

STAFF REPORT

DATE: January 26, 2016

RE: **715 Frances Street (permit application # T16-7757)**

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

An application was received requesting the removal of **(1) Frangipani tree**. A site inspection was done on January 21, 2016 and documented the following:

Tree Species: Frangipani (Plumeria sp.)











Diameter: 13.7"

Location: 80%

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

Condition: 60%

Total Average Value = 63%

Value x Diameter = 8.6 replacement caliper inches

Recommendation: At the time this report was written, no information was submitted regarding why there is a request to remove the tree. Therefore, I see no reason to remove the tree and I recommend denial of permit.

Application



7757

Tree Permit Application

Date: 1/19/16**Please Clearly Print** All Information unless indicated otherwise.

Tree Address 715 Frances St KW 33040
Cross/Corner Street Petronia + Frances
List Tree Name(s) and Quantity 1- Frangipani
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 Ralph W. Firestone
Property Owner eMail Address RFirest305@aol.com
Property Owner Mailing Address 715 Frances St
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (315) 439-1629
Property Owner Signature

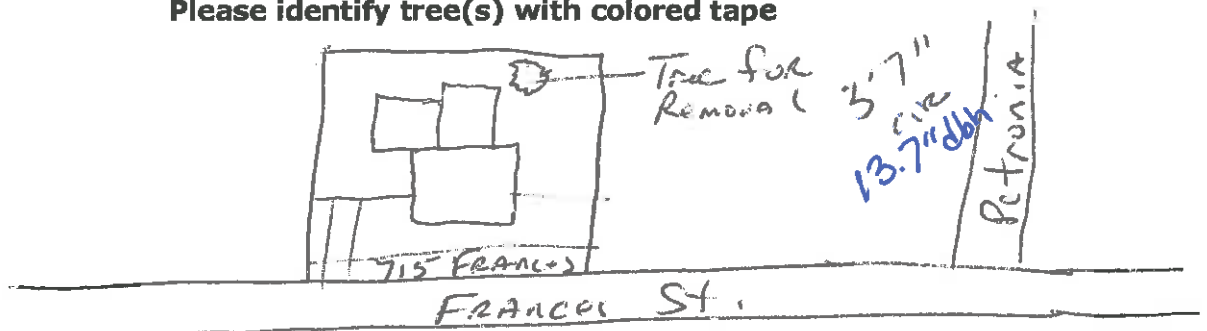
Representative Name SEAN CREGDON
Representative eMail Address keystreetman@gmail.com
Representative Mailing Address 10 ROOSEVELT ST.
Representative Mailing City B.G. PINE KEY **State** FLA **Zip** 33043
Representative Phone Number (305) 900-8448 201-317-7751

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.



7757

Tree Representation Authorization

Date: 1/19/16

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 715 FRANCES St KW 33040

Property Owner Name Ralph Firestone

Property Owner eMail Address Rfirest105@aol.com

Property Owner Mailing Address 715 FRANCES St KW 33040

Property Owner Mailing City Key West State FL Zip 33040

Property Owner Phone Number (315) 439-1629

Property Owner Signature [Signature]

Representative Name SEAN CREEDON TREE MAINT

Representative eMail Address KEYSTREEMAIN@gmail.com

Representative Mailing Address 10 Roosevelt St. BIG PINE KEY FLA 33043

Representative Mailing City BIG PINE KEY State FLA Zip 33043

Representative Phone Number (305) 900-8448 201-317-7751

I Ralph Firestone, 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 20 day January, 2016

By (Print name of Affiant) Ralph W Firestone who is personally known to me or has produced Florida Drivers License as identification and who did take an oath.

NOTARY PUBLICSign Name: [Signature]Print Name: Venetia A. Flowers

My Commission Expires: _____

Notary Public, State of Florida (seal)

