STAFF REPORT

DATE: April 22, 2016

RE: 1416 5th Street (permit application # T16-7936)

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

An application was received requesting the removal of **(1) Tabebuia and (1) Cherry tree**. A site inspection was done on April 22, 2016 and documented the following:

Tree Species: Pink Trumpet Tree (Tabebuia sp.)













Diameter: 37.2" - 24" = 13.2" Location: 70% Species: 0% (on not protected tree list) Condition: 50% (fair, codominant trunkcs, some decay in canopy, gall on trunk) Total Average Value = 40% Value x Diameter = 5.2 replacement caliper inches











Diameter: 22" Location: 60% (close to property line) Species: 50% (not on protected or not protected tree list) Condition: 50% (fair) Total Average Value = 53% Value x Diameter = 11.6 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Tabebuia and (1) Surinam Cherry tree at 1416 5th Street to be replaced with a total of 16.8 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application

Date: 4 - 20 - 16

Please Clearly Print All Information unless indicated otherwise.

of they West Tree

Cross/Corner Street List Tree Name(s) and Quantity Species Type(s) check all that apply Reason(s) for Application:

Tree Permit Application

Tree Address 1416 Sth St K.W 5 60's Staplesabebrua Unknown, Orem () Palm (> Flowering () Fruit () Shade () Unsure 🕅 REMOVE 🔗 Tree Health 🕅 Safety 紀 Other/Explain below () TRANSPLANT () New Location () Same Property () Other/Explain below () HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction Additional Remove Chemy Tree to Plant other natives.

Property Owner Mailing Address 1416 5th 5th **Property Owner Mailing City** Property Owner Phone Number (239) 989 - 6240 **Property Owner Signature**

Information

and Explanation

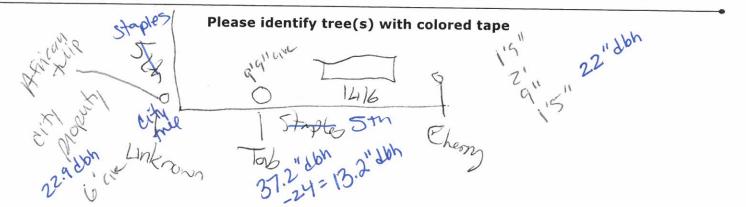
Representative Name _/-Representative Mailing Address 19264 Acosta Tr Representative Mailing City Surgarloot Key

Property Owner Name Micky DeRosier Property Owner eMail Address micky. DeRosier a gmail com Ken West State F.L Zip 33040 Canno

Representative eMail Address acarmofree company & Cyman State F.L. Zip 33042 Representative Phone Number (205) 998 - 4972 Office

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: 4-14-16

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.

1416 Str Street

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 Mailing Address 19264 Acosto Tradi Representative Mailing City Sugarbar Ken Representative Phone Number (305)998 - 4972

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	Losier Orgr	1911	. Lom	
Ken west	State	FL	Zip	33040
(239) 989	- 6244	<u>FL</u>	Zip	5 30 20

Representative Name MICH DOWNS / A CARING TILL COMPAND Representative eMail Address accompany & gonard State F-L Zip

I MICKIY Delloster _____, 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 ______ day APPLL2

By (Print name of Affiant) MICKY THOMAS FRANK who is personally known to me or has produced FLDL DI 621 856 86 281 (as identification and who did take an oath.

NOTARY PUBLIC Sign Name: Achille Disdue	Notary Public - State of Florida (seal)
Print Name: MICHELLE DDEDLEP	MICHELLE D. DISDIER
My Commission Expires:	MICHELLE D. DISOLUT Notary Public, State of Florida Commission# FF 190757 My comm. expires Jan. 19, 2019