

STAFF REPORT

DATE: June 24, 2015

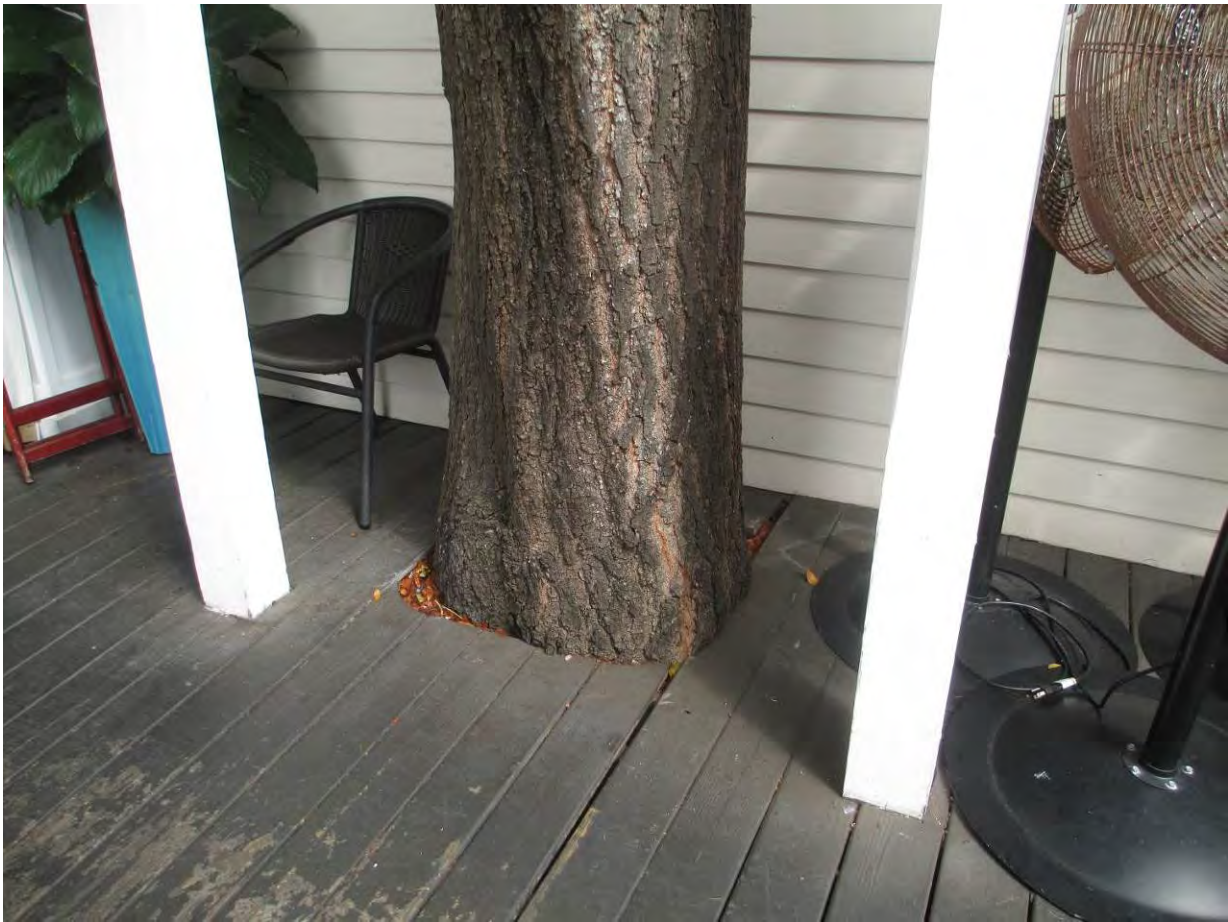
RE: **1125 Duval Street (permit application # T15-7441)**

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

An application was received for the removal **of (1) Mahogany tree**. A site inspection was done on June 5, 2015 and documented the following:

1. Tree Species: Mahogany (Swietenia mahagoni)























Diameter: 26"

Location: 30% (major building issues with foundation and roof of structures-addition and causeway)

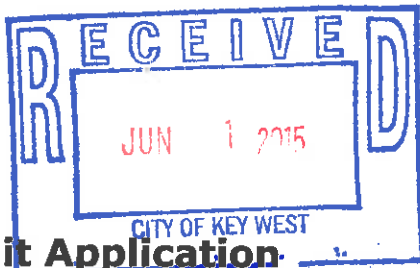
Species: 100% (on protected tree list-native)

Condition: 60% (fair to good)

Total Average Value = 63%

Value x Diameter = 16.3 replacement caliper inches

Application



7441

Tree Permit Application

Date: 6-1-2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1125 Duval St.
Cross/Corner Street Catherine St.
List Tree Name(s) and Quantity 1 Mahogany
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 The tree's root system has done a lot of damage
and now that part of the building needs to be rebuilt

Reason for Request

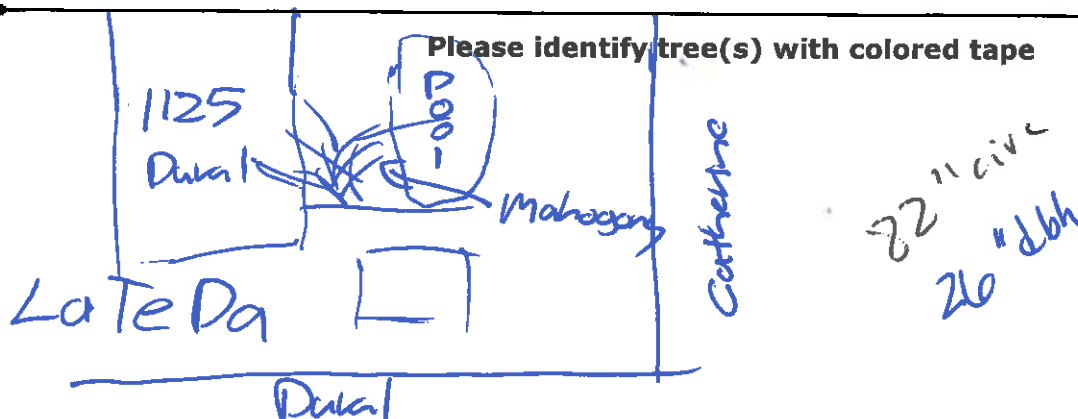
Property Owner Name Christopher Rounds
Property Owner eMail Address _____
Property Owner Mailing Address 1125 Duval St.
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 296-8101
Property Owner Signature _____

Representative Name Kenneth King
Representative eMail Address _____
Representative Mailing Address 1602 Laird
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 >>>>>



If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.



7441

Tree Representation Authorization

Date: 5-21-15

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 1125 Ulwal Street -
Property Owner Name Christopher Rounds
Property Owner eMail Address Lateda Foh@aol.com
Property Owner Mailing Address 1125 Ulwal Street
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 296-6700
Property Owner Signature Christopher Rounds
Representative Name Kenneth King
Representative eMail Address _____
Representative Mailing Address 1602 Laid
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 296-8101

I CHRISTOPHER ROUNDS, 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

Christopher Rounds

The forgoing instrument was acknowledged before me on this 21th day May 15th.

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

NOTARY PUBLIC

Sign Name: Stacy Ryan

Print Name: STACY RYAN

My Commission Expires: 6-15-18

Notary Public - State of Florida (seal)

