

STAFF REPORT

DATE: September 29, 2015

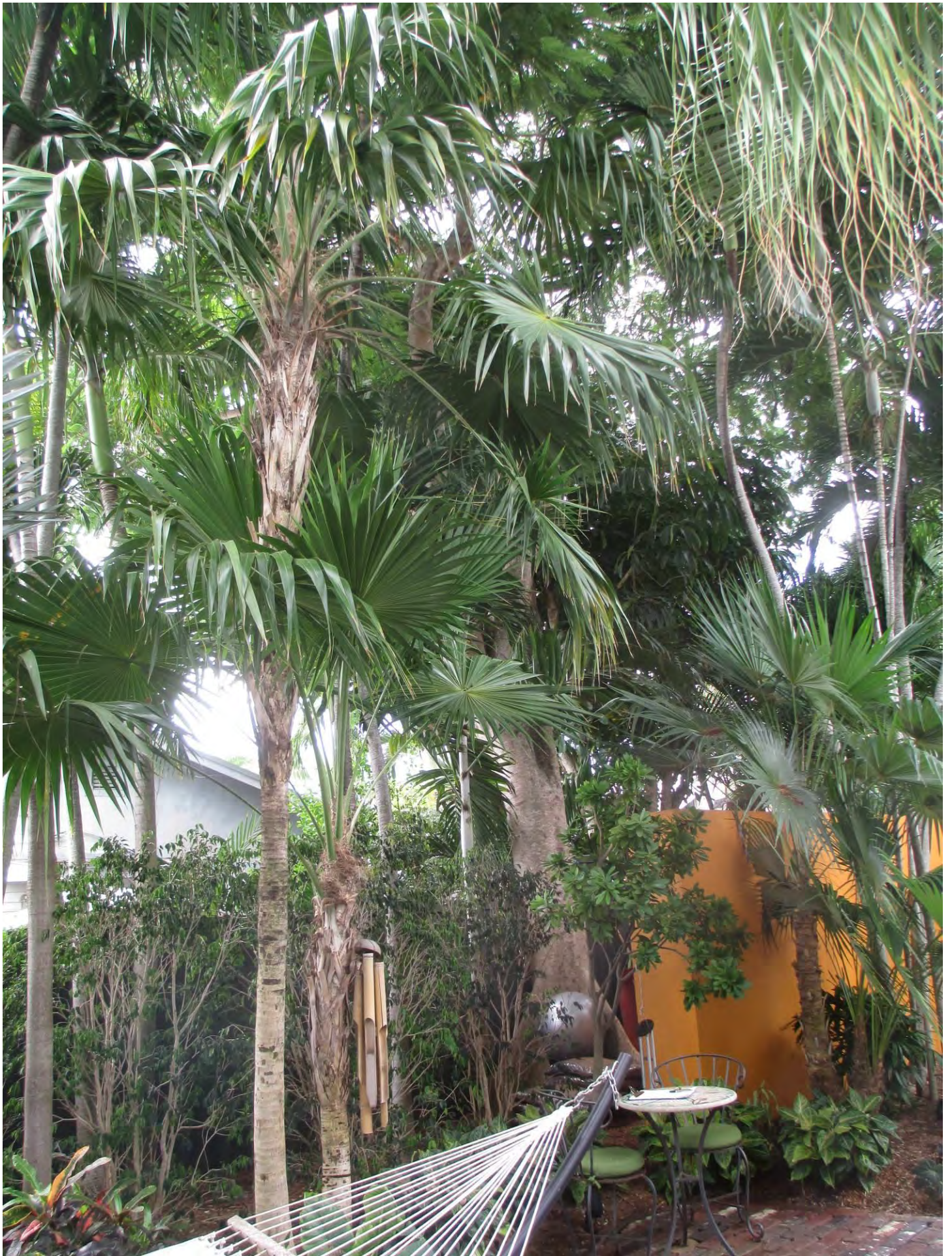
RE: **1508 Washington Street (permit application # T15-7594)**

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 September 22, 2015 and documented the following:

Tree Species: Royal Poinciana (*Delonix regia*)









1508



rear
neighbor

View at top of fence with rear neighbor.











Over the fence view of rear neighbors yard next to tree.

Diameter: 22.3"

Location: 60% (impacting fence)

Species: 100% (on protected tree list)

Condition: 60% (fair-long, extended trunk with a slight lean)

Total Average Value = 73%

Value x Diameter = 16.2 replacement caliper inches

Need additional information regarding overall health of tree. Fence can be rebuilt around tree.

Recommend denial of permit unless additional information submitted.

Application



7594

Tree Permit Application



Date: 9-21-2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1508 Washington St
Cross/Corner Street Lean St.
List Tree Name(s) and Quantity 1 Polchiana
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 The tree is knocking over the fence, is unwanted
is hardly visible from the street and has gotten too tall
Reason for Request to be maintained in a safe manner

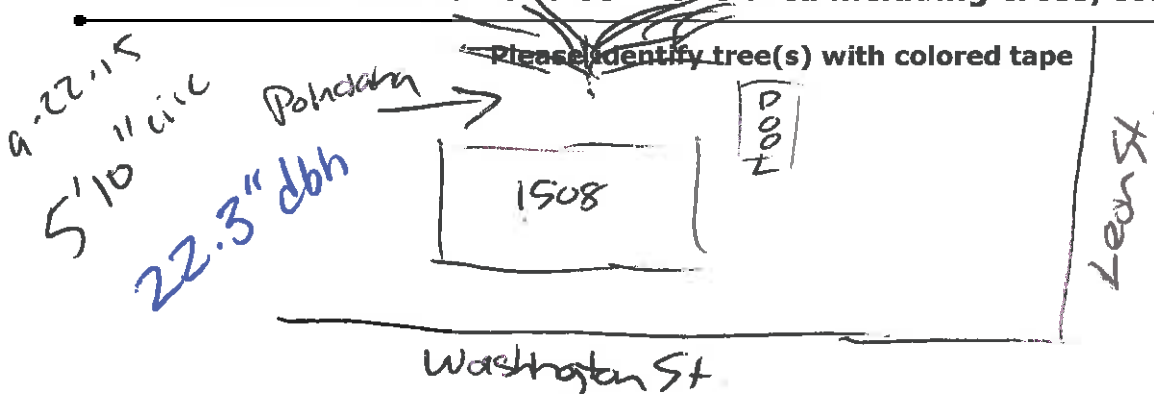
Property Owner Name William Hamilton
Property Owner eMail Address BILL@AMOEBAFARM.COM
Property Owner Mailing Address 1508 Washington St
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 296-8101
Property Owner Signature _____

Representative Name Kenneth King
Representative eMail Address _____
Representative Mailing Address 1602 Laird St.
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 >>>>>



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



7594

Tree Representation Authorization

Date: SEP 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 1508 WASHINGTON ST. KEY WEST FLProperty Owner Name WILLIAM HAMILTONProperty Owner eMail Address BILL @ ANOEBAFARM.COMProperty Owner Mailing Address 1508 WASHINGTON ST.Property Owner Mailing City KEY WEST State FL Zip 33040Property Owner Phone Number (305) 394-0957Property Owner Signature [Signature]Representative Name Kenneth King

Representative eMail Address _____

Representative Mailing Address 1602 LAND ST.Representative Mailing City KEY WEST State FL Zip 33040Representative Phone Number (305) 296-8101

I WILLIAM HAMILTON, 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 [Signature]The forgoing instrument was acknowledged before me on this 14th day September.

By (Print name of Affiant) William Hamilton who is personally known to me or has produced FL. Drivers License as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: [Signature] Notary Public - State of Florida (seal)Print Name: Nicole RosadoMy Commission Expires: 1/12/2019