

# STAFF REPORT

DATE: June 28, 2016

RE: **1124 Watson Street (permit application # T16-7981)**

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 May 27, 2016 and documented the following:

Tree Species: Royal Poinciana (*Delonix regia*)









Diameter: 16.8"

Location: 30% (foundation issues-base of tree against foundation and floorboards of house)

Species: 100% (on protected tree list)

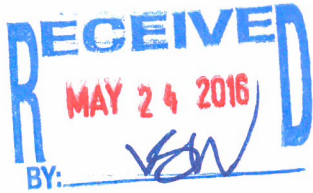
Condition: 50% (fair, saw a couple of large branch breaks in canopy)

Total Average Value = 60%

**Value x Diameter = 10 replacement caliper inches**

**Recommendation: Recommend approval of the removal of one (1) Royal Poinciana tree at 1124 Watson Street to be replaced with 10 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.**

# Application



7981

## Tree Permit Application

Date: 5-25-2016

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1124 Watson St.  
Cross/Corner Street Catherine St.  
List Tree Name(s) and Quantity 1 Palmetto  
Species Type(s) check all that apply ( ) Palm (X) Flowering ( ) Fruit ( ) Shade ( ) Unsure  
Reason(s) for Application:

(X) REMOVE ( ) Tree Health ( ) Safety (X) 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

Tree is growing against the house and starting to lift it off its piers.

Property Owner Name Robert Noe  
Property Owner eMail Address \_\_\_\_\_  
Property Owner Mailing Address 1067 Old Albany Post Rd  
Property Owner Mailing City Garrison State NY Zip 10524  
Property Owner Phone Number (845) 424-8240  
Property Owner Signature \_\_\_\_\_

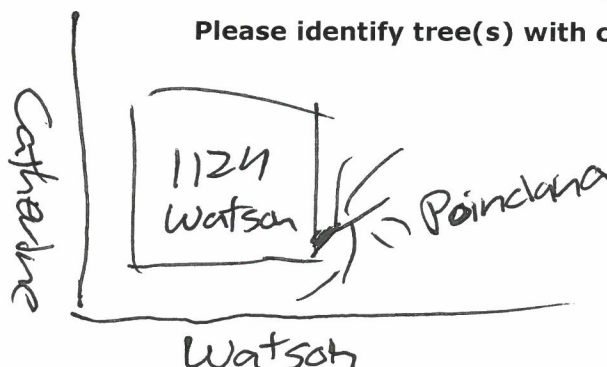
Representative Name Kenneth King  
Representative eMail Address \_\_\_\_\_  
Representative Mailing Address 1602 Laird St.  
Representative Mailing City Key West State FL Zip 33040  
Representative Phone Number (305) 296-8101

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



4.5" circ

16.8" dbh

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



**Scott P. Russell, CFA**  
**Property Appraiser**  
**Monroe County, Florida**

Key West (305) 292-3420  
Marathon (305) 289-2550  
Plantation Key (305) 852-7130

The offices of the Property Appraiser will be closed **Monday**  
the 30th for Memorial Day.

Website tested on IE8,  
IE9, & Firefox.  
Requires Adobe Flash  
10.3 or higher

## Property Record Card -

**Maps are now launching the new map application version.**

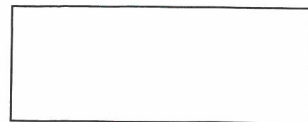
**Alternate Key: 1032654 Parcel ID: 00031870-000000**

### Ownership Details

**Mailing Address:**  
NOE ROBERT ALVA  
1067 OLD ALBANY POST RD  
GARRISON, NY 10524-4311

### Property Details

PC Code: 01 - SINGLE FAMILY  
Millage Group: 10KW  
Affordable Housing: No  
Section-Range: 05-68-25  
Property Location: 1124 WATSON ST KEY WEST  
**Legal Description:** KW G G WATSON SUB I-209 PT LOT 13 SQR 6 TR 13 E1-67 OR605-725 OR1135-601/602 OR1192-102/103 OR1192-104/5Q/C OR1294-1620R/S OR1297-1599D/C OR1297-1598Q/C OR1673-17EST/ORD OR1688-134/135



## Tree Representation Authorization

Date: 6-1-2016

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 1124 Wilson St, KW Florida 33040  
Property Owner Name Robert Noe  
Property Owner eMail Address JUDYNOE@OPTONLINE.NET  
Property Owner Mailing Address 1067 Old Albany Post Rd  
Property Owner Mailing City GARISON State        Zip         
Property Owner Phone Number (845) 424-8240  
Property Owner Signature Judith Noe POA  
Representative Name Kenneth King  
Representative eMail Address         
Representative Mailing Address 1602 Laird St.  
Representative Mailing City Key West State FL Zip 33040  
Representative Phone Number (305) 296-8101

I Judith Noe POA, 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

Judith Noe POA attached

The forgoing instrument was acknowledged before me on this 1<sup>st</sup> day June 2016.

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

### NOTARY PUBLIC

Sign Name: Deborah A White Notary Public - State of Florida (seal)

Print Name: Deborah A White

My Commission Expires: 3-19-18





ALVA + Judy Han

1124  
WATSON LW

# DURABLE GENERAL POWER OF ATTORNEY

## NEW YORK STATUTORY SHORT FORM

*THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE  
SHOULD YOU BECOME DISABLED OR INCOMPETENT*

**Caution:** This is an important document. It gives the person whom you designate (your "Agent") broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you. These powers will continue to exist even after you become disabled or incompetent. These powers are explained more fully in New York General Obligations Law, Article 5, Title 15, Sections 5-1502A through 5-1503, which expressly permit the use of any other or different form of power of attorney.

This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy to do this.

If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

THIS is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, ROBERT NOE

(insert your name and address)

do hereby appoint:

JANIS NOE / JUDITH NOE 1067 OLD AUBANY POST RD GARRISON NY 10524

(If 1 person is to be appointed agent, insert the name and address of your agent above)

(If 2 or more persons are to be appointed agents by you insert their names and addresses above)

my attorney(s)-in-fact TO ACT

(If more than one agent is designated, CHOOSE ONE of the following two choices by putting your initials in ONE of the blank spaces to the left of your choice:)

- [ ] Each agent may SEPARATELY act.
- [ ] All agents must act TOGETHER.

(If neither blank space is initialed, the agents will be required to act TOGETHER)

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

**(DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then put your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated.)**

- |   |   |
|---|---|
| <p><i>[initials]</i> [ <i>MC</i> ] (A) real estate transactions;</p>              | <p><i>[initials]</i> [ ] (M) making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate \$10,000<sup>1</sup> to each of such persons in any year;</p>               |
| <p><i>[initials]</i> [ <i>ma</i> ] (B) chattel and goods transactions;</p>        |   |
| <p><i>[initials]</i> [ <i>m</i> ] (C) bond, share and commodity transactions;</p> |   |
| <p><i>[initials]</i> [ <i>✓</i> ] (D) banking transactions;</p>                   | <p><i>[initials]</i> [ <i>ma</i> ] (N) tax matters;</p>   |
| <p><i>[initials]</i> [ <i>ma</i> ] (E) business operating transactions;</p>       | <p><i>[initials]</i> [ <i>ma</i> ] (O) all other matters</p>  |
| <p><i>[initials]</i> [ <i>ma</i> ] (F) insurance transactions;</p>                | <p><i>[initials]</i> [ <i>ma</i> ] (P) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select;</p> |
| <p><i>[initials]</i> [ <i>ma</i> ] (G) estate transactions;</p>                   |   |
| <p><i>[initials]</i> [ <i>ma</i> ] (H) claims and litigation;</p>                 |   |
| <p><i>[initials]</i> [ <i>ma</i> ] (I) personal relationships and affairs;</p>    |   |
| <p><i>[initials]</i> [ <i>ma</i> ] (J) benefits from military service;</p>        | <p><i>[initials]</i> [ <i>ma</i> ] (Q) each of the above matters identified by the following letters: .....</p>   |
| <p><i>[initials]</i> [ <i>ma</i> ] (K) records, reports and statements;</p>       |   |
| <p><i>[initials]</i> [ <i>ma</i> ] (L) retirement benefit transactions;</p>       |   |

*(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of section 5-1503 of the New York General Obligations Law.)*

<sup>1</sup>As of January 1, 2002, the annual gift tax exclusion is \$11,000. To authorize gifts up to \$11,000, add language to that effect under "Special provisions..." above.

This Durable Power of Attorney shall not be affected by my subsequent disability or incompetence.  
If every agent named above is unable or unwilling to serve, I appoint *(insert name and address of successor)*


to be my agent for all purposes hereunder.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

This Durable General Power of Attorney may be revoked by me at any time.

In Witness Whereof, I have hereunto signed my name this \_\_\_\_\_ day of \_\_\_\_\_

(YOU SIGN HERE:) →

  
(Signature of Principal)

### ACKNOWLEDGMENT IN NEW YORK STATE

STATE OF NEW YORK, COUNTY OF *NY*

On

*2/3/06*

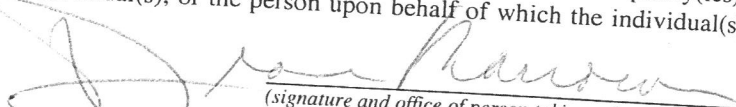
ss.:

before me, the undersigned, personally appeared

*Robert Noe*

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

*Notary Public, State of New York*  
*No. 01145337693*  
*Qualified in Queens County*  
*Commission Expires Jan. 3, 2007*

  
(signature and office of person taking acknowledgment)

### ACKNOWLEDGMENT OUTSIDE NEW YORK STATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

ss.:

On \_\_\_\_\_

before me, the undersigned, personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned in

*(insert city or political subdivision and state or county or other place acknowledgment taken).*

\_\_\_\_\_  
(signature and office of person taking acknowledgment)