

STAFF REPORT

DATE: April 29, 2015

RE: **717 Fort Street (permit application #7379)**

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

An application was received for the removal **of (1) Strangler Fig tree**. A site inspection was done on April 21, 2015 and documented the following:

Tree Species: Strangler Fig (*Ficus aurea*)













Diameter: 59.4"

Location: 20% (impacting building foundation)

Species: 100% (on protected tree list)

Condition: 60% (canopy healthy)

Total Average Value = 60%

Value x Diameter = **35.6 replacement caliper inches**

Recommendations: Recommend approval of the removal of (1) Strangler Fig tree located at 717 Fort Street, to be replaced with 35.6 caliper inches of FL#1 native dicot or fruit trees.

Application



7379

Tree Permit Application

Date: 4/14/2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 717 Fort St. (rear)
Cross/Corner Street _____
List Tree Name(s) and Quantity One Fir tree Strangler Fig
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 _____

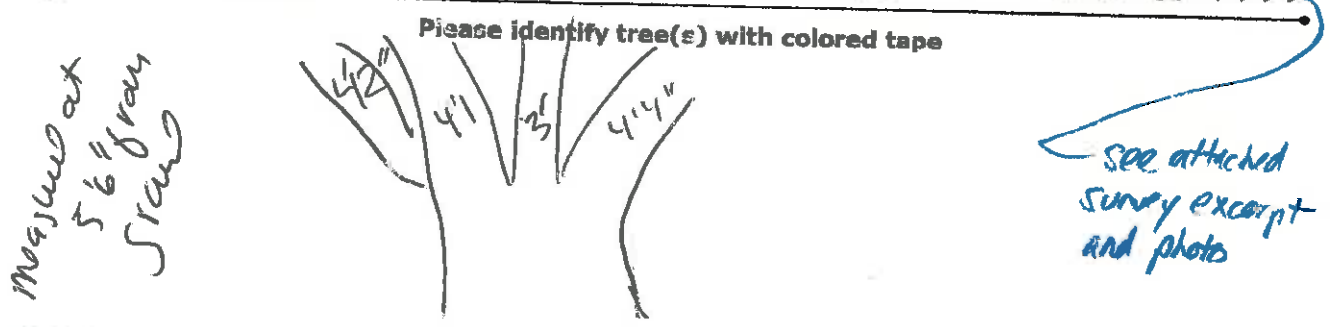
Reason for Request Tree has wrapped corner of house and has broken drain pipes.

Property Owner Name KW Properties LLC
Property Owner eMail Address ccc@kw@hotmail.com
Property Owner Mailing Address 5551 Ridgewood, Suite 501
Property Owner Mailing City Naples State FL Zip 34108
Property Owner Phone Number (305) 304 - 7374
Property Owner Signature Jill M. Davis, Assistant Manager

Representative Name Leaping Lizard Tree Services
Representative eMail Address _____
Representative Mailing Address 410 Ave. C
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 304 - 1581

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.

... by the undersigned

Assun.
1" = 10'

Geraldine St.

30' (R/W)

Parcel "A"

Point of Beginning "B"

Sidewalk

Point of Beginning "A"

One Story Structure

Lot

Ficus tree wrapped around building

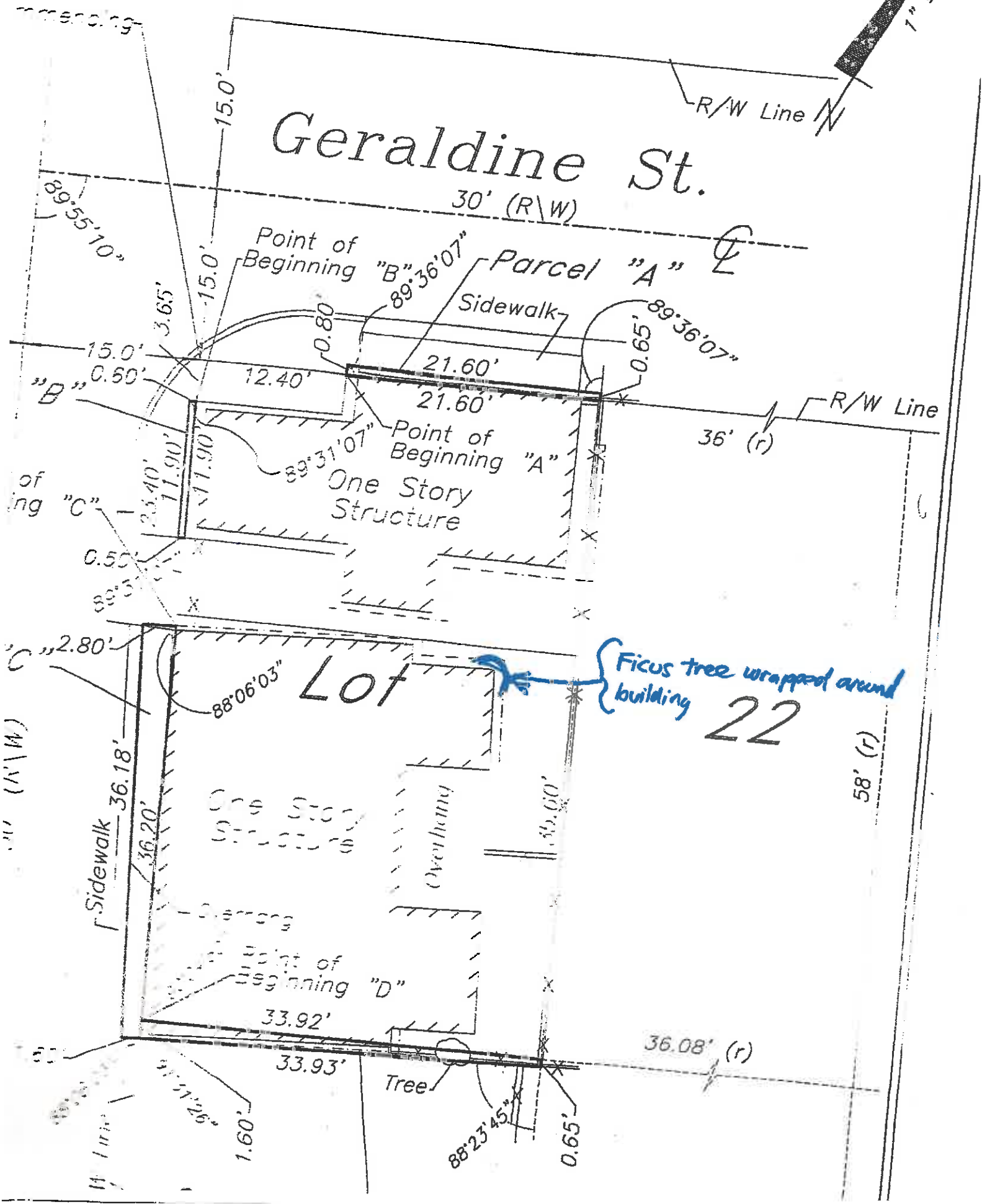
22

One Story Structure

Overhang

Point of Beginning "D"

Tree



717 Fort St. (rear)





Tree Representation Authorization

Date: 7/14/2015

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 717 Fort St.

Property Owner Name KW Properties, LLC
Property Owner eMail Address cckw@hotmail.com
Property Owner Mailing Address 5551 Ridgewood, Suite 501
Property Owner Mailing City Naples State FL Zip 34108
Property Owner Phone Number (305) 304-7374
Property Owner Signature Julia M. Davis, Assistant Manager

Representative Name Leaping Lizard Tree Service
Representative eMail Address _____
Representative Mailing Address 410 Ave. C
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 304-1581

I Julia M. Davis, Assistant Manager, 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 Julia M. Davis, Assistant Manager

The forgoing Instrument was acknowledged before me on this _____ day _____.

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

NOTARY PUBLIC

Sign Name: _____ Notary Public - State of Florida (seal)

Print Name: _____

My Commission Expires: _____

see attached Notary Ack.

ALL PURPOSE ACKNOWLEDGMENT

This acknowledgment is part of Tree Representation Authorization, dated 04/14/2015
Representative Name: Leaping Lizard Tree Service

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

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COUNTY OF LOS ANGELES

) ss

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On April 14, 2015, before me, Raquel Fernandez, a Notary Public, personally appeared **JULIA M. DAVIS**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity(ies), and that by her signature(s) on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Notary Public in and for said State

(Seal)

