

# STAFF REPORT

DATE: October 26, 2015

RE: **711 Waddell Avenue (permit application # T15-7633)**

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

An application was received for the removal **of (1) Mahogany tree**. A site inspection was done on October 23, 2015 and documented the following:

1. Tree Species: Mahogany (Swietenia mahagoni)















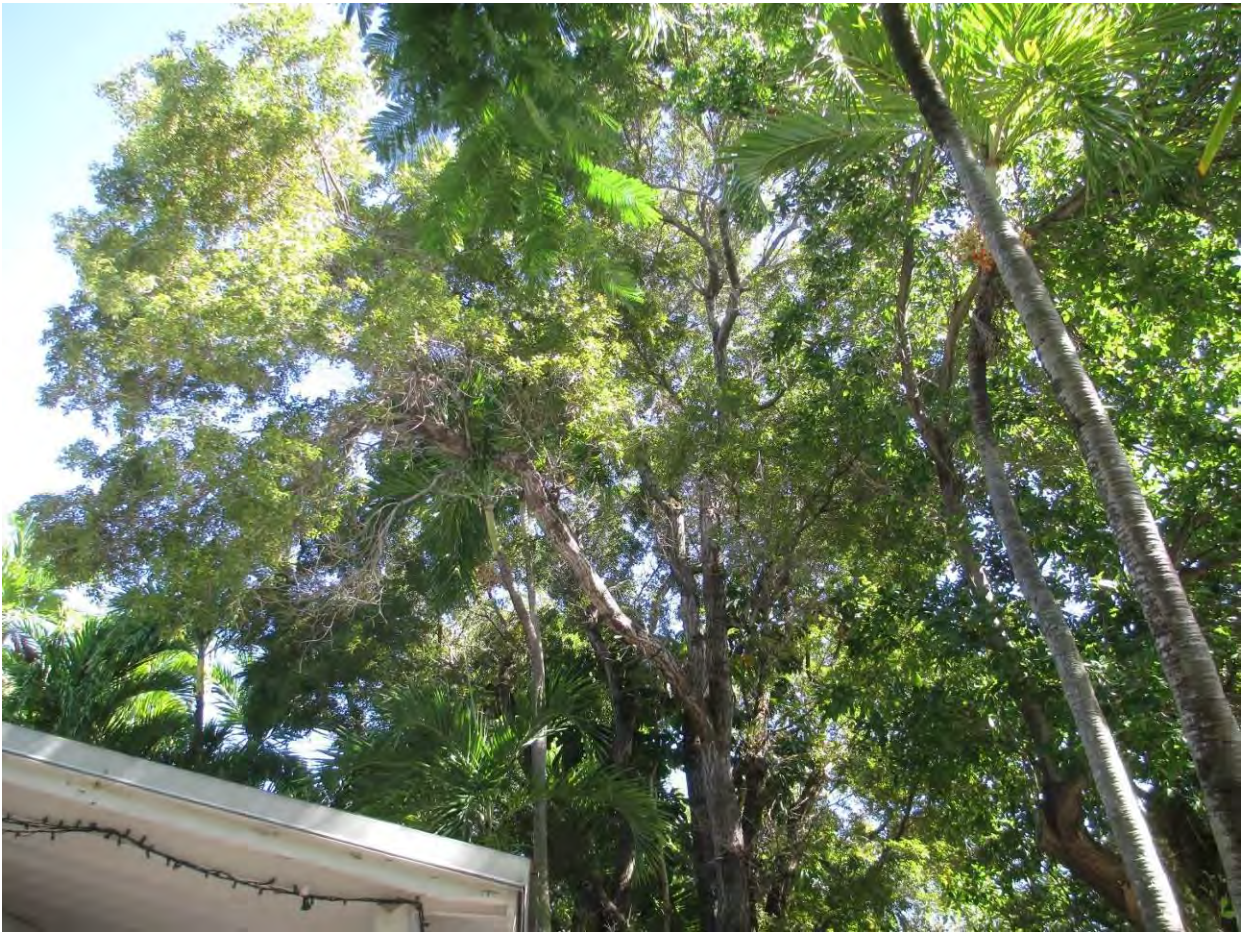
















decay



decay





Diameter: 30.5"

Location: 70%

Species: 100% (on protected tree list)

Condition: 50% (fair to poor-three main trunks with included bark, old cuts/stubs in canopy.)

Total Average Value = 73%

**Value x Diameter = 22 replacement caliper inches**

**Note: There is decay in the canopy of the largest trunk-large branch tear? Heavy maintenance trimming to include reduction of canopy might not be a viable alternative due to the decay-might not be able to make proper cuts to allow the tree to grow.**



# Application





7633

## Tree Permit Application

Date: \_\_\_\_\_

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 211 WADSWELL ST DRY WET  
**Cross/Corner Street** \_\_\_\_\_  
**List Tree Name(s) and Quantity** \_\_\_\_\_  
**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

**Additional Information and Explanation** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owner Name** 211 WADSWELL ST  
**Property Owner eMail Address** LANNY E LANNY FAUPEL.COM  
**Property Owner Mailing Address** 500 AUSTRALIAN AVE S. # 630  
**Property Owner Mailing City** WEST PALM BEACH **State** FL **Zip** 33401  
**Property Owner Phone Number** (561) 411-4160  
**Property Owner Signature** \_\_\_\_\_

**Representative Name** JAMES WOODARD  
**Representative eMail Address** JWWOODARD@GMAIL.COM  
**Representative Mailing Address** 3720 NORTH MOOSEHOLE BLVD  
**Representative Mailing City** KEY WEST **State** FL **Zip** 33040  
**Representative Phone Number** (305) 960-8428

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 ( )

&lt;&lt;&lt;&lt;&lt; Sketch location of tree in this area including cross/corner Street &gt;&gt;&gt;&gt;&gt;

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.





7633

## Tree Representation Authorization

Date: 10/28/15

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 711 WADDRELL ST KEY WEST

Property Owner Name 711 WADDRELL ST LLC

Property Owner eMail Address LARRY E LARRYTAUBER.COM

Property Owner Mailing Address 100 AUSTIN AVE SOUTH #630

Property Owner Mailing City WEST PALM BEACH State FL Zip 33401

Property Owner Phone Number (561) 651-4160

Property Owner Signature [Signature]

Representative Name JAMES WOODARD

Representative eMail Address JWWOODARD@gmail.com

Representative Mailing Address 3700 NORTH DOUGHERTY BLVD

Representative Mailing City KEY WEST State FL Zip 33040

Representative Phone Number (305) 960-8428

I LAWRENCE TAUBER, 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 forgoing instrument was acknowledged before me on this 28 day Oct.

By (Print name of Affiant) LAWRENCE TAUBER who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

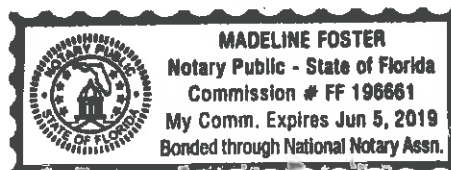
### NOTARY PUBLIC

Sign Name: [Signature]

Notary Public - State of Florida (seal)

Print Name: Madeline Foster

My Commission Expires: June 5 2019







7633

## Tree Representation Authorization

Date: 11-2-15

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 711 Waddell ST Key West FL  
33040

Property Owner Name 711 Waddell ST LLC

Property Owner eMail Address JdWoodard@gmail.com

Property Owner Mailing Address 500 Australian Ave. South #630

Property Owner Mailing City West Palm Beach State FL Zip 33401

Property Owner Phone Number (305) 900-8428

Property Owner Signature [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

I \_\_\_\_\_, 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 \_\_\_\_\_ day \_\_\_\_\_.

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

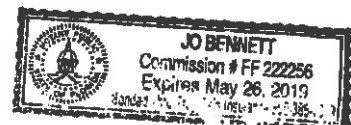
### NOTARY PUBLIC

Sign Name: [Signature]

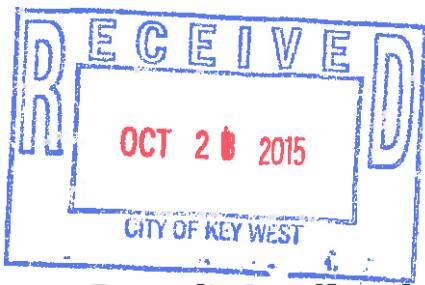
Notary Public - State of Florida (seal)

Print Name: Jo Bennett

My Commission Expires: May 26, 2017







7633

**Tree Permit Application**Date: 10-21-2015

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 711 Waddell Ave  
**Cross/Corner Street** Vernon  
**List Tree Name(s) and Quantity** 1 Mahogany  
**Species Type(s) check all that apply** ( ) Palm ( ) Flowering ( ) Fruit (X) Shade ( ) Unsure  
**Reason(s) for Application:**

(X) REMOVE (X) Tree Health (X) 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**

Extensive Included bark makes this tree very unstable and likely to fall in a wind event, a tree is growing out of the largest crotch.

**Property Owner Name** Joseph Clegghorn Sr.  
**Property Owner eMail Address** JClegghorn@BellSouth.net  
**Property Owner Mailing Address** 701 Waddell  
**Property Owner Mailing City** Key West **State** FL **Zip** 33040  
**Property Owner Phone Number** (305) 304-6627  
**Property Owner Signature**

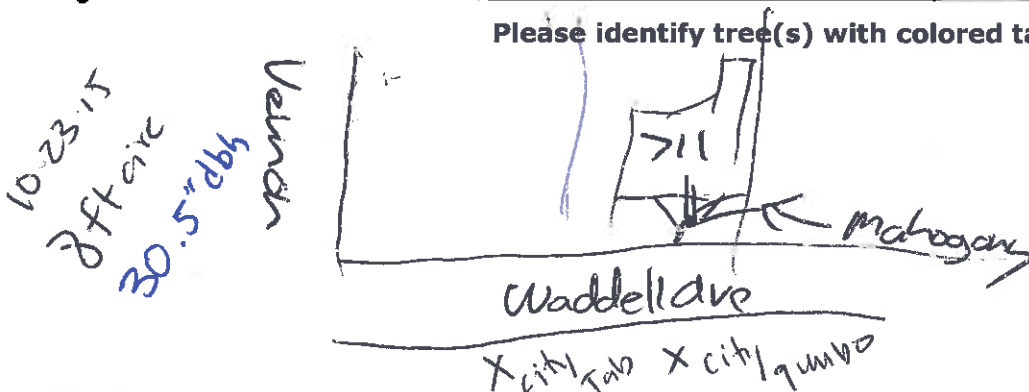
**Representative Name** Kenneth King  
**Representative eMail Address**  
**Representative Mailing Address** 1602 Lalud St.  
**Representative Mailing City** Key West **State** FL **Zip** 33040  
**Representative Phone Number** (305) 296-8101

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 ( )

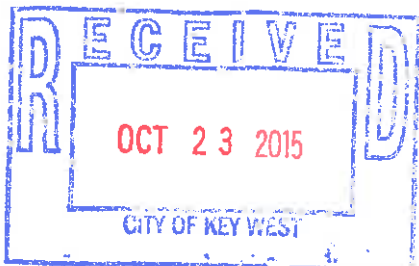
&lt;&lt;&lt;&lt;&lt; Sketch location of tree in this area including cross/corner Street &gt;&gt;&gt;&gt;&gt;

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.





7633

**Tree Representation Authorization**Date: 8-21-15

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 711 Waddell Key West, FL 33040

Property Owner Name Joseph Cleghorn Jr  
Property Owner eMail Address JCleghorn@BellSouth.net  
Property Owner Mailing Address 701 Waddell Key West  
Property Owner Mailing City Key West State FL Zip 33040  
Property Owner Phone Number (305) 304-6627  
Property Owner Signature [Signature]

Representative Name Kenneth King  
Representative eMail Address \_\_\_\_\_  
Representative Mailing Address 1602 Land St.  
Representative Mailing City Key West State FL Zip 33040  
Representative Phone Number (305) 296-8101

I Joe Cleghorn 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 if there is any questions or need access to my property.

Property Owner Signature [Signature]

The forgoing instrument was acknowledged before me on this 21<sup>st</sup> day August.

By (Print name of Affiant) Joe Cleghorn who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

**NOTARY PUBLIC**Sign Name: [Signature] Notary Public - State of Florida (seal)Print Name: Gary SmithMy Commission Expires: 9-14-18





**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: 1038458 Parcel ID: 00037710-000000

### Ownership Details

**Mailing Address:**

711 WADELL STREET LLC  
500 S AUSTRALIAN AVE STE 630  
WEST PALM BEACH, FL 33401-6241

### Property Details

**PC Code:** 08 - MULTI FAMILY LESS THAN 10UNITS

**Millage Group:** 10KW

**Affordable  
Housing:** No

**Section-Township-  
Range:** 05-68-25

**Property Location:** 711 WADDELL AVE KEY WEST

**Legal Description:** KW KW INVESTMENT CO SUB PB1-69 LOT 8 SQR 13 TR 17 H3-394 OR1187-595D/C OR1187-596/97L/E  
OR1296-1904/11EST OR1929-870 OR1929-871 OR2212-547 OR2734-1722LET/ADM OR2757-318/19

**Click Map Image to open interactive viewer**



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## Detail by Entity Name

### Florida Limited Liability Company

711 WADELL STREET LLC

### Filing Information

Document Number	L15000137121
FEI/EIN Number	NONE
Date Filed	08/11/2015
Effective Date	08/11/2015
State	FL
Status	ACTIVE

### Principal Address

500 AUSTRALIAN AVE SOUTH  
SUITE 630  
WEST PALM BEACH, FL 33401

### Mailing Address

500 AUSTRALIAN AVE SOUTH  
SUITE 630  
WEST PALM BEACH, FL 33401

### Registered Agent Name & Address

TAUBE, LAWRENCE U, ESQ  
500 AUSTRALIAN AVE SOUTH  
SUITE 630  
WEST PALM BEACH, FL 33401

### Authorized Person(s) Detail

#### **Name & Address**

Title AR

TAUBE, LAWRENCE U, ESQ.  
500 AUSTRALIAN AVE SOUTH STE 630  
WEST PALM BEACH, FL 33401

### Annual Reports

#### **No Annual Reports Filed**

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State of Florida, Department of State



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