

STAFF REPORT

DATE: January 26, 2016

RE: **1615 United Street (permit application # T16-7729)**

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

An application was received requesting the removal of **(1) Strangler Fig tree**. A site inspection was done on January 6, 2016 and documented the following:

Tree Species: Strangler Fig (*Ficus aurea*)









Diameter: 15.2"

Location: 50% (causing damage to structure)

Species: 100% (on protected tree list)

Condition: 60% (fair-young, healthy tree)

Total Average Value = 70%

Value x Diameter = 10.6 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Strangler Fig tree at 1615 United Street to be replaced with 10.6 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted onsite.

Application



Feb TC
2016

7729

Tree Permit Application

Date: December 11, 2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1615 United Street, Key West, Florida 33040
Cross/Corner Street United and Ashby Streets
List Tree Name(s) and Quantity Strangler Fig - Quantity (1)
Species Type(s) check all that apply () Palm () Flowering () Fruit (x) Shade () Unsure
Reason(s) for Application:

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

Other/Explain Tree is growing against foundation of house and beginning to cause damage. Additionally, the health of the tree is beginning to deteriorate.

Reason for Request Request removal to avoid greater damage to home. Replacements will be installed within 6 months and submitted for approval.

Property Owner Name Anthony D. Sarno
Property Owner eMail Address Anthony@AnthonyArchitecture.com
Property Owner Mailing Address 1615 United Street
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (305) 395 2846
Property Owner Signature Anthony D. Sarno

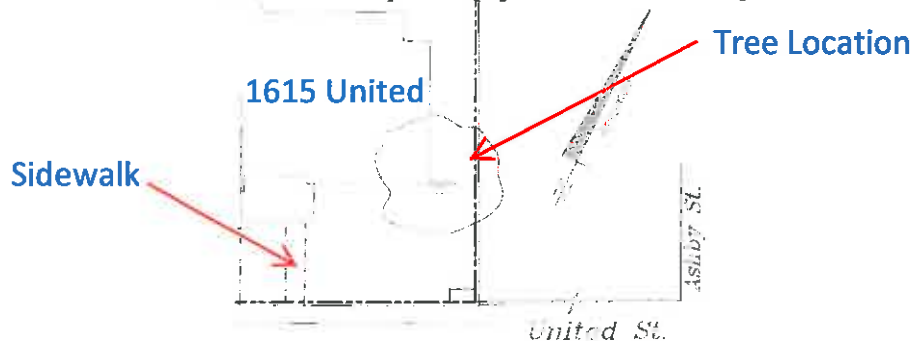
Representative Name - None -
Representative eMail Address _____
Representative Mailing Address _____
Representative Mailing City _____ **State** _____ **Zip** _____
Representative Phone Number (_____) _____ - _____

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.









