## **STAFF REPORT**

DATE: December 10, 2015

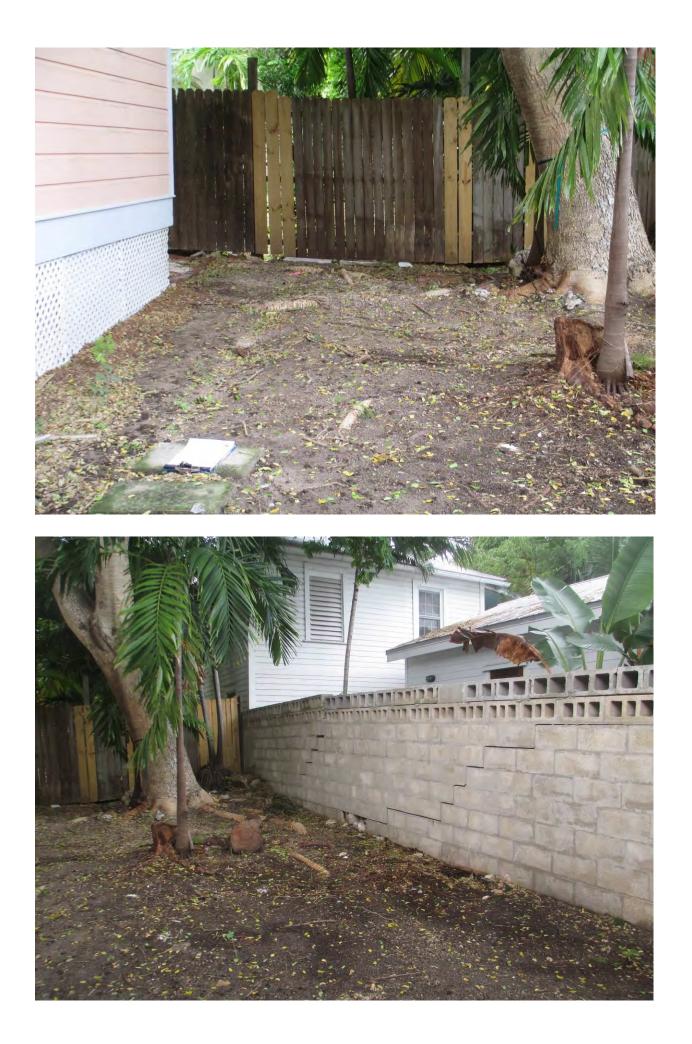
## RE: 1513 Washington Street (permit application # T15-7701)

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

An application was received requesting the removal of **(1) Woman's Tongue tree**. A site inspection was done on December 10, 2015 and documented the following:

Tree Species: Woman's Tongue (Albizia lebbeck)

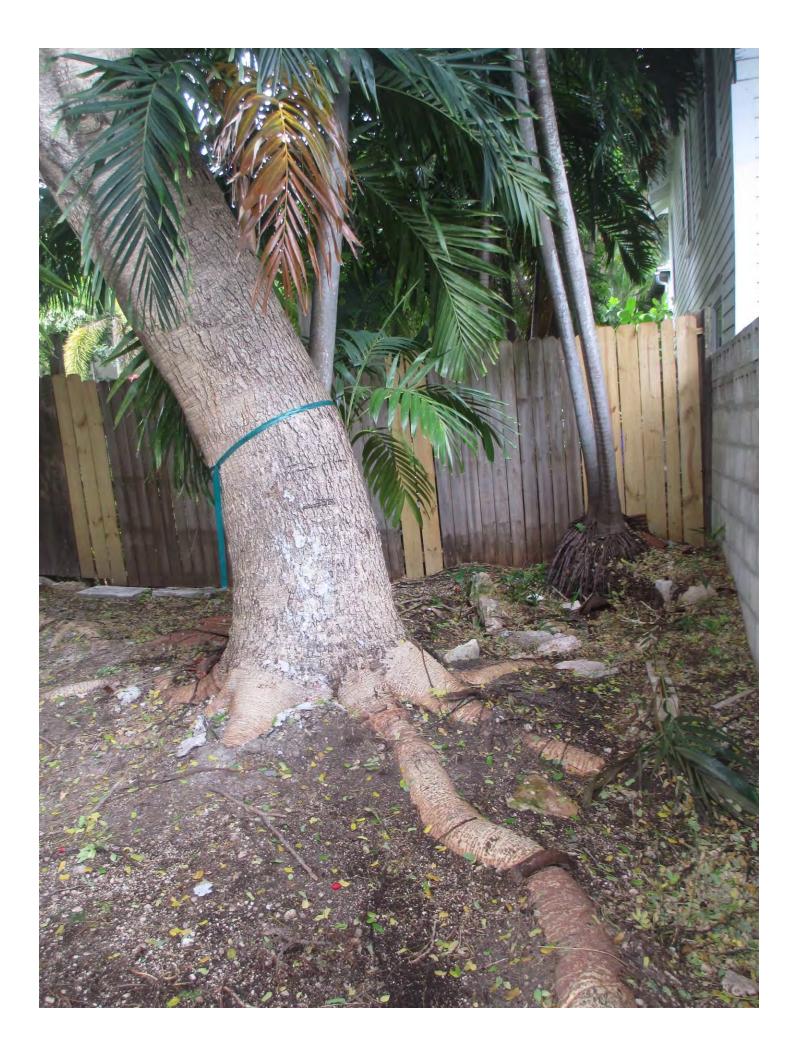












Diameter: 26.7" - 24"(not regulated) = 2.7" regulated Location: 50% (foundation issues) Species: 0% (on not protected tree list) Condition: 60% (fair) Total Average Value = 37% Value x Diameter = 1 replacement caliper inch

Recommendation: Recommend approval of the removal of one (1) Woman's Tongue tree at 1513 Washington Street to be replaced with 1 caliper inch of dicot or fruit trees from approved list, FL#1, to be planted onsite.

## Application

tel west Tree DFC - 8 2015**Tree Permit Application** Date: DEC. 7. 2015 Please Clearly Print All Information unless indicated otherwise. 1573 WASHINGTON ST Tree Address Cross/Corner Street BETWEEN THANKSON and LEON List Tree Name(s) and Quantity ALBIZIA LEBBECK (WOMAN'S TONEVE Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade (2) Unsure  $\sqrt{1}$ Reason(s) for Application: 1 chu (X) REMOVE () Tree Health (X) Safety (X) Other/Explain below () TRANSPLANT () New Location () Same Property () Other/Explain below () HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction Other/Explain INVASIVE REPOTE TREE, NOT ON PROTECTED LIST. IS CAUSING STRUCTURAL DAMA, GE TO HOUSE FOUNDATION AND BLOCKFENCE. Reason for Request TREE IS LEANING TRUBRI HOUSE AND HAS STRESS CRACKS Property Owner Name FRANK + P Property Owner eMail Address captrank @ bell south in et Property Owner Mailing Address 1075 Dullat. ST. C21. PmB 229 State R. 33080 Zip Property Owner Mailing City Recy West Property Owner Phone Number (2057) 3641-0941 **Property Owner Signature** JEFF STOTTS Representative Name Representative eMail Address Transformed@gal.com Representative Mailing Address 2617 FOGARTY Zip 3:3640 Representative Mailing City <u>KEY 6/EST</u> State FL Representative Phone Number (305) 304-0273 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 ( ) 24.0 24.0 2.7" dbh resulated <<<<< Sketch location of tree in this area including cross/corner Street >>>>> Please identify tree(s) with colored tape Captain Frank Holden USCG 500 Ton Master 1075 Duval St. C21, PMB 229 Key West, Fl 33040 Phone 305-304-0942 E-mail capfrank@bellsouth.net www.conchrepublicmilitaryforces.com call For access a City right-of-way, a separate ROW Permit is

required. Please contact sup-ous \_/40. Updated: 02/22/2014



Date: DEC. 7. 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** 

Property Owner Name Property Owner eMail Address Property Owner Mailing Address Property Owner Mailing City Property Owner Phone Number Property Owner Signature

Representative Name Representative eMail Address Representative Mailing Address Representative Mailing City Representative Phone Number

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FRANK & PAMEL. Canfranh @b.	A HOLDEN eilsauth · net Cal, PMB 229
KEY WEST	State Fr. Zin 33040
(305) 304 - 00	State FL Zip 33040 142 Molden

JEFF STOTT				
Tropicxped a	200/1 CA	20		
2617 FOGARTY	AVG			
KEY WEST	State	PL	Zip	33040
(305-) 304 - 02	273		-	

I <u>FRANK HOLDEN</u>, hearby 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

The forgoing instrument was acknowledged before me on this  $\frac{8^{th}}{20}$  day  $\frac{December 20}{20}$  is

By (Print name of Affiant) Frank D. Holden who is personally known to me or has produced Flow Driver License as identification and who did take an oath.

NOTARY PUBLIC	No
Print Name: Lisa M. Mc Carthy	-

Notary Public - State of Florida (seal)

My Commission Expires:







