

STAFF REPORT

DATE: August 25, 2015

RE: **1000 Southard Street (permit application # T15-7554)**

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 August 19, 2015 and documented the following:

1. Tree Species: Avocado (*Persea americana*)

















Diameter: 15.2"

Location: 80% (tree is growing within an existing deck cut out area)

Species: 100% (on protected tree list)

Condition: 60% (fair- there is some decay in the canopy and there is a decay spot on the main trunk. The decay in the main trunk appears to be mainly in the cut collar area.)

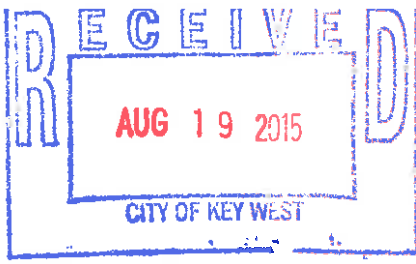
Total Average Value = 80%

Value x Diameter = 12 replacement caliper inches

The tree could use some heavy maintenance trimming to remove decayed branches and to balance the canopy. At this time it is not known if there is any other evidence of decay in the trunk of the tree or how extensive it may or may not be.

The home is under going renovation and there are plans to renovate the deck area.

Application



7554

Tree Permit Application

Date: 8-9-2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1000 Southard St.
Cross/Corner Street Grinnell St.
List Tree Name(s) and Quantity 1 Avacado
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 Tree has lots of decay and termite damage and is in the way of proposed construction
Reason for Request

Property Owner Name Ann Ferrara
Property Owner eMail Address
Property Owner Mailing Address 1000 Southard St.
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (76) 445-8338
Property Owner Signature

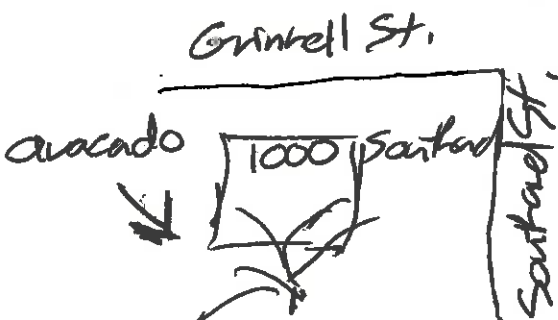
Representative Name Kenneth Krog
Representative eMail Address
Representative Mailing Address 1602 Laland
Representative Mailing City Key West **State** FL **Zip** 33040
Representative Phone Number (305) 296-8101

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** >>>>>

Please identify tree(s) with colored tape



8-19-15
4 ft cire
15.2" dbh

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



7554

Tree Representation Authorization

Date: August 13, 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 1000 Southard Street Key West, FL

Property Owner Name Anne F. Ferrara

Property Owner eMail Address AF14069@JCLAND.com

Property Owner Mailing Address 6 Purlan Ave

Property Owner Mailing City Mount Sinai State NY Zip 11766

Property Owner Phone Number (716) 445-8338

Property Owner Signature Anne F. Ferrara

Representative Name Kenneth King

Representative eMail Address [REDACTED]

Representative Mailing Address 1602 LAIRD ST.

Representative Mailing City KEY WEST State FL Zip 33040

Representative Phone Number (305) 296-8101

I Anne F. Ferrara, 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 Anne F. Ferrara

The forgoing instrument was acknowledged before me on this 17 day August 2015

By (Print name of Affiant) Anne F. Ferrara who is personally known to me or has produced New York State Driver License as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Cheryl De Vere

Print Name: Cheryl De Vere

My Commission Expires: Jan. 16, 2019

Notary Public - State of Florida (seal)

CHERYL DEVERE
Notary Public, State of New York
No. 01088189185
Qualified in Suffolk County
Commission Expires Jan. 16, 2019



Scott P. Russell, CFA
Property Appraiser
Monroe County, Florida

Key West (305) 292-3420
Marathon (305) 289-2550
Plantation Key (305)
852-7130

Property Record Card - Maps are now launching the new map application version.

Alternate Key: 1011134 Parcel ID: 00010840-000000

Ownership Details

Mailing Address:

FERRARA ANNE F
6 PURITAN AVE
MOUNT SINAI, NY 11766-2510

Property Details

PC Code: 01 - SINGLE FAMILY

Millage Group: 10KW

Affordable Housing: No

Section-Township-Range: 06-68-25

Property Location: 1000 SOUTHARD ST KEY WEST

Legal Description: KW PT LOT 3 SQR 56 OR66-99/100 OR1233-2400/01R/S(CMS)OR1306-911(AFFD) OR1306-912(LG)

Click Map Image to open interactive viewer

