STAFF REPORT

DATE: November 2, 2016

RE: 1219 Margaret Street (permit application # T16-8186)

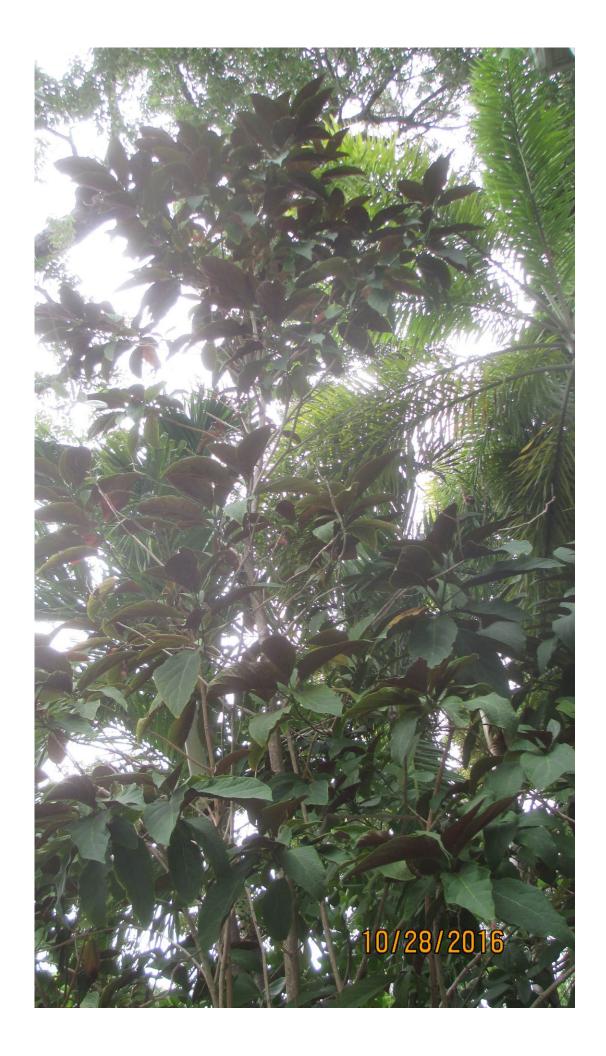
FROM: Karen DeMaria, City of Key West Urban Forestry Manager

An application was received requesting the removal of **(1) Starburst tree**. A site inspection was done and documented the following:

Tree Species: Starburst (Clerodendron sp.)









Diameter: 6" Location: 80%

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

Condition: 50% (fair)

Total Average Value = 60%

Value x Diameter = 3.6 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Starburst tree at 1219 Margaret Street to be replaced with 3.6 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application





8186

	Date:
Please Clearly Print	All Information unless indicated otherwise.
•	1218 M 1C/
Tree Address	12/9 Margaret St
Cross/Corner Street	Charles Characharlas
List Tree Name(s) and Quantity Species Type(s) check all that apply	() Palm (X Flowering () Fruit () Shade () Unsure
Reason(s) for Application:	() rain of howering () rain () shade () shade
	th () Safety () Other/Explain below
	tion () Same Property () Other/Explain below
() HEAVY MAINTENANCE () Branch Re	emoval () Crown Cleaning/Thinning () Crown Reduction
Additional	Structure, Installing new
Information	scape plan from Craig Reynolds
and Explanation	
Dranarty Oymar Nama	Kathy McGiven
Property Owner Name Property Owner eMail Address	Katha megivers. oca.
Property Owner Mailing Address	129 margaret 5%.
Property Owner Mailing City	Key West State FZ Zip 33040
Property Owner Phone Number	()
Property Owner Signature	
Representative Name	5,5+ Kous Trops. Inc.
Representative eMail Address	instructions a comeast nex
Representative Mailing Address	5550 5th Ave # 6
Representative Mailing City	Key West State E Zip 33090
Representative Phone Number	(305') 304 - 3/4/
owner will be representing the owner at a Tre	form must accompany this application if someone other than the ee Commission meeting or picking up an issued Tree Permit.
	Tree Representation Authorization form attached ()
<<<< Sketch location of tree i	n this area including cross/corner Street >>>>
Please ide	entify tree(s) with colored tape
	160
	1" Apr
lescote deco	
(C) COUNTY (C)	
VX .	
Macg	of a City right-of-way, a separate ROW Permit is
It 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 Page 1



Tree Representation Authorization

Date: Nov. 3,2016

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	1219 Margaret St. Kay West
Property Owner Name Property Owner eMail Address Property Owner Mailing Address Property Owner Mailing City	Jony + Kathy McGivern Kath @ McGivern.org 7 Jall Pines Dr. Oxford State CT Zip 06478 (203) 128 - 1632 Kathy Mc Eivern
to represent/me in the matter of obt	
Property Owner Signature	Kally Mc 6 ever
The forgoing instrument was acknowledged before me on this	
By (Print name of Affiant) <u>Kathy McGivern</u> who is personally known to me or has produced <u>Ct. Drivers Lieènce</u> as identification and who did take an oath. NOTARY PUBLIC	
Sign Name: <u>JEONANI)</u> Print Name: <u>JEONANI)</u> My Commission Expires: <u>03/3</u>	Notary Public - State of Florida (seal)