

STAFF REPORT

DATE: July 24, 2015

RE: **723 Olivia Street (permit application # T15-7510)**

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

An application was received for the removal **of (1) Avocado tree**. A site inspection was done on July 21, 2015 and documented the following:

Tree Species: Avocado (*Persea americana*)

















Diameter: 19"

Location: 60% (growing at foundation of house)

Species: 100% (on protected tree list)

Condition: 40% (poor-heavy canopy, lots of decay observed in branches and trunk)

Total Average Value = 66%

Value x Diameter = 12.5 replacement caliper inches

Application



7510

Tree Permit Application

Date: _____

Please Clearly Print All Information unless indicated otherwise.

Tree Address 723 OLIVIA - PC
Cross/Corner Street WINSOR PETRONIA LN CORNER

List Tree Name(s) and Quantity _____
Species Type(s) check all that apply () Palm () Flowering (x) Fruit (x) Shade () Unsure

Reason(s) for Application:

(x) REMOVE () Tree Health (x) Safety (x) Other/Explain below
() TRANSPLANT () New Location () Same Property () Other/Explain below
() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

Other/Explain TREE UNDER HOUSE, NOT LIFT, HAS SOME LEAN
TOP BRUSH OUT, TREE IS HOLLOW

Reason for Request THE ABOVE!

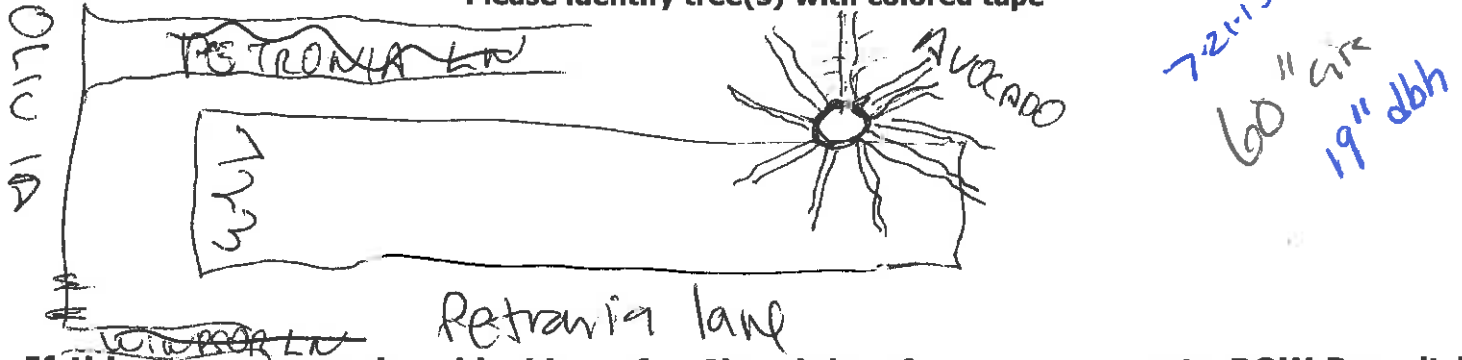
Property Owner Name PALLAB SANGUPTA
Property Owner eMail Address SENSUPTA@AOL.COM
Property Owner Mailing Address 618 WHITEHEAD ST
Property Owner Mailing City KEYWEST State FL Zip 33040
Property Owner Phone Number (305) 923-0780
Property Owner Signature _____

Representative Name LARRIE BUSLOFF
Representative eMail Address LARRIEBUSLOFF@YAHOO.COM
Representative Mailing Address 410 AVE. C
Representative Mailing City K.W. 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.

DEAR JO!
IF THIS L.O.R. NEEDS
MORE



1510

Tree Representation Authorization

Date: 7.17.15

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

723 OLIVIA

Property Owner Name

PALLAB SENGUPTA

Property Owner eMail Address

sengupta.j@aol.com

Property Owner Mailing Address

618 Whitehead Street

Property Owner Mailing City

State FL Zip 33040

Property Owner Phone Number

(305) 923-0780

Property Owner Signature

Representative Name

LARLE BUSLOFF - LEAD LIZARD

Representative eMail Address

Representative Mailing Address

410 NW

Representative Mailing City

NW

State FL Zip 33040

Representative Phone Number

() 304 1581

I PALLAB SENGUPTA, 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

Pallab Sengupta

The forgoing instrument was acknowledged before me on this 17th day July 2015.

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

NOTARY PUBLIC

Sign Name:

Jo Bennett

Notary Public - State of Florida (seal)

Print Name:

Jo Bennett

My Commission Expires:

May 26, 2019

