STAFF REPORT

DATE: April 29, 2015

RE: 1019 Flagler Avenue (permit application #7390)

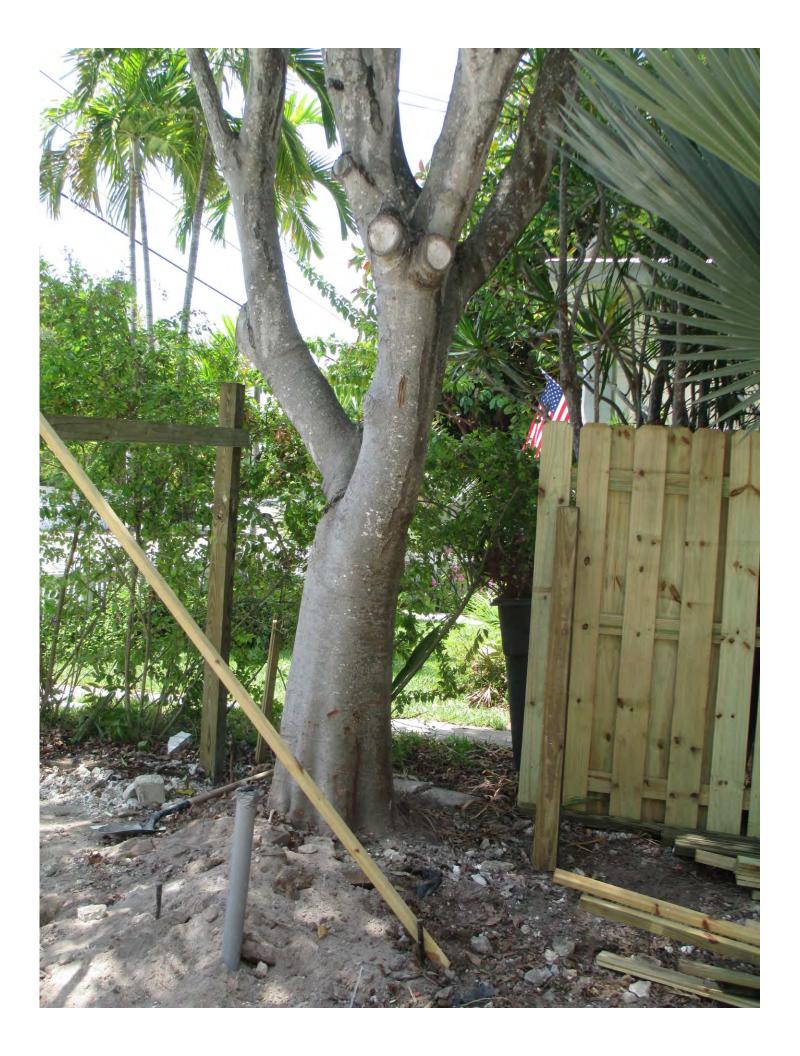
FROM: Karen DeMaria, Urban Forestry Manager,

City of Key West

An application was received for the removal **of (1) Spanish Lime tree**. A site inspection was done on April 24, 2015 and documented the following:

Tree Species: Spanish Lime (Melicoccus bijugatus)











Diameter: 16.8"

Location: 50% (close to property line, utility lines)

Species: 100% (on protected tree list)

Condition: 60% (fair)

Total Average Value = 70%

Value x Diameter = 11.7 replacement caliper inches

Can the tree be root pruned and the canopy trimmed to alleviate any issues?

Application



7390

Tree Permit Application

	[Date:	4-22-201	5
Please Clearly Print				
Tree Address	1019 Flanke			
Cross/Corner Street	1:1	<u> </u>		
List Tree Name(s) and Quantity	1 500018/2 /1400			
Species Type(s) check all that apply	() Palm () Flowering (> Fruit	Shade () U	nsure
Reason(s) for Application:	() ()			
() REMOVE () Tree Healt	:h () Safety 🔼 Other/Ex	plain belov	W	
() TRANSPLANT () New Local	cion () Same Property ()	Other/Ex	plain below	
() HEAVY MAINTENANCE () Branch Re	moval () Crown Cleaning/	Thinning	() Crown Reduc	tion
Other/Explain				
Treeho	ns bean guxulng inte	, the	Attlity thes	forecer
Reason for Request	big reason for ver	and the second second	15 1001 dam	1015
The Block	e walk and the cemo	nt pour	hactelook a	buch
Property Owner Name Property Owner eMail Address	Laurence Cus			Ciarle
Property Owner Mailing Address	1019 Flader ave	>		
Property Owner Mailing City	Ver West		PL Zip	330VA
Property Owner Phone Number	(305) 942-687	>1		
Property Owner Signature	(19) 112 301			
Representative Name	Kannoth Kha	}		
Representative eMail Address		Tacal		
Representative Mailing Address	1602 Lawa 57			33 46
Representative Mailing City	Kar Wast	_. , State	_P_ Zip _	33090
Representative Phone Number	(305) 296 - 810		ion if company of	har than tha
NOTE: A Tree Representation Authorization owner will be representing the owner at a Tree	form must accompany this	s applicati	on it someone of	ner than the rmit.
Owner will be representing the owner at a fix	Tree Represer	ntation Au	thorization form a	nttached ()
<><< Sketch location of tree in this area including cross/corner Street >>>>				
() (Please ide	entify tree(s) with colored	d tape		
	THE COURT OF THE C			
1015 Flooler	1010		12	
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- W				
Plagler Plagle				
If this process requires blocking of a City right-of-way, a separate ROW Permit is				
required. Please contact 305-809-3740.				

Updated: 02/22/2014 Page 1



Tree Representation Authorization

Date: 10R1 21, 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	1019 Flagler
rice Address	MANAGENG MEMBER
Property Owner Name	CANTONCE CARTER (BRANSTORD GROUPL
Property Owner eMail Address	Larry conter@ live (o. 4K
Property Owner Mailing Address	l 0 box 906
Property Owner Mailing City	VET WEST State FU , Zip 33041
Property Owner Phone Number	(305) 942 6871
Property Owner Signature	(25) 112 0811
Property Owner Signature	7
Representative Name	Kennett King
Representative eMail Address	rennem re-
Representative Mailing Address	1602 LAIRD ST
Representative Mailing City	VET WEST State EL Zip 32040
Representative Phone Number	/) - State Lip 52040
	(/
I Lawrence Carter	, hearby authorize the above listed agent(s)
	aining a Tree Permit from the City of Key West for my
property at the tree address above lis	ted. You may contact me at the telephone listed above
is there is any questions or need acces	ss to my property) \
Property Owner Signature	
Property Owner Signature	
	215t
The forgoing instrument was acknowled	edged before me on this day April.
	100 otop
By (Print name of Affiant) aurence	who is personally known to me or has
produced DRIVERS License	as identification and who did take an oath.
NOTARY PUBLIC	
Sign Name:	Notary Public - State of Florida (seal)
Print Name: To Beant	
My Commission Expires: May	6 2015
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_a)101212000	JO BENNETT - 007005
Updated: 02/22/2014	JO BENNET Commission # EE 097995 Expires May 26, 2015 Expires May 26, 2015
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