

# STAFF REPORT

DATE: February 22, 2016

RE: **2007 Flagler Avenue (permit application # T16-7796)**

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

An application was received requesting the removal of **(1) Gumbo Limbo trees**. A site inspection was done on February 17, 2016 and documented the following:

Tree Species: Gumbo Limbo (*Bursera simaruba*)







END  
SCHOOL  
ZONE

KeyWestFla.net  
**FOR SALE**  
*By Owner*  
Info Call **1-888-304-0642**  
WWW.KEYSHOMESBYOWNER.COM

















Diameter: 13"

Location: 30% (under utility lines, roots impacting sidewalk and fence, wrong tree, wrong place)

Species: 100% (on protected tree list)

Condition: 50% (fair)

Total Average Value = 60%

**Value x Diameter = 7.8 replacement caliper inches**

**Recommendation: Recommend approval of the removal of one (1) Gumbo Limbo tree at 408 Louisa Street to be replaced with 7.8 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted onsite.**

# Application



7796

## Tree Permit Application

Please Clearly Print All Information unless Indicated otherwise.

Tree Address 2007 Flagler Ave.  
Cross/Corner Street \_\_\_\_\_  
List Tree Name(s) and Quantity 1 - Gumbo Limbo  
Species Type(s) check all that apply ( ) Palm ( ) Flowering ( ) Fruit (X) Shade ( ) Unsure  
Reason(s) for Application:

(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  
Additional Information and Explanation on property line starting to break fence and sidewalk  
also growing into power lines, tree is at front of  
property on Flagler

Property Owner Name Anthony Roberts Jr.  
Property Owner eMail Address TonyR0711@gmail.com  
Property Owner Mailing Address 1200 20th Terrace  
Property Owner Mailing City Key West State FL Zip 33040  
Property Owner Phone Number (305) 532-2711  
Property Owner Signature ADK

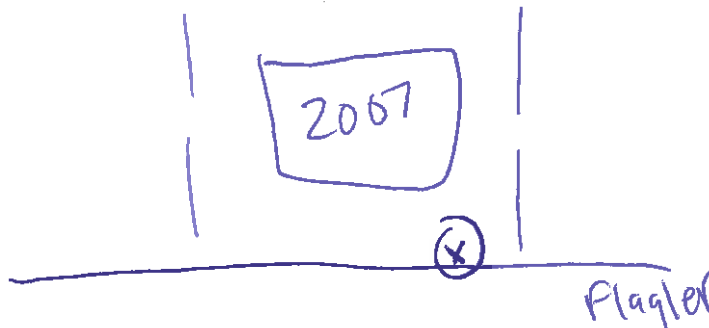
Representative Name \_\_\_\_\_  
Representative eMail Address \_\_\_\_\_  
Representative Mailing Address \_\_\_\_\_  
Representative Mailing City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Representative Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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.