STAFF REPORT

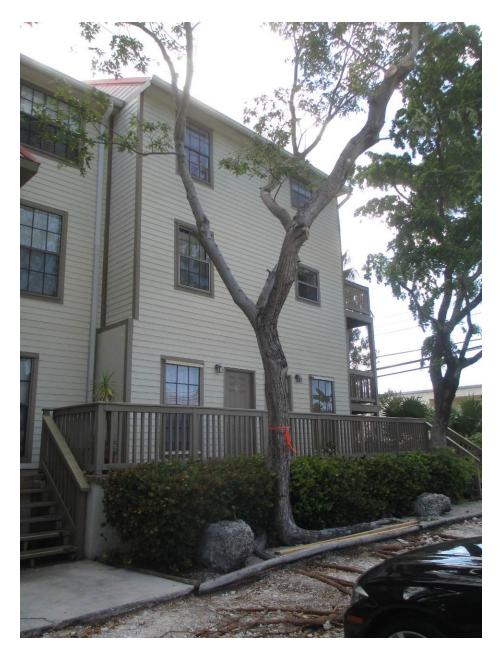
DATE: April 21, 2016

RE: 3314 Northside Drive (permit application # T16-7914)

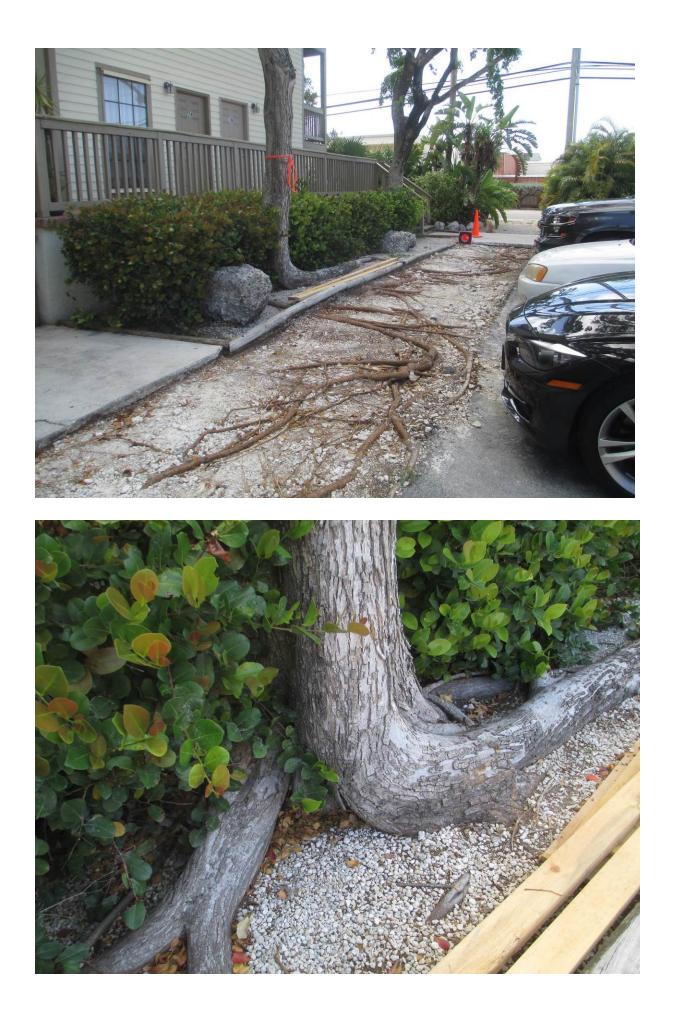
FROM: Karen DeMaria, City of Key West Urban Forestry Manager

An application was received requesting the removal of **(1) Jamaican Dogwood tree**. A site inspection was done on April 18, 2016 and documented the following:

Tree Species: Jamaican Dogwood (Piscidia piscipula)









Diameter: 14" Location: 60% (roots impacting public sidewalk) Species: 100% (on protected tree list) Condition: 50% (fair, root structure is poor) Total Average Value = 70% Value x Diameter = 9.8 replacement caliper inches

Because of the way the existing root system has grown and the location of the tree, root pruning is not an acceptable alternative.

Recommendation: Recommend approval of the removal of one (1) Jamaican Dogwood tree at 3314 Northside Drive at the entrance to Solano Village, to be replaced with 9.8 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

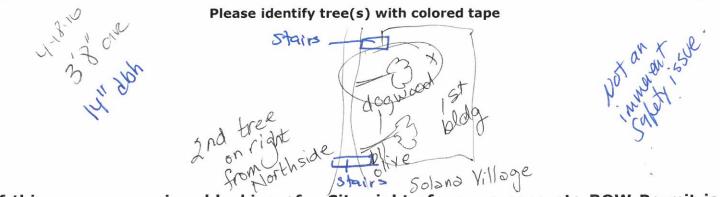
Application





Tree Permit Application

Date: Please Clearly Print All Information unless indicated otherwise 3314 Northsic Village Tree Address nside Cross/Corner Street TRACATOR List Tree Name(s) and Quantity dogward () Palm () Flowering () Fruit () Shade () Unsure Species Type(s) check all that apply 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 roots destroyed side walk al roots arowing Reason for Request Uno Prun INVO rent + need X **Property Owner Name** Solana Village **Property Owner eMail Address** envi ferroi amco Property Owner Mailing Address 3138 DICK Property Owner Mailing City Zip 3 3040 Wes-State ON **Property Owner Phone Number** $(305)_{240}$ 05 1)an **Property Owner Signature** Representative Name Representative eMail Address idnesiuna ework(a) amai Representative Mailing Address Cudjoe **Representative Mailing City** Zip 3304 State **Representative Phone Number** (305)714-9 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 >>>>



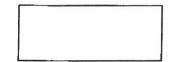
If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.

Updated: 02/22/2014

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Tree Representation Authorization

Date: 3 28/10

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.

Property Owner eMail Address jennifer @ icamco Property Owner Mailing Address Property Owner Mailing City Property Owner Phone Number (305) 240- 6539 Dan **Property Owner Signature**

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

Tree Address Solana Village Northside Dr rost it Property Owner Name Solana Village . C.OM Dock Ave Key west State FL Zip 3 3040

Torzan Tree Care
idnes innalework @ amail.com
22926 Bluegill LA
Cudice Key State FL Zip ,33042
(305 V304 - 9303

Commission # FF 135516

I _____, 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 11 day april 2016
By (Print name of Affiant) <u>Peter BAHy</u> who is personally known to me or has produced as identification and who did take an oath.
Sign Name: Mary P. alley- Maper Notary Public - State of Florida (seal)
Print Name: MARY P. Alley-DRApek
My Commission Expires: