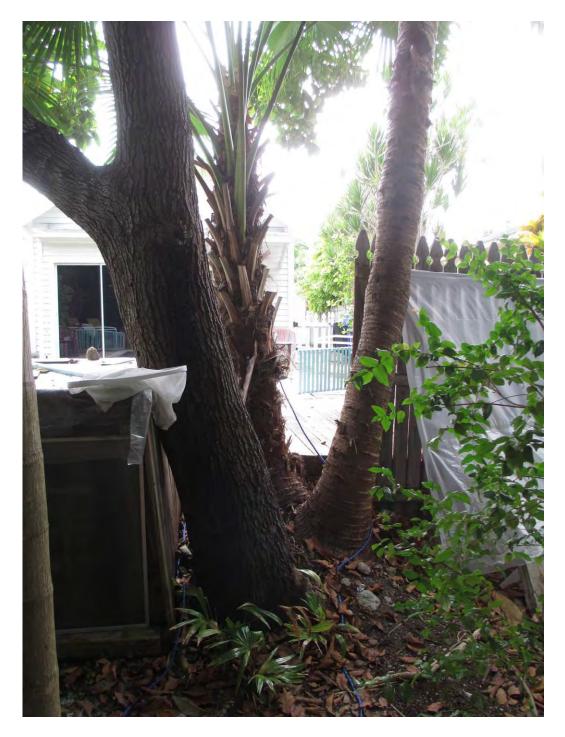
An application was received for the removal of (1) Avocado and (2) Spanish Stopper trees. A site inspection was done on September 19, 2014 and documented the following:

1. Tree Species: Avocado (Persea americana)

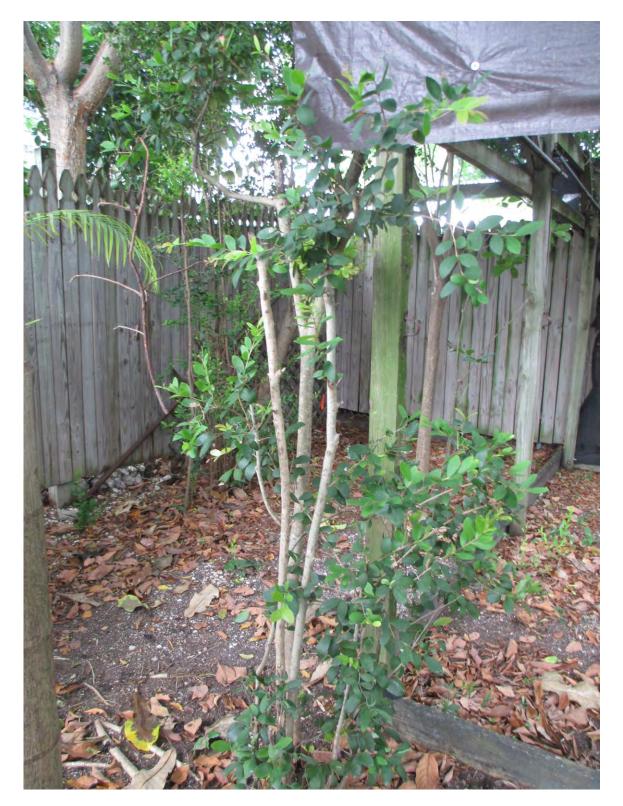




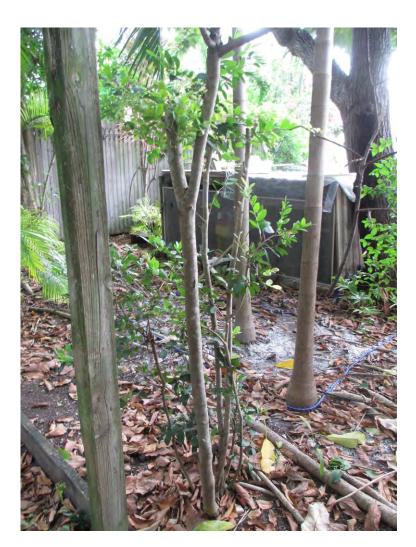




Diameter: 16.8" Location: 60% (tree has a lean and is close to pool equipment shed.) Species: 100% (on protected tree list) Condition: 60% (fair) Total Average Value = 73% Value x Diameter = **12.3 replacement caliper inches**



2. Tree Species: Spanish Stopper (Eugenia foetida)



Diameter: 2.5" Location: 80% Species: 100% (on protected tree list) Condition: 60% (top cut off) Total Average Value = 80% Value x Diameter = 2 **replacement caliper inches**

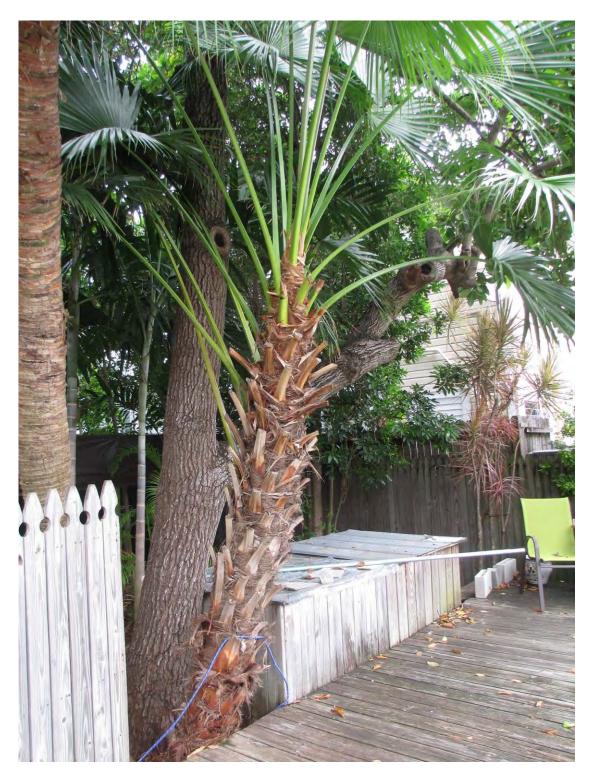


3. Tree Species: Spanish Stopper (Eugenia foetida)



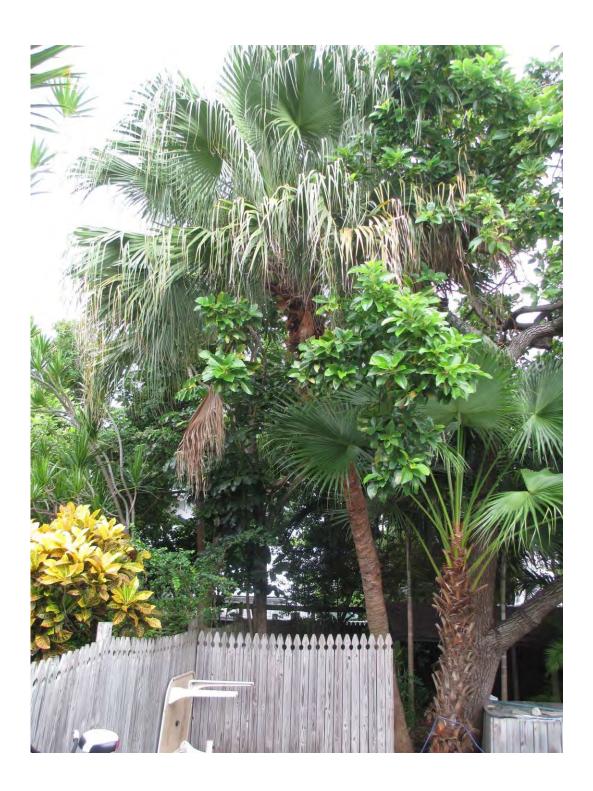


Diameter: 5.4" Location: 80% Species: 100% (on protected tree list) Condition: 60% (has a leans, lots of srpouts) Total Average Value = 80% Value x Diameter = **4.3 replacement caliper inches**



Other trees being removed on property:

Fan Palm <10 ft tall-no permit required for removal. Shares a root ball with avocado and taller fan palm.



Fan Palm +10 ft tall-permit application #7077. Shares a root ball with avocado and taller fan palm.



Tabebuia trees, all <24" diameter-no permit required for removal.

Application



Tree Permit Application

Date: _____ 8122/14

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1109 Vinginia Street Cross/Corner Street Varela Street List Tree Name(s) and Quantity 3rccs: 1 Avocado, 2 unknown Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade () Unsure Reason(s) for Application: KREMOVE () 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 No LONGOD WONTHE TRUES Reason for Request No LOUGER WANT THE TREES, WOULD BATHER PIANA NOME ADDIDON IN THEARDA Property Owner Name Downt E. Schrull Property Owner eMail Address 15 chrollegbla. Com POBOX 691 Property Owner Mailing Address Property Owner Mailing City Bratticboro State VT Zip OSBO3 Property Owner Phone Number (802) 254 - 6857 Property Owner Signature See representation

Representative eMail Address amannix Paer. com Representative Mailing Address 3739 Paula Are Representative Mailing City hey west Representative Phone Number (36) 797- 463

Representative Name Annalise Mani & Engineering + Conf State FL Zip

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

- Pink Tabebuia-Npr - Christmas Palms 1-Schetthern UPR 2. stoppers 1 - Avocado 1 - Palm or 10' out of 19.14 Fan Palm-NPR

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

Date: 8-22-14

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 1109 Virginia Street

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

Representative NameAnRepresentative eMail AddressanRepresentative Malling Address37Representative Mailing CityKeRepresentative Phone Number(30

~		
ROBERTE SCHRULL		
RSCHRULL CGBL	A . cor1	
P.O. Box 691		
BRATTLEDORD,	_ State VT	Zip @5302
(802) 254 - 08	57	
ASIQ)		
Annalise Mannix Engine	eering and Consultin	ng, LLC
amannix@aol.com		
3739 Paula Ave		
Key West	StateFL	Zip 33040
(305) 797 - 0463		•

I <u>Robert E. Schroll</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

The forgoing instrument was acknowledged before me on this 213t day August 2014.

By (Print name of Affiant) <u>Robert E Schrull</u> who is personally known to me or has produced <u>Known personally</u> as identification and who did take an oath.

NOTARY PUBLIC Sign Name: Waisy a Conderberg	Notary
Print Name: Daisy A. Anderberg	
My Commission Expires: <u>Apolis</u>	

Notary Public - State of Florida (seal)

soul or stamp?

City of Key West Planning Department



Authorization Form

(Individual or Joint Owner)

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, ROBERT E. SCHRULL	authorize		
Please Print Name(s) of Owner(s)	as appears on the deed		
Annalise Mannix Engineering and Consulting, L			
Please Print Name of Re	presentative		
to be the representative for this application and act on my/o	our behalf before the City of Key West.		
P. D. D.			
Signature of Owner S	ignature of Joint/Co-owner if applicable		
Subscribed and sworn to (or affirmed) before me on this _	21 st august 2014 Date		
by Robert E. Schrull Name of Own			
Name of Owner			
He/She is personally known to me or has presented	ersonally linow as identification.		
Naisy a Consteller y_ Notory's Signature and Seal			
Daisy A. Anderberg Name of Acknowledger typed, printed or stamped			
Exp 2/10/15			
Commission Number, if any			

/

Exhibit A

City of Key West Planning Department



Verification Form (Where Authorized Representative is an entity)

I, <u>Annalise Mannix</u>, in my capacity as <u>Managing Member</u> (print name) (print position; president, managing member)

of <u>Annalise Mannix Engineering and Consulting, LLC</u> (print name of entity serving as Authorized Representative)

being duly sworn, depose and say that I am the Authorized Representative of the Owner (as appears on the deed), for the following property identified as the subject matter of this application:

1109 Virginia Street Key West, FL 33040

Street Address of subject property

All of the answers to the above questions, drawings, plans and any other attached data which make up the application, are true and correct to the best of my knowledge and belief. In the event the City or the Planning Department relies on any representation herein which proves to be untrue or incorrect, any action or approval based on said representation shall be subject to revocation.

Signature of Authorized Representative

Subscribed and sworn to (or affirmed) before me on this 26^{++} day d hy 320 by

Name of Authorized Representative

He/She is personally known to me or has presented _____

Notary's Signature and Seal



as identification.

Name of Acknowledger typed, printed or stamped



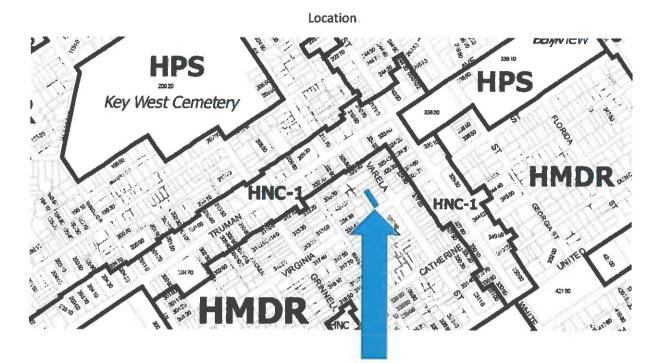




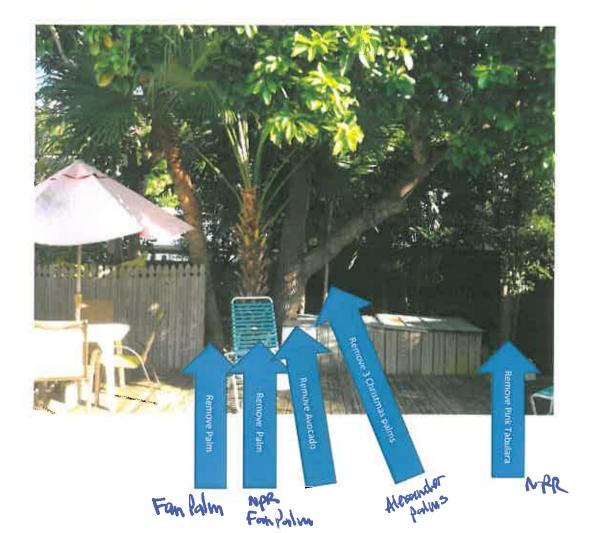
Tree Permit Application

Request: Remove 7 trees from rear yard of property at 1109 Virginia Street

Annalise Mannix Engineering and Consulting, LLC - (305) 797-0463 - amannix@aol.com



Front View



Rear View



Christmas Palms in foreground above



Tabulara NPR 224 "



