

STAFF REPORT

DATE: February 18, 2015

RE: 3838 Flagler Avenue (permit application #7284)

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

An application was received for the removal of **(1) Sea Grape tree**. A site inspection was done on February 17, 2015 and documented the following:

Tree Species: Sea Grape (*Coccoloba uvifera*)



Sea Grape tree

Palm tree to also be removed (#7283)











Diameter: 22.9"

Location: 50% (damaging concrete property line wall, close to house)

Species: 100% (on protected tree list)

Condition: 40%

Total Average Value = 63%

Value x Diameter = **14 replacement caliper inches**

Recommendations: Recommend approval of the removal of (1) Sea Grape tree located at 3838 Flagler Avenue, to be replaced with 14 caliper inches of FL#1 native dicot or fruit tree.



Palm tree to be removed with Sea Grape tree (#7283)



Other trees along this wall area wo be removed. No permit required for the removal of 1-Tabebuia tree (<24" dbh), Areca palms, and 1-Schefflera tree.

Application



7283-P
7284-C

Tree Permit Application

Date: 2/13/15

Please Clearly Print All Information unless indicated otherwise.

Tree Address 3838 FLAHER AVE
Cross/Corner Street SOUTH ROOSEVELT AVE
List Tree Name(s) and Quantity WASHINGTON PALM, SEAGRAPES
Species Type(s) check all that apply ☒ Palm ☐ Flowering ☒ Fruit ☐ Shade ☐ Unsure
Reason(s) for Application:

☒ 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 DAMAGE TO BLOCK WALL ON PROPERTY LINE.

Reason for Request Re-BUILD DAMAGED BLOCK WALL ON PROPERTY LINE

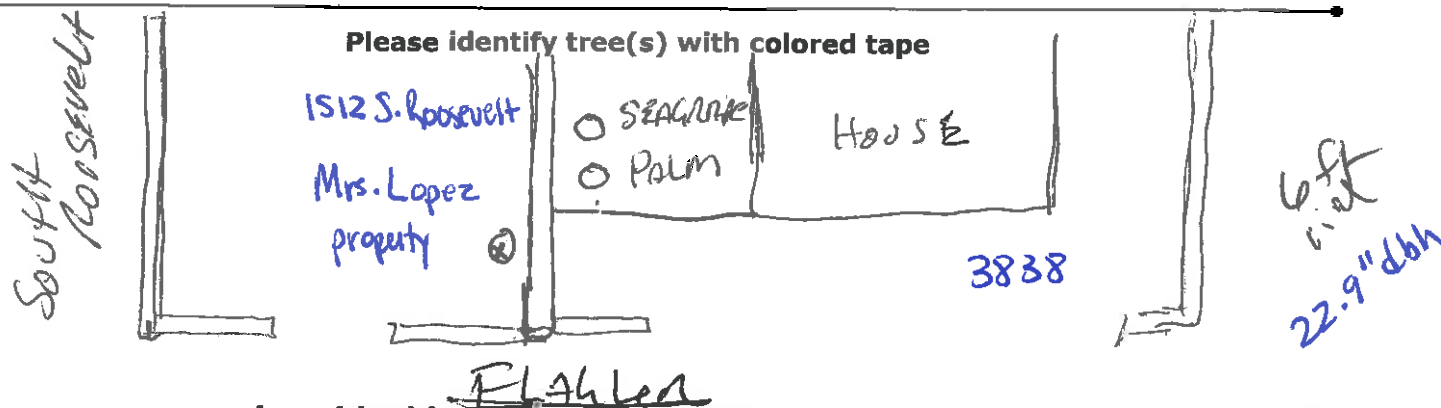
Property Owner Name THOMAS B FARNED - NOEL GEORGE, II
Property Owner eMail Address 3838
Property Owner Mailing Address 3838 FLAHER AVE.
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number ()
Property Owner Signature X George H. Noel

Representative Name Wayne Garcia
Representative eMail Address
Representative Mailing Address 3005 AIRPORT BLV.
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 360-1820

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 >>>>>



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



Tree Representation Authorization

Date: 2/13/15

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 3838 FLAGLER AVE.

Property Owner Name 3838 FLAGLER AVE.

Property Owner eMail Address _____

Property Owner Mailing Address SOME

Property Owner Mailing City _____ State FL Zip 33040

Property Owner Phone Number _____

Property Owner Signature George N. Neal

Representative Name Wayne Garcia

Representative eMail Address _____

Representative Mailing Address 3005 AIRPORT BLV.

Representative Mailing City Key West State FL Zip 33040

Representative Phone Number (305) 360-1820

I _____, hereby 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 if there is any questions or need access to my property.

Property Owner Signature George N. Neal

The forgoing instrument was acknowledged before me on this 12th day Feb 2015.

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

NOTARY PUBLIC

Sign Name: Angelique Garcia

Notary Public - State of Florida (seal)

Print Name: Angelique Garcia

My Commission Expires: 10-2-15





CITY OF KEY WEST

TREE PERMIT

Permit# 7283 Date Issued March 10, 2015

Address 3838 Flagler Avenue

This it to certify that Thomas Farned and George Noel/Wayne Garcia

has permission to Remove (1) Washingtonian Palm. Replacement with (1) native palm of choice from attached list, 4' minimum, FL #1, to be planted on site.

Replacements shall be planted in the six months from the approval date as described here in. All plants shall be planted according to current 'Best Management Practices'. Call landscape office for tree replacement inspection.

as per application approved February 18, 2015

The person accepting this permit shall conform to the terms of the application on file in the office of the Tree Commission of Key West. All work shall conform to the requirements of the Code of Ordinances of the City of Key West, Chapter 110-Article VI. Tree Protection.

This Tree Permit is effective for 6 months from the date issued.
If this process requires blocking of a city right-of-way, a separate ROW Permit is required. Please contact City of Key West at 305-809-3740.

IMPORTANT NOTICE

This card must be posted in a location clearly visible from the street and in a protected covering.

APPROVED BY 

Karen DeMaria-Urban Forestry Manager

City of Key West

Tree Commission

PO Box 1409

Key West, FL 33040

Phone: (305)809-3768