

STAFF REPORT

DATE: March 27, 2015

RE: 1411 White Street (permit application #7339)

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

An application was received for the removal **of (1) Egg Fruit tree**. A site inspection was done on March 26, 2015 and documented the following:

Tree Species: Egg Fruit (*Pouteria campechiana*)









Diameter: 9.8"

Location: 70%

Species: 50% (not on protected or not protected tree list)

Condition: 20% (insects in large area of main trunk, tree has a strong lean)

Total Average Value = 46%

Value x Diameter = 4.5 replacement caliper inches

Recommendations: Recommend approval of the removal of (1) Egg Fruit tree located at 1411 White Street, to be replaced with 4.5 caliper inches of FL#1 native dicot or fruit trees on site.

Application



7339

Tree Permit Application

Date: 3-23-15

Please Clearly Print All Information unless Indicated otherwise.

Tree Address 1411 WHITE ST.
Cross/Corner Street WASHINGTON
List Tree Name(s) and Quantity EGGFRUIT
Species Type(s) check all that apply () Palm () Flowering (x) Fruit () Shade () Unsure
Reason(s) for Application:

(x) REMOVE (x) Tree Health (x) Safety () Other/Explain below
() TRANSPLANT () New Location () Same Property () Other/Explain below
() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction
Other/Explain _____

Reason for Request VISIBLE SIGNS OF DECAY WITH TERMITE DAMAGE
THE FULL LENGTH OF THE TRUNK TO GROUND LEVEL.

Property Owner Name MICHAEL BERMAN
Property Owner eMail Address MEBERM@GMAIL.COM
Property Owner Mailing Address 1411 WHITE ST.
Property Owner Mailing City KW **State** FL **Zip** 33040
Property Owner Phone Number (305) 294-5400
Property Owner Signature _____

Representative Name NATIVE LANDSCAPE DESIGN
Representative eMail Address nativelandscape@comcast.net
Representative Mailing Address PO BOX 2847
Representative Mailing City KW **State** FL **Zip** 33045
Representative Phone Number (305) 509-7882

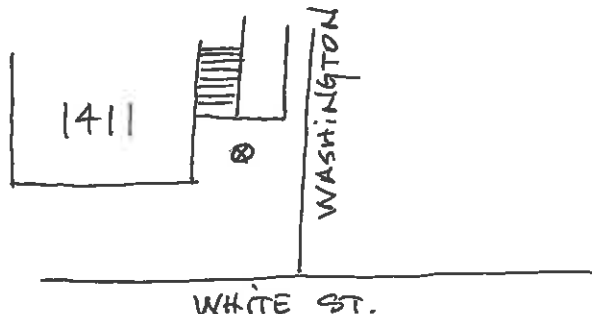
NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

Tree Representation Authorization form attached (x)

<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

Please identify tree(s) with colored tape

3-26-15
2'7" circ
bugs - poor
9.8" dbh



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: 3/10/15

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 1411 WHITE ST

Property Owner Name MICHAEL BERMAN
Property Owner eMail Address MEBERM@GMAIL.COM
Property Owner Mailing Address 1411 WHITE ST
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (305) 294-5400
Property Owner Signature Michael Berman

Representative Name NATIVE LANDSCAPE DESIGN
Representative eMail Address ~~NA 305 2847~~ Native Landscape@comcast.net
Representative Mailing Address ~~NA KEY WEST~~ T304 2847
Representative Mailing City KEY WEST State FL Zip 33045
Representative Phone Number (305) 509-7882

I MICHAEL BERMAN, 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 is there is any questions or need access to my property.

Property Owner Signature

Michael Berman

The forgoing instrument was acknowledged before me on this 11th day March 2015

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

NOTARY PUBLIC

Sign Name: Mia Castillo

Notary Public - State of Florida (seal)

Print Name: Mia Castillo

My Commission Expires: June 12, 2018

