STAFF REPORT

DATE: January 26, 2015

RE: 1305 Elizabeth Street (permit application #7242)

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

An application was received for the removal **of (1) Woman's Tongue tree**. A site inspection was done on October 31, 2014 and January 21, 2015 and documented the following:

Tree Species: Woman's Tongue (Albizia lebbeck)

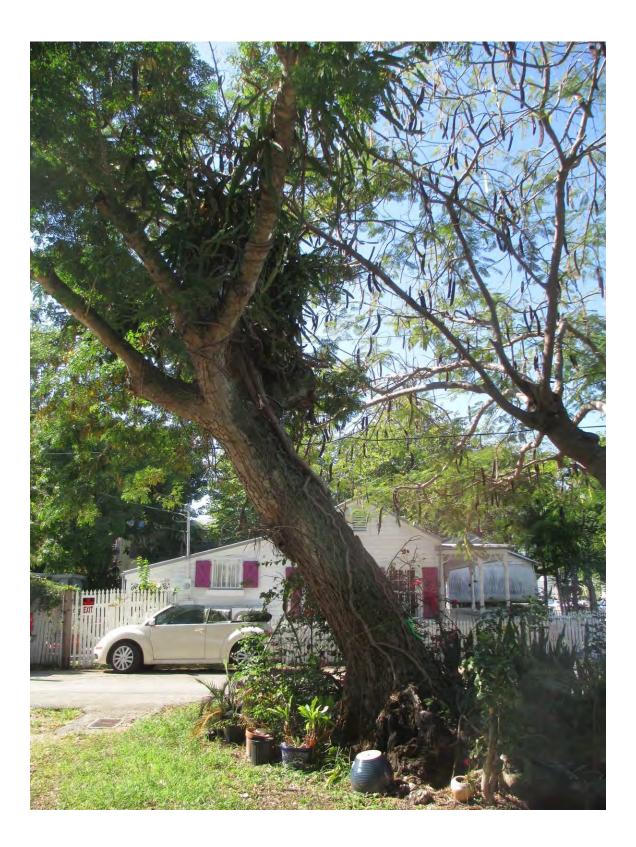


Diameter: 34" - 24" = 10"Location: 60% (impacted by adjacent Royal Poinciana) Species: 0% (on protected tree list) Condition: 30% (poor-heavy lean of trunk, roots lifting on one side, reduced canopy) Total Average Value = 30%

Value x Diameter = 3 replacement caliper inches

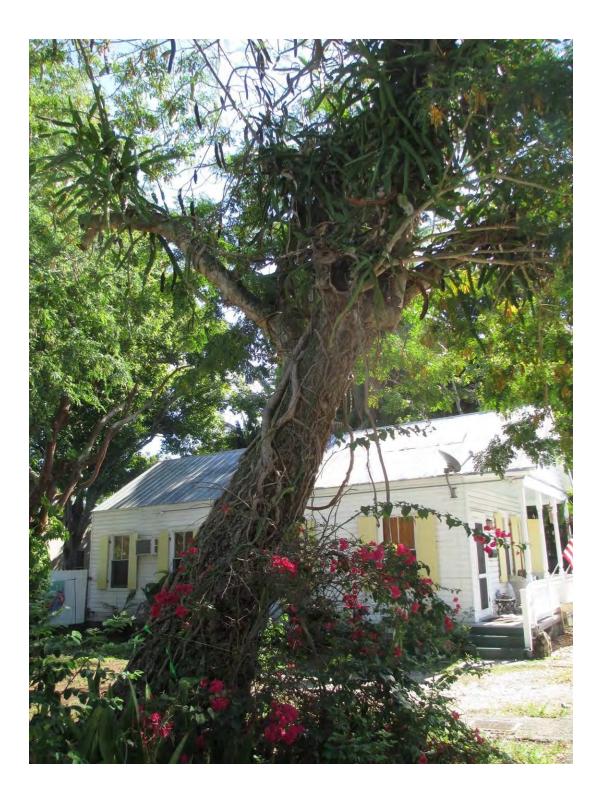












Recommendations: Recommend approval of the removal of (1) Woman's tongue tree located at 1305 Elizabeth Street, to be replaced with 3 caliper inches of FL#1 native dicot or fruit trees.

Application



Tree Permit Application

Date: Jan. 6 2015

Please Clearly Print All Information unless indicated otherwis

List Tree Name(s) and Quantity _ Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade () Unsure Reason(s) for Application:

Tree Address Cross/Corner Street ame(s) and Quantity $\frac{1305 \ ElizabethSt. KeyWest Fl. 33040}{I-Woman's Tongue}$

REMOVE () Tree Health () Safety () Other/Explain below

() TRANSPLANT () New Location () Same Property () Other/Explain below

() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

Additional Information and Explanation

Property Owner Mailing Address Property Owner Phone Number (303) 798-2848 Property Owner Signature Meif M Judell

Representative eMail Address

Property Owner Name Neil M. Trudell Property Owner eMail Address pancho Trudell@gmail

Property Owner Mailing City LittleTon State CO Zip 80120

Representative Name BONNIE TYNES

Representative Mailing Address <u>1304 Ellzabeth St</u> Representative Mailing City KCY WEST State F/ Zip 33040

Representative Phone Number (<u>305</u>) <u>40-7-04</u>23 - <u>Cell</u> 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 R= Loyal Poinciana (to remain) united Elizabeth (2) Warran's Tongue vacant lat

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



01-21-2015 7242

Tree Representation Authorization

Date: Jah. 6 2015

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.

Property Owner Phone Number (303) 798 - 2848 **Property Owner Signature**

Representative Mailing Address

Tree Address 1305 ElizabethSt. Key West Fl. Property Owner Name Neil M. Trudell Property Owner Mailing Address Property Owner Mailing City Property Owner Mailing City State CO Zip 80120

Representative Name RONNIE TYNES Representative eMail Address 1304 Elizabeth S

Representative Mailing City <u>Keywost</u> State <u>F</u> Zip <u>33040</u> Representative Phone Number (<u>305</u>)<u>401</u>-04.23

I NEIL M. TRUDELL _____, 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 Neil M Judell Neil M Judell

My Comm. Exp. 09-14-2015

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

By (Print name of Affiant) _____ M. Trudull ____ who is personally known to me or has produced _______ as identification and who did take an oath.

Sign Name: Michael Vhl	Notary Public - State of Florida (seal)
Print Name: Michael Van Damm	MICHAEL VAN DAMME
My Commission Expires:	VAN DAMME