

STAFF REPORT

DATE: October 26, 2015

RE: **1214 Newton Street (permit application # T15-7616)**

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

An application was received for the removal **of (1) Gumbo Limbo tree**. A site inspection was done on October 15, 2015 and documented the following:

1. Tree Species: Gumbo Limbo (*Bursera simaruba*)













Diameter: 9.8"

Location: 50% (impacting concrete wall, very close to utility pole, canopy impacting utility lines)

Species: 100% (on protected tree list)

Condition: 50% (fair to poor-poor canopy structure, on sided, as tree grows, weak spot will be created due to growth of trunk into wall-next to public sidewalk.)

Total Average Value = 66%

Value x Diameter = 6.4 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Gumbo Limbo tree at 1214 Newton Street to be replaced with 6.4 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted onsite.

Application



7616

Tree Permit Application

Date: Oct 2 2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1214 NEWTON ST
Cross/Corner Street _____
List Tree Name(s) and Quantity 1 Gambolimba
Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade () Unsure
Reason(s) for Application:

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

Additional Information and Explanation tree is CRACKING cement wall risk to fall on sidewalk.
(~~was~~ planted the tree too close to the wall.)

Property Owner Name ARNAUD GIRARD D'ALBISSINI
Property Owner eMail Address 1214 NEWTON ST. Key west
Property Owner Mailing Address same -
Property Owner Mailing City Key west **State** FL **Zip** 33040
Property Owner Phone Number () _____ - _____
Property Owner Signature [Signature]

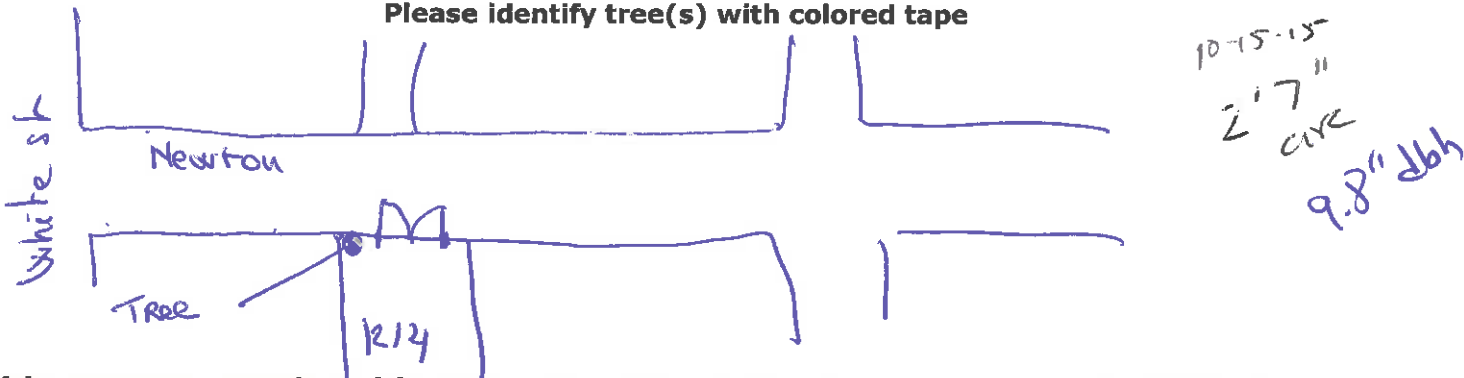
Representative Name _____
Representative eMail Address _____
Representative Mailing Address _____
Representative Mailing City _____ **State** _____ **Zip** _____
Representative Phone Number () _____ - _____

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.