STAFF REPORT

DATE: September 25, 2014

RE: 1101 South Street (permit application #7068)

FROM: Karen DeMaria, Urban Forestry Manager,

City of Key West

An application was received for the removal **of (1) Royal Poinciana tree**. A site inspection was done on September 19, 2014 and documented the following:

Tree Species: Royal Poinciana (Delonix regia)



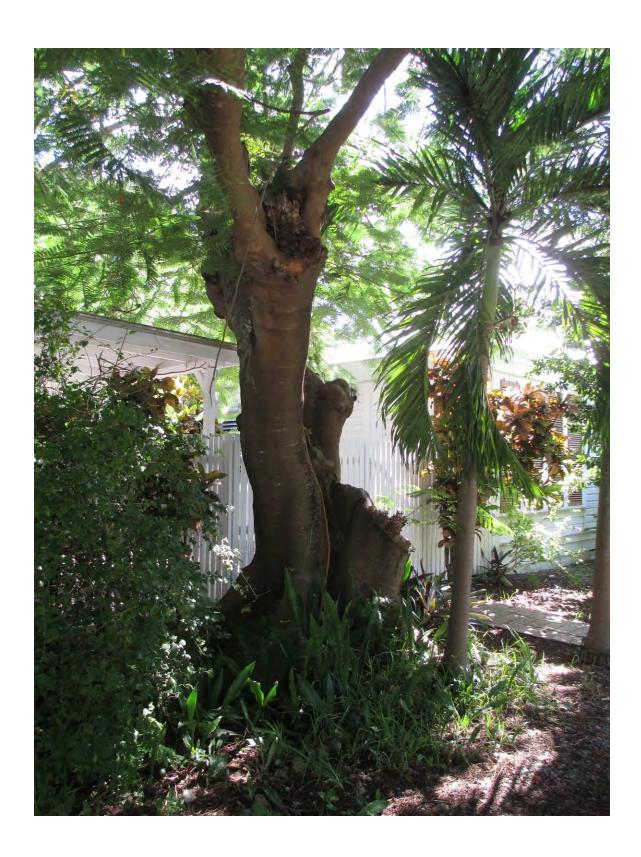
Royal Poinciana





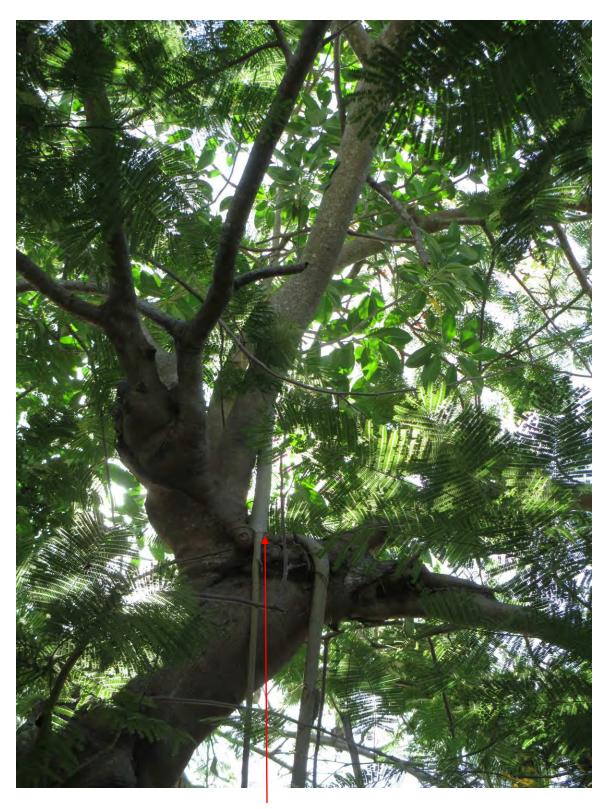
Beehive in this part of tree/stump











Ficus tree growing



Diameter: 31.8" Location: 70%

Species: 100% (on protected tree list)

Condition: 30% (poor-bee hive in trunk, decay in canopy)

Total Average Value = 66%

Value x Diameter = **20 replacement caliper inches**

Recommendations: Recommend approval of the removal of (1) Royal Poinciana tree located at 1101 South Street, to be replaced with 20 caliper inches of FL#1 native dicot or fruit trees.

Application



Lox gold

7068

te:

Tree Permit Application

Plaasa Claarly Print	Date:
Flease Clearly Fillit	All Information unless indicated otherwise.
Tree Address	101 SOUTH ST
Cross/Corner Street	WHACTON
List Tree Name(s) and Quantity	NOTAL POLUCIANA
Species Type(s) check all that apply	() Palm () Flowering () Fruit () Shade () Unsure
Reason(s) for Application:	,
(%) REMOVE (%) Tree Heal	th (火) Safety (🗘) Other/Explain below
() TRANSPLANT () New Local	tion () Same Property () Other/Explain below
() HEAVY MAINTENANCE () Branch Re	emoval () Crown Cleaning/Thinning () Crown Reduction
	S HOUDOW, HAS HUSE CAULTY IN BASE, AND
	CONTINUALLY COLONIZED RT BEE NESTS!
and Explanation	
Dronouty Ourney Name	Part of a second of a
Property Owner Name Property Owner eMail Address	Richard Commy KNOWLES - NET
Property Owner Mailing Address	1101 Seath ST
Property Owner Mailing City	160.1esT State F/A Zip 33040
Property Owner Phone Number	(305) 206-1781
Property Owner Signature	
	1.00
Representative Name	LIARLE BUSLOFF, L. LIZARD
Representative eMail Address	410 AU C. KIN FL 330+0
Representative Mailing Address Representative Mailing City	Mel west State FL Zip 33010
Representative Phone Number	(305)304-1581
	form must accompany this application if someone other than the
owner will be representing the owner at a Tre	ee Commission meeting or picking up an issued Tree Permit.
//// Sketch location of trop i	Tree Representation Authorization form attached ()
<><< Sketch location of tree in this area including cross/corner Street >>>>	
Please identify tree(s) with colored tape	
11/20 27	
A I C I I I I I I I I I I I I I I I I I	

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

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Tree Representation Authorization

Date: ___ 8 20 | 4?

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 MOI SOUTH ST Property Owner Name
Property Owner eMail Address
Property Owner Mailing Address
Property Owner Mailing City
Property Owner Phone Number
Property Owner Signature

Property Owner Signature

Property Owner Signature

Property Owner Name

Property Owner Signature

Property Owner Signature Representative Name
Representative eMail Address
Representative Mailing Address
Representative Mailing City

Representative Mailing City

Representative Mailing City Representative Phone Number (305) 304 - 1581 I Richard Charles , 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 $\frac{\mathcal{U}}{}$ day $\frac{\mathcal{A}_{yyut}}{}$ $\frac{\partial \mathcal{U}}{\partial \mathcal{U}}$. By (Print name of Affiant) <u>Litted (Line les</u> who is personally known to me or has produced <u>Flanda Drives Liense</u> as identification and who did take an oath. **NOTARY PUBLIC** Sign Name: Notary Public - State of Florida (seal)

Print Name: Double L Buble

Notary Public - State of Florida (seal)

Updated: 02/22/2014

My Commission Expires: 01/30/2018