

STAFF REPORT

DATE: June 24, 2015

RE: 900 Flagler Avenue (permit application # T15-7432)

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

An application was received for the removal of **(1) Pigeon Plum tree**. A site inspection was done on May 29, 2015 and documented the following:

1. Tree Species: Pigeon Plum (*Coccoloba diversifolia*)









Diameter: 9.2"

Location: 60%

Species: 100% (on protected tree list-native)

Condition: 60% (fair to good)

Total Average Value = 73%

Value x Diameter = 6.7 replacement caliper inches

Application



5/24
TC

7432

Tree Permit Application

Date: 5-25-2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 900 Flagler Ave
Cross/Corner Street Reynolds
List Tree Name(s) and Quantity 1 Pigeon Plum
Species Type(s) check all that apply () Palm () Flowering () Fruit (X) Shade () Unsure
Reason(s) for Application:

() REMOVE () Tree Health () Safety (X) 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

The tree's roots are damaging the patio but more importantly its canopy is shading out the beautiful Ligustrum Vitae next to it and causing it to be misshapen.

Property Owner Name Lynn Kaufelt
Property Owner eMail Address Lynn.Kaufelt@gmail.com
Property Owner Mailing Address 900 Flagler Ave.
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 923-4276
Property Owner Signature

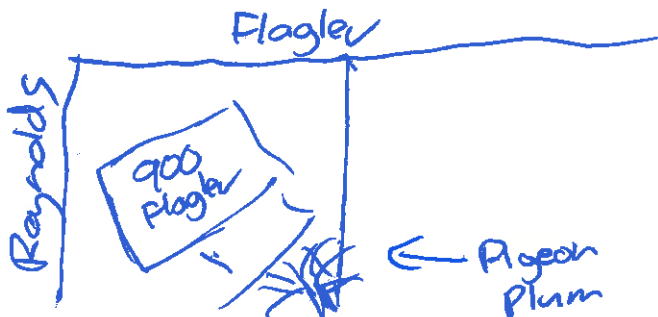
Representative Name Kenneth King
Representative eMail Address
Representative Mailing Address 1602 Latrod St.
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 296-8101

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



5-29-14
29" c.v.
9.2" 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: 5/15/15

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 900 Flagler Ave
Property Owner Name Lynn Kaufelt
Property Owner eMail Address lynnkaufelt@gmail.com
Property Owner Mailing Address 900 Flagler Ave
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 923-4276
Property Owner Signature _____
Representative Name Kenneth King
Representative eMail Address _____
Representative Mailing Address 1602 Laird St.
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 296-8101

I Lynn Kaufelt, 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 Lynn Kaufelt

The forgoing instrument was acknowledged before me on this 15 day May, 2015.

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

NOTARY PUBLIC

Sign Name: E. Mercer

Print Name: E. Mercer

My Commission Expires: 10/3/18

Notary Public - State of Florida (seal)

