

# STAFF REPORT

DATE: February 18, 2015

**RE: 3706 N. Roosevelt Blvd (permit application #7272)**

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

An application was received for the removal of **(1) Mahogany tree**. A site inspection was done on February 11, 2015 and documented the following:

Tree Species: Mahogany (Swietenia mahagoni)





















Diameter: 21"

Location: 60% (utility lines close by)

Species: 100% (on protected tree list)

Condition: 40% (poor shape, one large trunk showing weight, stress issues, overall poor condition)

Total Average Value = 66%

Value x Diameter = **13.8 replacement caliper inches**

**Recommendations: Recommend approval of the removal of (1) Mahogany tree located at 3706 N. Roosevelt Blvd, to be replaced with 13.8 caliper inches of FL#1 native dicot or fruit trees.**

# Application



7272

## Tree Permit Application

Date: \_\_\_\_\_

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 3706 N. Roosevelt Blvd.  
**Cross/Corner Street** NEXT to McDonalds  
**List Tree Name(s) and Quantity** 1 - Mahogany  
**Species Type(s) check all that apply** ( ) Palm ( ) Flowering ( ) Fruit ( ) Shade (X) Unsure  
**Reason(s) for Application:**

(X) REMOVE ( ) Tree Health ( ) Safety (X) Other/Explain below  
( ) TRANSPLANT ( ) New Location ( ) Same Property ( ) Other/Explain below  
( ) HEAVY MAINTENANCE ( ) Branch Removal ( ) Crown Cleaning/Thinning ( ) Crown Reduction  
**Other/Explain** Large tree in corner SW side. Parking needed.

**Reason for Request** PARKING SPACES ARE NEEDED

**Property Owner Name** KOHP Doreza Koenig Parker  
**Property Owner eMail Address** KimmyParker17@aol.com  
**Property Owner Mailing Address** 3908 RYALWOOD CT VALEICO  
**Property Owner Mailing City** VALEICO **State** FL **Zip** 33596  
**Property Owner Phone Number** ( 813 ) 924 4442  
**Property Owner Signature** [Signature]

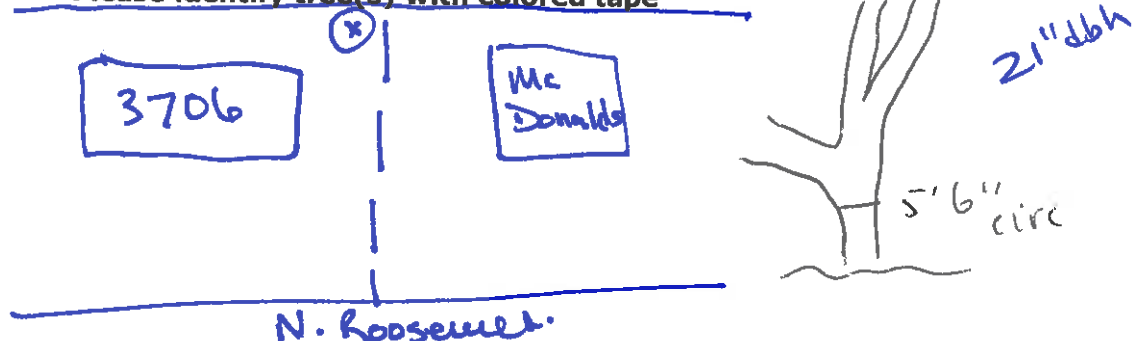
**Representative Name** \_\_\_\_\_  
**Representative eMail Address** \_\_\_\_\_  
**Representative Mailing Address** \_\_\_\_\_  
**Representative Mailing City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Representative Phone Number** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

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



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