

STAFF REPORT

DATE: April 29, 2015

RE: 1204 20th Terrace (permit application #7382)

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 April 24, 2015 and documented the following:

Tree Species: Mahogany (Swietenia mahagani)









mahogany

Diameter: 20.3"

Location: 50%

Species: 100% (on protected tree list)

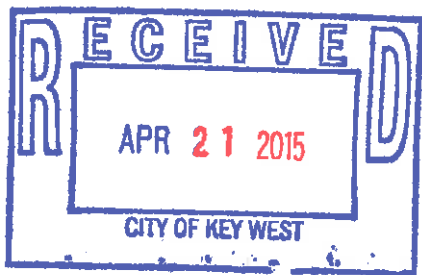
Condition: 60% (fair-needs maintenance)

Total Average Value = 70%

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

Could tree be root pruned to resolve issues? What are root impacts to neighbors?

Application



7382

Tree Permit ApplicationDate: 4-20-15

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1204 20th Terr.
Cross/Corner Street _____
List Tree Name(s) and Quantity 1- Mahogany
Species Type(s) check all that apply () Palm () Flowering () Fruit (X) Shade () Unsure
Reason(s) for Application:

(X) **REMOVE** () 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** _____tree was planted on property line, and is damaging fences and concrete slabs

Property Owner Name Darwin L. Folbague
Property Owner eMail Address clouba10@aol.com
Property Owner Mailing Address 1204 20th Terr
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (305) 304-4611
Property Owner Signature [Signature]

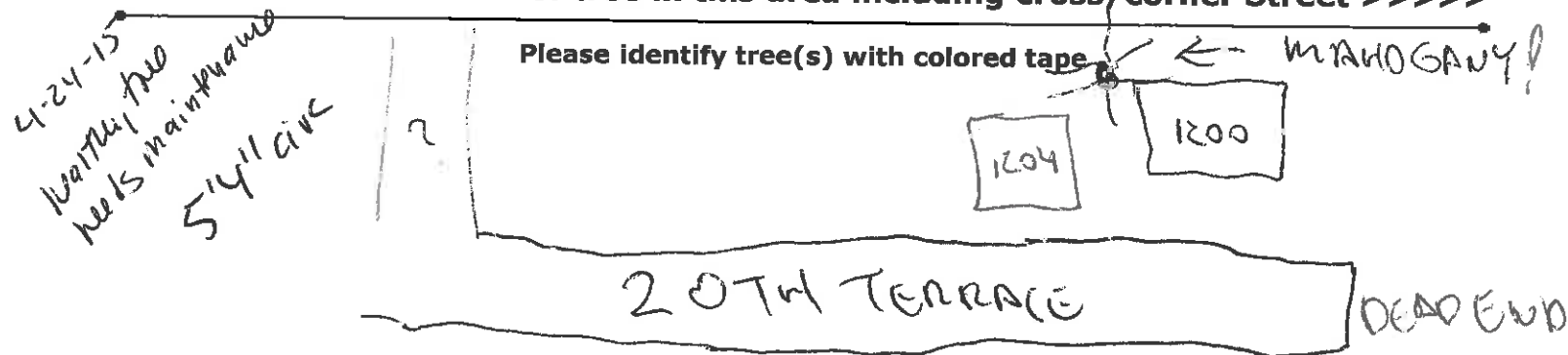
Representative Name LARRIE BUSCOFF
Representative eMail Address " " @YNNOP.COM
Representative Mailing Address 410 AVE C
Representative Mailing City KEY WEST **State** FL **Zip** 33040
Representative Phone Number (305) 304-1581

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** >>>>>

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.



7382

Tree Representation Authorization

Date: 4-20-15

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 1204 20th TerProperty Owner Name Danny L. KolhageProperty Owner eMail Address clowhat@aol.comProperty Owner Mailing Address (same)Property Owner Mailing City Key West State FL Zip 33040Property Owner Phone Number (305) 204-4611Property Owner Signature [Signature]Representative Name LARRY BOSLOFFRepresentative eMail Address @TAMMO.COMRepresentative Mailing Address 410 AVE. CRepresentative Mailing City KEY WEST State FL Zip 33040Representative Phone Number (305) 304-1581

I Danny L. Kolhage, 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 are any questions or need access to my property.

Property Owner Signature [Signature]

The forgoing instrument was acknowledged before me on this 20th day APRIL, 2015.

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

NOTARY PUBLIC

Sign Name: JACQUELINE CABALLERO

Notary Public - State of Florida (seal)

Print Name: J CaballeroMy Commission Expires: 04-07-19