

STAFF REPORT

DATE: July 22, 2015

RE: **1118 Whitehead Street (permit application # T15-7505)**

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

An application was received for the removal **of (1) Royal Poinciana tree**. A site inspection was done on July 25, 2015 and documented the following:

Tree Species: Royal Poinciana (*Delonix regia*)











Diameter: 7.9"

Location: 30% (wrong tree, wrong place)

Species: 100% (on protected tree list)

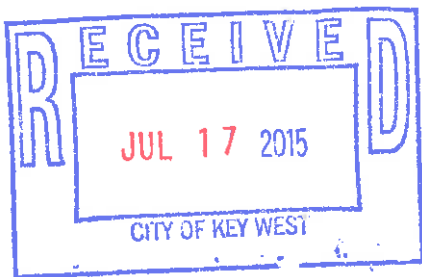
Condition: 60% (fair)

Total Average Value = 63%

Value x Diameter = 4.9 replacement caliper inches

Recommend approval of the removal of (1) Royal Poinciana tree located at 1118 Whitehead Street to be replaced with 4.9 caliper inches of FL#1 dicot or fruit trees to be planted on site.

Application



7505

Tree Permit Application

Date: July 16, 2015

Please Clearly Print All Information unless indicated otherwise.

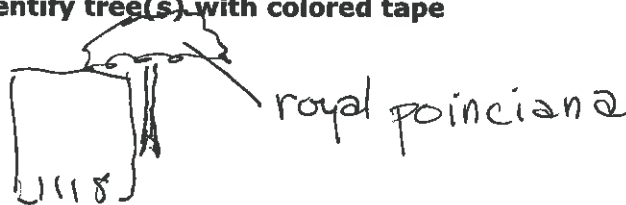
Tree Address 1118 Whitehead
Cross/Corner Street
List Tree Name(s) and Quantity Royal Poinciana
Species Type(s) check all that apply () Palm (☒) Flowering () Fruit () Shade () Unsure
Reason(s) for Application:
(☒) REMOVE () Tree Health (☒) Safety () Other/Explain below
() TRANSPLANT () New Location () Same Property () Other/Explain below
() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction
Other/Explain royal poinciana grew from seed right
by home - will cause damage to
Reason for Request home / not on appropriate spot for
a tree
Property Owner Name Brittany Snyder
Property Owner eMail Address brittanypruso.snyder@gmail.com
Property Owner Mailing Address 1118 WHITEHEAD ST
Property Owner Mailing City KEY WEST **State** FL **Zip** 33040
Property Owner Phone Number (305) 923-9403
Property Owner Signature [Signature]
Representative Name Tarzan Tree Care
Representative eMail Address janes.junglework@gmail.com
Representative Mailing Address 22976 U.S. 1
Representative Mailing City Cudjoe Key **State** FL **Zip** 33042
Representative Phone Number (305) 304-9303

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 ()

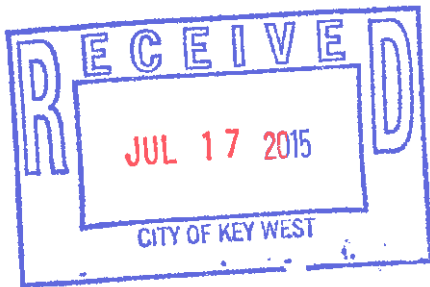
<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

Please identify tree(s) with colored tape



Whitehead St

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



7505

Tree Representation Authorization

Date: July 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 1118 Whitehead St. Key West FL 33040

Property Owner Name Brittany Snyder
Property Owner eMail Address brittanypruso.snyder@gmail.com
Property Owner Mailing Address 1118 Whitehead St. Key West
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 923-9403
Property Owner Signature Brittany Snyder

Representative Name Tarzan Tree Care
Representative eMail Address janes.junglework@gmail.com
Representative Mailing Address 22976 Bluegill Ln
Representative Mailing City Cudjoe Key State FL Zip 33042
Representative Phone Number (305) 304-9130

I Brittany Snyder, 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 Brittany Snyder

The forgoing instrument was acknowledged before me on this 14th day July 2015.

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

NOTARY PUBLIC

Sign Name: Debra R Leonard

Notary Public - State of Florida (seal)

Print Name: Debra R Leonard

My Commission Expires: 2/5/2016

