

STAFF REPORT

DATE: August 25, 2015

RE: **2825 Flagler Avenue (permit application # T15-7553)**

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

An application was received for the removal **of (1) Strangler Fig tree**. A site inspection was done on August 19, 2015 and documented the following:

1. Tree Species: Strangler Fig (*Ficus aurea*)











Diameter: 17.8"

Location: 40% (roots impacting driveway and garage. Very close to property line)

Species: 100% (on protected tree list)

Condition: 50% (fair to poor)

Total Average Value = 63%

Value x Diameter = 11 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Strangler Fig tree at 2825 Flagler Avenue to be replaced with 11 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted onsite.

Application



7553

Tree Permit Application

Date: Aug 18, 2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 2825 Flagler
Cross/Corner Street _____
List Tree Name(s) and Quantity 1 (small) strangler fig
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 root problem + too close to fence
+ house

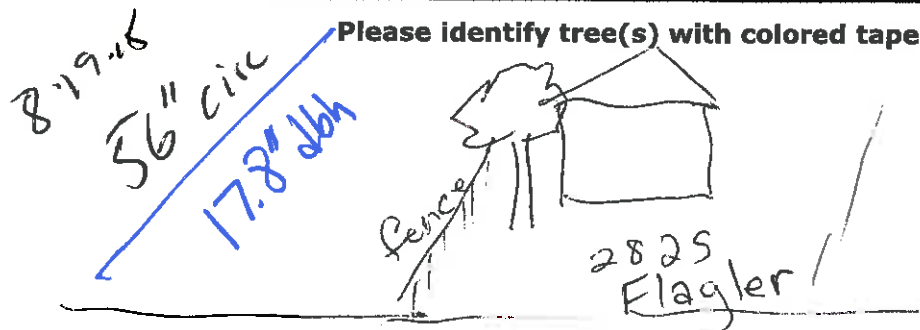
Property Owner Name John Herndon
Property Owner eMail Address jwherndon.2@gmail.com
Property Owner Mailing Address 2825 Flagler Ave
Property Owner Mailing City KEY WEST **State** FL **Zip** 33040
Property Owner Phone Number (305) 292-2586
Property Owner Signature John W. Herndon Jr.

Representative Name Jarzan Tree Care
Representative eMail Address janes.junglework@gmail.com
Representative Mailing Address 22976 Buena Vista Ln
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 >>>>>



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: 14 August 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 2825 Flagler

Property Owner Name John Herndon

Property Owner eMail Address jwherndon.2@gmail.com

Property Owner Mailing Address 2825 Flagler Ave

Property Owner Mailing City KEY WEST State FL Zip 33040

Property Owner Phone Number (305) 292-2586

Property Owner Signature John W. Herndon Jr.

Representative Name Tarzan Tree Care

Representative eMail Address janesjunglework@gmail.com

Representative Mailing Address 122976 Bluegill Ln

Representative Mailing City Cudjoe Key State FL Zip 33042

Representative Phone Number (305) 304-9303

I John W. Herndon Jr., 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

John W. Herndon Jr.

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

By (Print name of Affiant) John W. Herndon Jr. who is personally known to me or has produced Florida Drivers License as identification and who did take an oath.

NOTARY PUBLIC

Sign Name:

Adam N. Van Natta

Notary Public - State of Florida (seal)

Print Name:

Adam N. Van Natta
Paralegal NCO

My Commission Expires:

UP AR 27-55, para 2-2a(2)

My Commission Expires: INDEFINITE

DEPARTMENT OF THE ARMY
JOINT INTERAGENCY TASK FORCE SOUTH
PO BOX 5031 ATTN:
REVAL AIR STATION, KEY WEST FL 33040
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