

# STAFF REPORT

DATE: June 28, 2016

RE: **1401 Grinnell Street (permit application # T16-8019)**

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

An application was received requesting the removal of **(1) Royal Poinciana tree**. A site inspection was done on June 24, 2016 and documented the following:

Tree Species: Royal Poinciana (Delonix regia)

























Diameter: 54"

Location: 60%

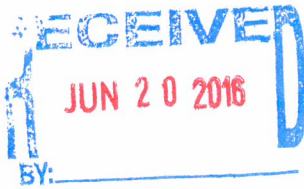
Species: 100% (on protected tree list)

Condition: 40% (fair to poor, structurally a sprawling tree with lots of old cuts and decay throughout canopy, hollow trunk base, bee hive observed)

Total Average Value = 66%

**Value x Diameter = 35.6 replacement caliper inches**

# Application



8019

## Tree Permit Application

Date: 6-18-16

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 11401 Cornwell St  
**Cross/Corner Street** South St  
**List Tree Name(s) and Quantity** 1 Royal Poinciana  
**Species Type(s) check all that apply** ( ) Palm ( ) Flowering ( ) Fruit (X) Shade ( ) Unsure  
**Reason(s) for Application:**

(X) REMOVE (X) Tree Health (X) Safety ( ) Other/Explain below  
( ) TRANSPLANT ( ) New Location ( ) Same Property ( ) Other/Explain below  
( ) HEAVY MAINTENANCE ( ) Branch Removal ( ) Crown Cleaning/Thinning ( ) Crown Reduction

**Other/Explain** \_\_\_\_\_

**Reason for Request** \_\_\_\_\_

**Property Owner Name** Elizabeth Rice  
**Property Owner eMail Address** Susan @ Moloney Smith.com  
**Property Owner Mailing Address** Louisville **State** KY **Zip** 40207  
**Property Owner Phone Number** (502) 584-0024  
**Property Owner Signature** \_\_\_\_\_

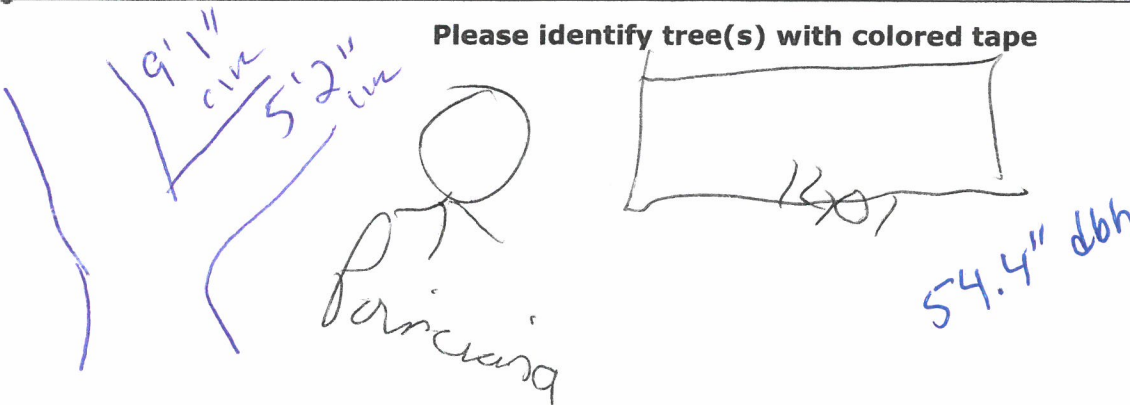
**Representative Name** Nicholas Downs (A Coning Tree Co)  
**Representative eMail Address** 19264 Acos aconingtreecompany@gmail  
**Representative Mailing Address** 19264 Acosta Trail  
**Representative Mailing City** Sugarloaf Key **State** FL **Zip** 33042  
**Representative Phone Number** (352) 432-1764

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.

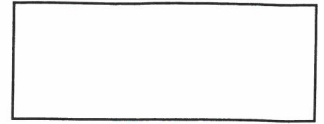
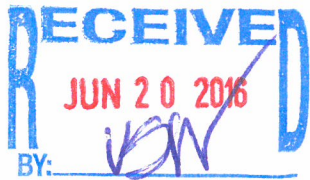
Tree Representation Authorization form attached ( )

<<<<< 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: 6-18-16

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 1401 Grinnell St K.W.

Property Owner Name Elizabeth Rice & Susan Moloney  
Property Owner eMail Address Susan@moloneysmith.com  
Property Owner Mailing Address 66 West Wind Rd  
Property Owner Mailing City Louisville State KY Zip 40207  
Property Owner Phone Number (502) 584-0024  
Property Owner Signature \_\_\_\_\_

Representative Name Nicholas Downs  
Representative eMail Address acaringtreecompany@gmail  
Representative Mailing Address 19264 Acosta Trail  
Representative Mailing City Sugarloaf Key State FL Zip 33042  
Representative Phone Number (305) 432-1764

I Susan Moloney, 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 18<sup>th</sup> day JUNE, 2016.

By (Print name of Affiant) SUSAN MOLONEY who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

NOTARY PUBLIC  
Sign Name: J. MARQUARDT  
Print Name: JIM MARQUARDT

My Commission Expires: SEPTEMBER 7, 2018

Notary Public - State of Florida (seal)



J. MARQUARDT  
MY COMMISSION # FF 120540  
EXPIRES: September 7, 2018  
Bonded Thru Budget Notary Services