

# STAFF REPORT

DATE: November 18, 2015

RE: **504 Elizabeth Street (permit application # T15-7679)**

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

An application was received for the removal **of (1) Horseradish tree**. A site inspection was done on November 18, 2015 and documented the following:

Tree Species: Horseradish (*Moringa oleifera*)



















Diameter: 13.3"

Location: 60% (fence line, growing over onto adjacent property in back yard)

Species: 50% (not on protected or not protected tree list)

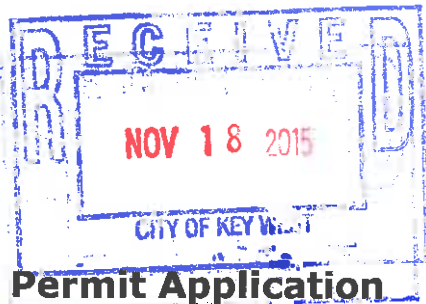
Condition: 30% (very poor, lots of decay in main trunk, severely one side tree with a heavy lean)

Total Average Value = 47%

**Value x Diameter = 6.2 replacement caliper inches**

**Recommendation: Recommend approval of the removal of one (1) Horseradish tree at 504 Elizabeth Street to be replaced with 6.2 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted onsite.**

# Application



7679

**Tree Permit Application**Date: 11-18-2015

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 504 Elizabeth St.  
**Cross/Corner Street** Fleming St.  
**List Tree Name(s) and Quantity** 1 Horse Radish tree  
**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 is really decayed, has already done damage and is a hazard.**Reason for Request**

**Property Owner Name** Joan Boel  
**Property Owner eMail Address** jboel@yuno.com  
**Property Owner Mailing Address** 1089 Ocean Drive  
**Property Owner Mailing City** Summerland Key State FL **Zip** 33042  
**Property Owner Phone Number** (305) 849-3073  
**Property Owner Signature**

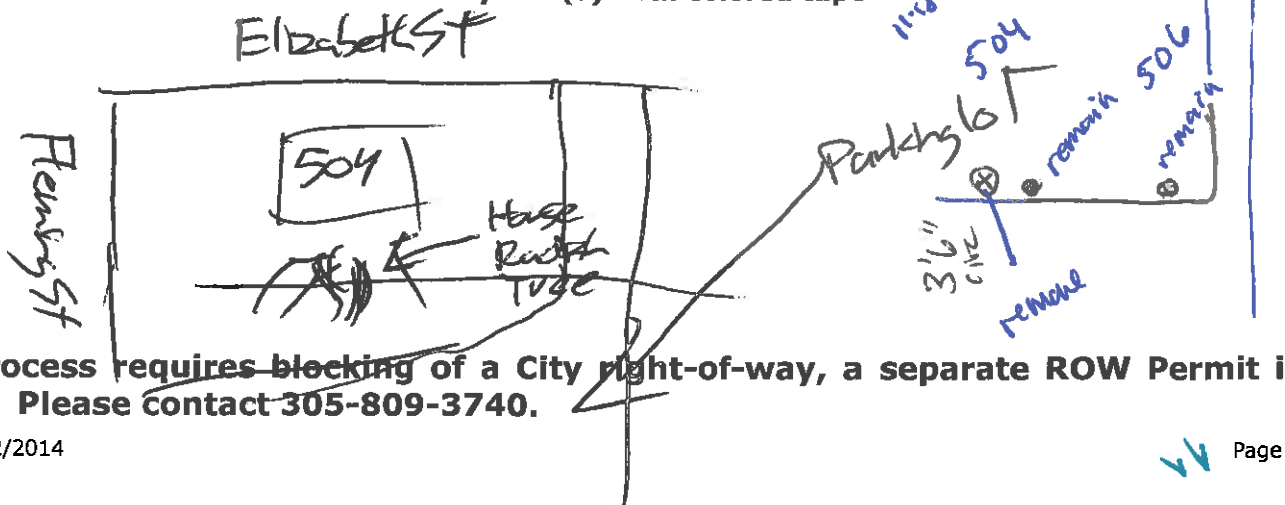
**Representative Name** Kamela King  
**Representative eMail Address**  
**Representative Mailing Address** 602 Laid  
**Representative Mailing City** Key West **State** FL **Zip** 33040  
**Representative Phone Number** (305) 296-8101

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.

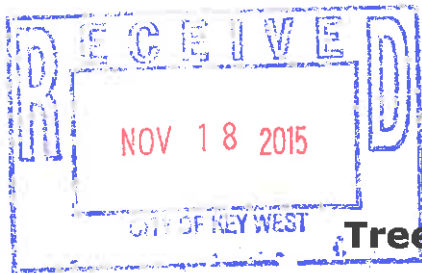
Tree Representation Authorization form attached ( )

&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.



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**Tree Representation Authorization**Date: 11/13/15

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 504 ELIZABETH ST.

Property Owner Name JOAN BOREL  
Property Owner eMail Address jborel@juno.com  
Property Owner Mailing Address 1089 OCEAN DR.  
Property Owner Mailing City SUMMERLAND KEY State FL Zip 33042  
Property Owner Phone Number (305) 849-3013  
Property Owner Signature Joan Borel

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 JOAN BOREL, 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 Joan BorelThe forgoing instrument was acknowledged before me on this 13 day Nov 2015

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

**NOTARY PUBLIC**Sign Name: Susan V. Meneses Notary Public - State of Florida (seal)

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

