

STAFF REPORT

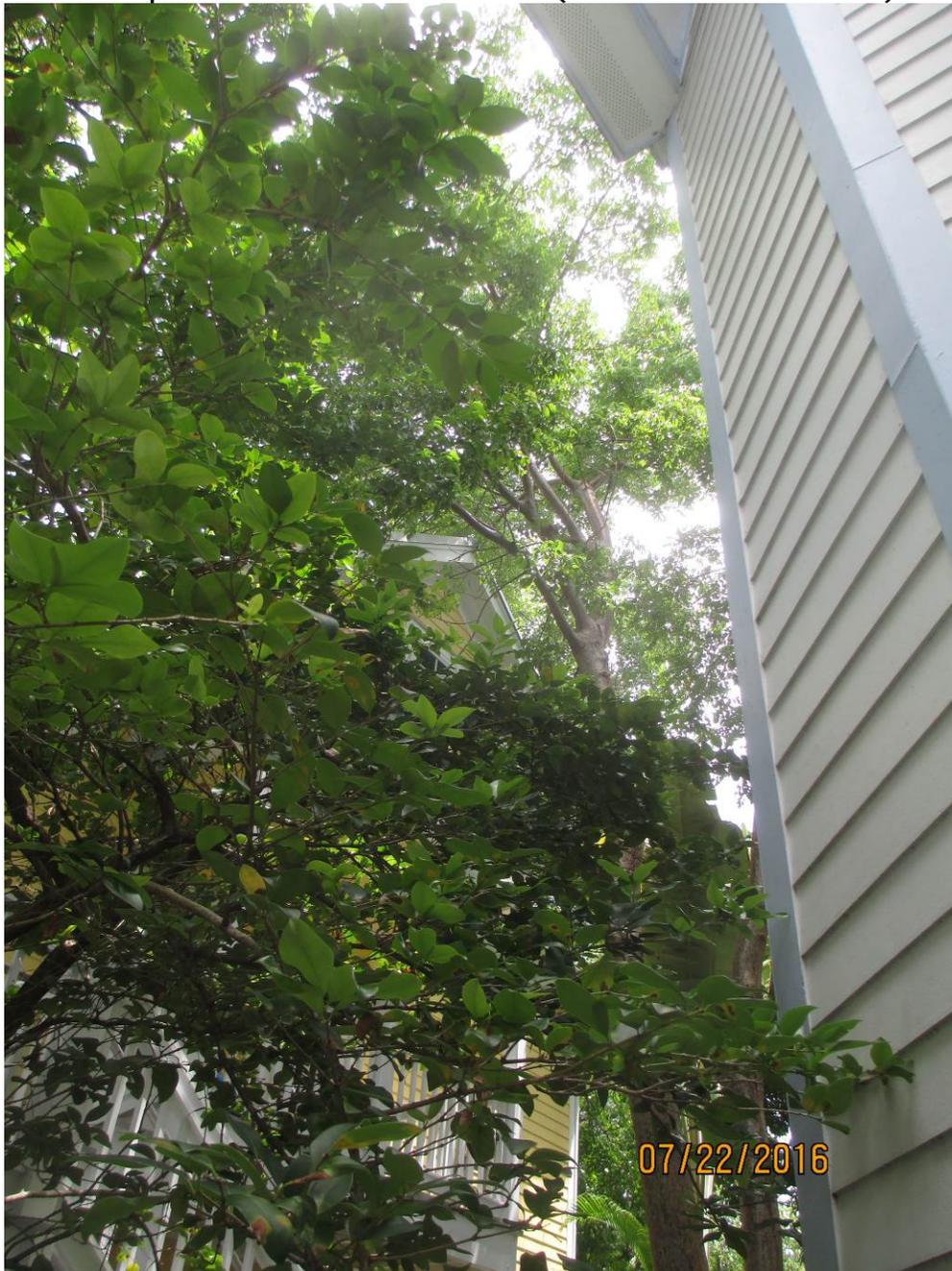
DATE: July 26, 2016

RE: **1011 Simonton Street #4 (permit application # T16-8061)**

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

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

Tree Species: Gumbo Limbo (*Bursera simaruba*)







07/22/2016



07/22/2016



07/22/2016





Diameter: 15"

Location: 40% (root impacts to the area)

Species: 100% (on protected tree list)

Condition: 50% (fair)

Total Average Value = 63%

Value x Diameter = 9.4 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Gumbo Limbo tree at 1011 Simonton Street #4 to be replaced with 9.4 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



8041

Tree Permit Application

Date: _____

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1011 SIMONTON ST #4

Cross/Corner Street _____

List Tree Name(s) and Quantity 1 Aumbo Limbo

Species Type(s) check all that apply () Palm () Flowering () Fruit Shade () Unsure

Reason(s) for Application:

(X) REMOVE (X) Tree Health (X) Safety (X) Other/Explain below

() TRANSPLANT () New Location () Same Property () Other/Explain below

() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

Other/Explain Roots getting under buildings. TREE IS ONE Big Codominate stem.

Reason for Request _____

Property Owner Name JAMES BROWN

Property Owner eMail Address JAMES.BROWN.CUN3@STATEFARM.COM

Property Owner Mailing Address 603A MAED MARION HILL

Property Owner Mailing City SHERWOOD FOREST **State** MD **Zip** 21405

Property Owner Phone Number (240) 988-0130

Property Owner Signature JAMES BROWN

Representative Name SEAN CREEDON / TREE MAN

Representative eMail Address KEYSTREEMAN@gmail.com

Representative Mailing Address 10 ROOSEVELT ST.

Representative Mailing City BIG PINE KEY **State** FLA **Zip** 33043

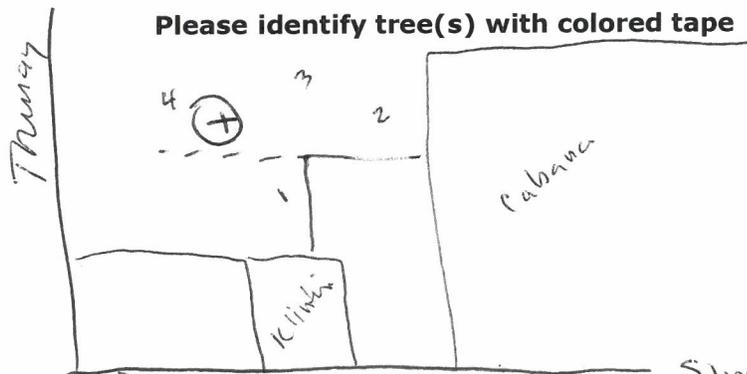
Representative Phone Number (305) 900-8449

access
Parker Simpson: 305-766-8503

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.

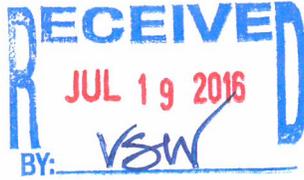
Tree Representation Authorization form attached ()

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



4 1/2 in
15' dbh
7-2-16
Need access -
locked gate.

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



8061

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 1011 SIMONTON ST #4

Property Owner Name JAMES BROWN
Property Owner eMail Address JAMES.BROWN.4V3@STATEFARM.COM
Property Owner Mailing Address 603A MAED MARION HILL
Property Owner Mailing City SHERWOOD FOREST State MD Zip 21405
Property Owner Phone Number (240) 988-0130
Property Owner Signature JAMES BROWN

Representative Name SEAN CREEDON / TREE MAN
Representative eMail Address KEYSTREEMAN@gmail.com
Representative Mailing Address 10 ROOSEVELT ST. Big Pine
Representative Mailing City BIG PINE KEY State FLA Zip 33043
Representative Phone Number (305) 900-8448

I JAMES BROWN, 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 JAMES BROWN

The forgoing instrument was acknowledged before me on this 18th day July, 2016.

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

NOTARY PUBLIC
Sign Name: Renee L Tompkins Notary Public - State of Florida (seal)

Print Name: Renee L. TOMPKINS

My Commission Expires: 1/13/18



Handwritten initials/signatures: VSB, VPA



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

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

Property Record Card -

Maps are now launching the new map application version.

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

Alternate Key: 9042265 Parcel ID: 00027080-000309

Ownership Details

Mailing Address:

BROWN JAMES F AND KATHERINE H
603 MAID MARION RD
ANNAPOLIS, MD 21405-2027

Property Details

PC Code: 04 - CONDOMINIUM

Millage Group: 10KW

Affordable Housing: No

**Section-Township-
Range:** 06-68-25

Property Location: 1011 SIMONTON ST UNIT: 3 KEY WEST

Legal Description: ECHO GARDENS, A CONDOMINIUM UNIT R2 & 19.775% COMMON ELEMENTS OR2004-715/16 (CMS)