

STAFF REPORT

DATE: August 25, 2015

RE: **1314 Petronia Street (permit application # T15-7552)**

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

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

1. Tree Species: Mango (*Mangifera indica*)









Diameter: 11"

Location: 65% (lean and weight toward neighbor's property)

Species: 100% (on protected tree list)

Condition: 30% (poor-lots of die back, main trunk has a strong lean, some decay)

Total Average Value = 65%

Value x Diameter = 7 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Mango tree at 1314 Petronia Street to be replaced with 7 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted onsite.

Application



8-14-15
not access

7552

Tree Permit Application

Date: 8-14-15

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1314 PETRONIA
Cross/Corner Street WHITE
List Tree Name(s) and Quantity MANGO (1)
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 _____

Reason for Request TREE IS IN POOR STRUCTURAL CONDITION
AND A THREAT TO NEIGHBORING PROPERTY

Property Owner Name JONATHAN KASS
Property Owner eMail Address JCHADWICK888@aol.com
Property Owner Mailing Address 1314 PETRONIA
Property Owner Mailing City KW **State** FL **Zip** 33040
Property Owner Phone Number (813) 363-5035
Property Owner Signature _____

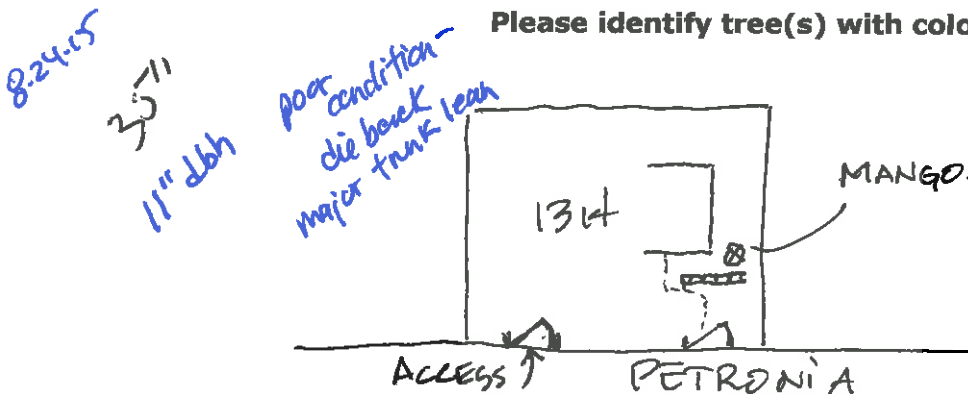
Representative Name NATIVE LANDSCAPE DESIGN
Representative eMail Address nativelandscape@comcast.net
Representative Mailing Address PO BOX 2847
Representative Mailing City KW **State** FL **Zip** 33045
Representative Phone Number (305) 509-7882

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.



7552

Tree Representation Authorization

Date: 8/6/15

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 1314 Petronia Street Key West FL 33040

Property Owner Name Jonathan Kass

Property Owner eMail Address Jschadwick888@aol.com

Property Owner Mailing Address 805 Nick Bay Place

Property Owner Mailing City Tampa State FL Zip 33606

Property Owner Phone Number (813) 363-5035

Property Owner Signature [Signature]

Representative Name NATIVE LANDSCAPE DESIGN

Representative eMail Address native.landscape@comcast.net

Representative Mailing Address PO Box 2847

Representative Mailing City KEY WEST State FL Zip 33045

Representative Phone Number (305) 393-5028

I, Jonathan Kass, 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 [Signature]

The foregoing instrument was acknowledged before me on this 14 day August, 2015

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

NOTARY PUBLIC

Sign Name: Bernadette J. Hogsett

Print Name: Bernadette J. Hogsett

My Commission Expires: 08/16/2015

Notary Public - State of Florida (seal)

