

STAFF REPORT

DATE: April 25, 2016

RE: **31416 5th Street-Staples Avenue ROW**
(permit application # T16-7940)

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

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

Tree Species: African Tulip (*Spathodea campanulata*)



African Tulip









NOTE: Property owner submitted an application to remove several trees on his property. He plans to replace the existing fence and re-landscape the property. During review of the application it was determined that the City is on City property. The property owner has agreed to pay for the removal of the tree and be responsible for the replacements. The large Gumbo Limbo tree is to remain.

Diameter: 22.9"

Location: 60% (close to property line and native canopy tree)

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

Condition: 50% (fair to poor, decay in the canopy and in one major trunk.)

Total Average Value = 53%

Value x Diameter = 12 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) African Tulip tree at 1416 5th Street-Staples Avenue ROW to be replaced with 12 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



7940

Tree Permit Application

Date: 4-22-16

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1416 5th St Row (Staples Ave)
Cross/Corner Street _____
List Tree Name(s) and Quantity 1- African Tulip Tree
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 wants to replace fence and plant native trees along fence line. Large gumbo limbo next to this tree will remain

Property Owner Name City of Key West
Property Owner eMail Address _____
Property Owner Mailing Address PO Box 1409
Property Owner Mailing City Key West State FL Zip 33041
Property Owner Phone Number () _____
Property Owner Signature [Signature]

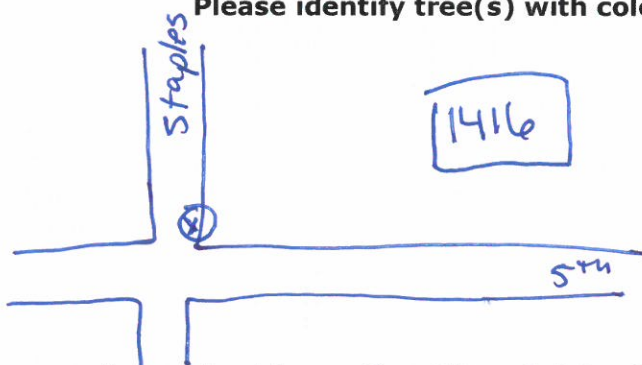
Representative Name Karen A. Maria / Nick Scans
Representative eMail Address _____
Representative Mailing Address (See letter of Auth Form)
Representative Mailing City _____ State _____ Zip _____
Representative Phone Number () 809-3768

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.

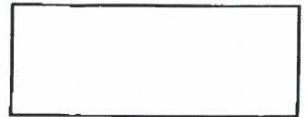
Tree Representation Authorization form attached ()

<<<<< 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.



Tree Representation Authorization

Date: _____

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

1416 5th St ROW

Property Owner Name

City of Key West

Property Owner eMail Address

Property Owner Mailing Address

PO Box 1409

Property Owner Mailing City

Key West

State

FL

Zip

33041

Property Owner Phone Number

()

Property Owner Signature

Representative Name

A Caring Tree Company

Representative eMail Address

acaringtreecompany@gmail.com

Representative Mailing Address

19264 Acosta Trail

Representative Mailing City

Sugarloaf Key

State

FL

Zip

33042

Representative Phone Number

(305) 998 - 4972

I _____, 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 if there is any questions or need access to my property.

Property Owner Signature

[Signature]

The forgoing instrument was acknowledged before me on this 25th day April 2016

By (Print name of Affiant) GREG VELIZ who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name:

[Signature]

Notary Public, State of Florida (seal)

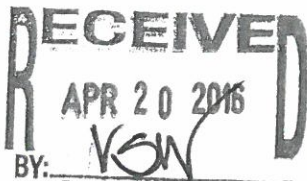
Print Name:

PORTIA G. NAVAREDO

My Commission Expires:

5/13/2018





Tabebeia
Cherry

7936

African
Tulip - 7940

Tree Permit Application

Date: 4-20-16

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1416 5th St K.W
Cross/Corner Street 5th & Staples
List Tree Name(s) and Quantity Tabebeia, Unknown, Cherry Tree
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 Remove Cherry Trees to Plant other natives.

Property Owner Name Micky DeRosier
Property Owner eMail Address micky.DeRosier@gmail.com
Property Owner Mailing Address 1416 5th St
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (239) 989-6246
Property Owner Signature

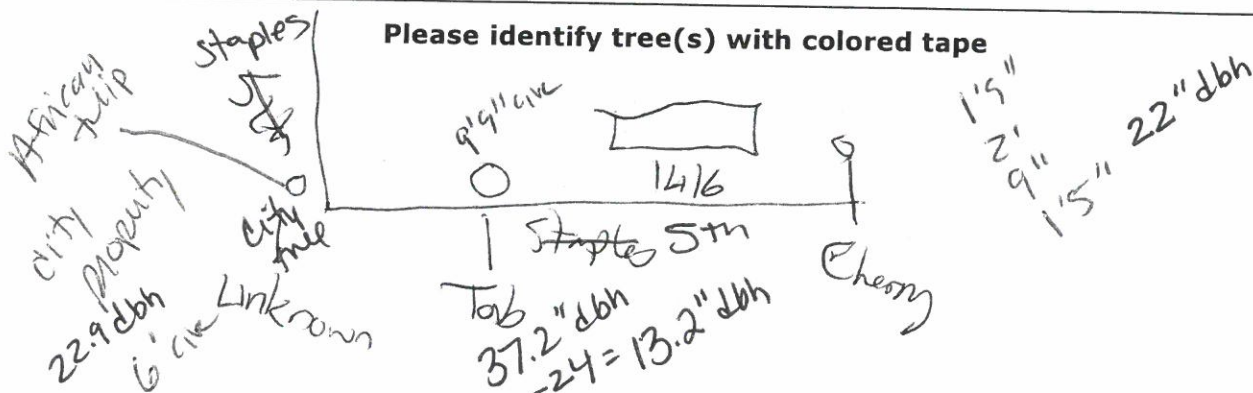
Representative Name A Caring Tree Company
Representative eMail Address acaringtreecompany@gmail.com
Representative Mailing Address 19264 Acosta Tr
Representative Mailing City Sugarloaf Keys State FL Zip 33042
Representative Phone Number (205) 998-4972 office

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 ☐

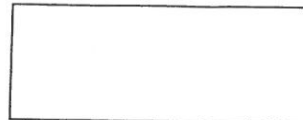
<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

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.

✓ PA



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.

Tree Address 1416 SW Street

Property Owner Name Micky Delosier
Property Owner eMail Address micky.delosier@gmail.com
Property Owner Mailing Address 1416 SW Street
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (239) 989-6244
Property Owner Signature _____

Representative Name Nick Downs / A Caring Tree Company
Representative eMail Address acaringtreecompany@gmail.com
Representative Mailing Address 19264 Acosta Trail
Representative Mailing City Shoreboat Key State F.L Zip 33042
Representative Phone Number (305) 998-4972

I Micky Delosier, 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 if there is any questions or need access to my property.

Property Owner Signature _____

The forgoing instrument was acknowledged before me on this 15th day APRIL 2016

By (Print name of Affiant) MICKY THOMAS FRANKLIN DELOSIER who is personally known to me or has produced FLDL DL2458862870 as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Michelle D. Disdier

Notary Public - State of Florida (seal)

Print Name: MICHELLE D. DISDIER

My Commission Expires: 01-19-2019







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