

# STAFF REPORT

DATE: February 25, 2015

**RE: 1435 18<sup>th</sup> Street (permit application #7289)**

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

An application was received for the removal of **(1) Gumbo Limbo tree**. A site inspection was done on February 18, 2015 and documented the following:

Tree Species: Gumbo Limbo (*Bursea simaruba*)













Diameter: 12.4"

Location: 60%

Species: 100% (on protected tree list)

Condition: 20%

Total Average Value = 60%

Value x Diameter = **7.4 replacement caliper inches**

**Recommendations: Recommend approval of the removal of (1) Gumbo Limbo tree located at 1435 18<sup>th</sup> Street, to be replaced with 7.4 caliper inches of FL#1 native dicot or fruit trees.**

# Application

2-18-15  
NO ACCESS -  
Call For access  
into backyard  
KD  
go Mon 2-23-15



7289

## Tree Permit Application

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

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 1435 18th St.  
**Cross/Corner Street** Duck Ave  
**List Tree Name(s) and Quantity** 1 Gumbo Limbo  
**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** The vines have had a choke hold on this tree for  
a long time. It has been dropping termite eaten limbs  
lately and there is no doubt a lot of decay going  
on behind the vine leaf cover.  
**Reason for Request**  
**Property Owner Name** Fernando Clavo  
**Property Owner eMail Address** JHCLARON@comcast.net  
**Property Owner Mailing Address** 1435 18th St.  
**Property Owner Mailing City** Key West **State** FL **Zip** 33040  
**Property Owner Phone Number** (305) 393-6223  
**Property Owner Signature** \_\_\_\_\_

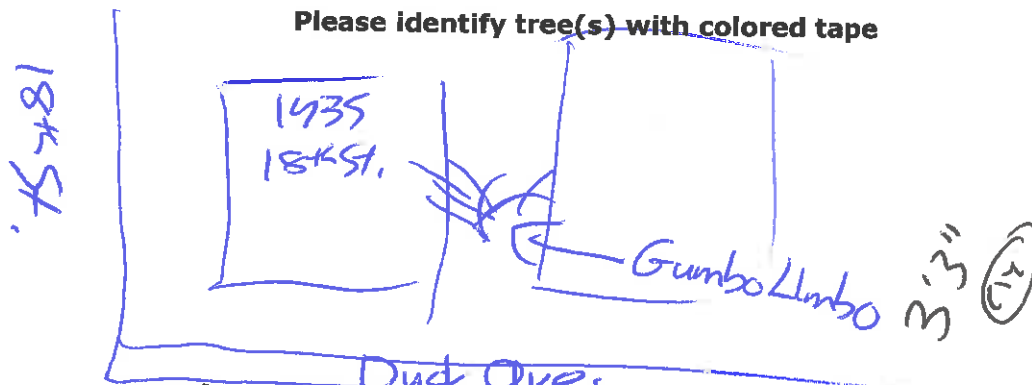
**Representative Name** Kenneth King  
**Representative eMail Address** \_\_\_\_\_  
**Representative Mailing Address** 1602 Calud St.  
**Representative Mailing City** Key West **State** FL **Zip** 33040  
**Representative Phone Number** (305) 296-8101

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.



1289

**Tree Representation Authorization**Date: 2/11/2015

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.

Tree Address 1435 18TH ST (18TH AND DUCK)Property Owner Name FERNANDO CLAROProperty Owner eMail Address JHCLARO@COMCAST.NETProperty Owner Mailing Address 1435 18TH STProperty Owner Mailing City KEY WEST State FL Zip 33040Property Owner Phone Number (305) 393-1223Property Owner Signature [Signature]Representative Name Kenneth King

Representative eMail Address \_\_\_\_\_

Representative Mailing Address 1602 Land St.Representative Mailing City Key West State FL Zip 33040Representative Phone Number (305) 396-8101

I FERNANDO CLARO, 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 [Signature]The forgoing instrument was acknowledged before me on this 11 day Feb 2015.

By (Print name of Affiant) FERNANDO CLARO who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

**NOTARY PUBLIC**Sign Name: Katherine M Crain

Notary Public - State of Florida (seal)

Print Name: KATHERINE M CRAINMy Commission Expires: 5/25/2016