STAFF REPORT

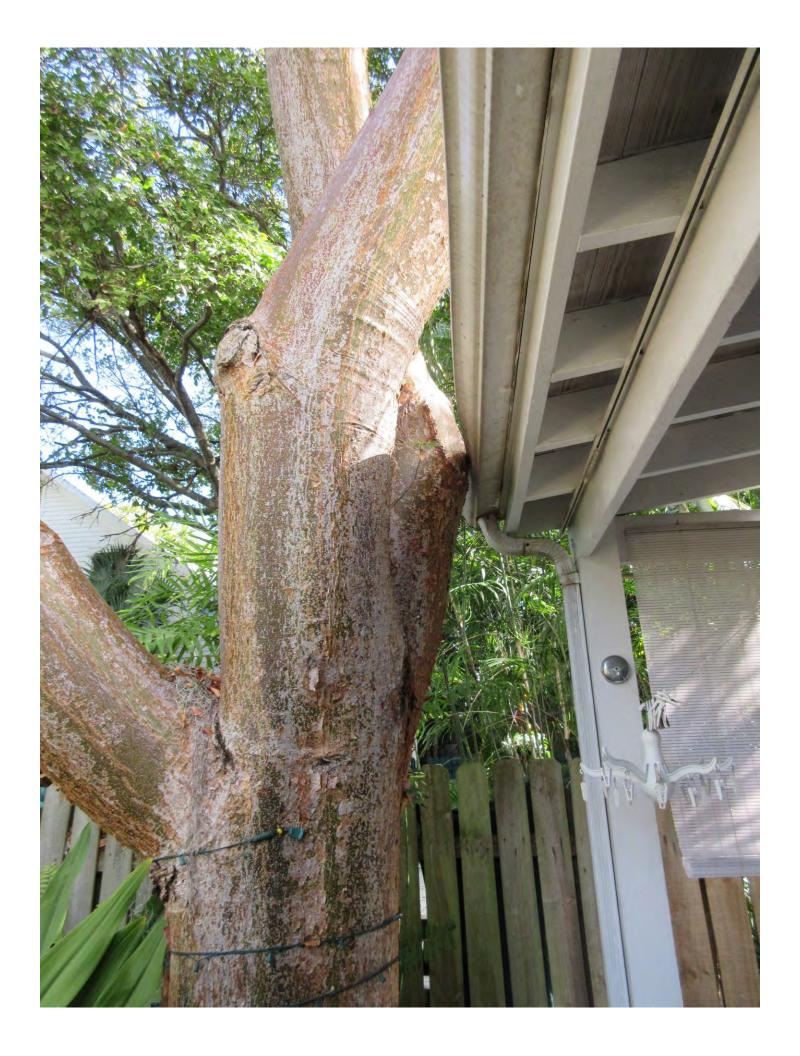
DATE: March 1, 2017

RE: 1113 Fleming Street (permit application # T17-8344)

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 February 24, 2017 and documented the following:



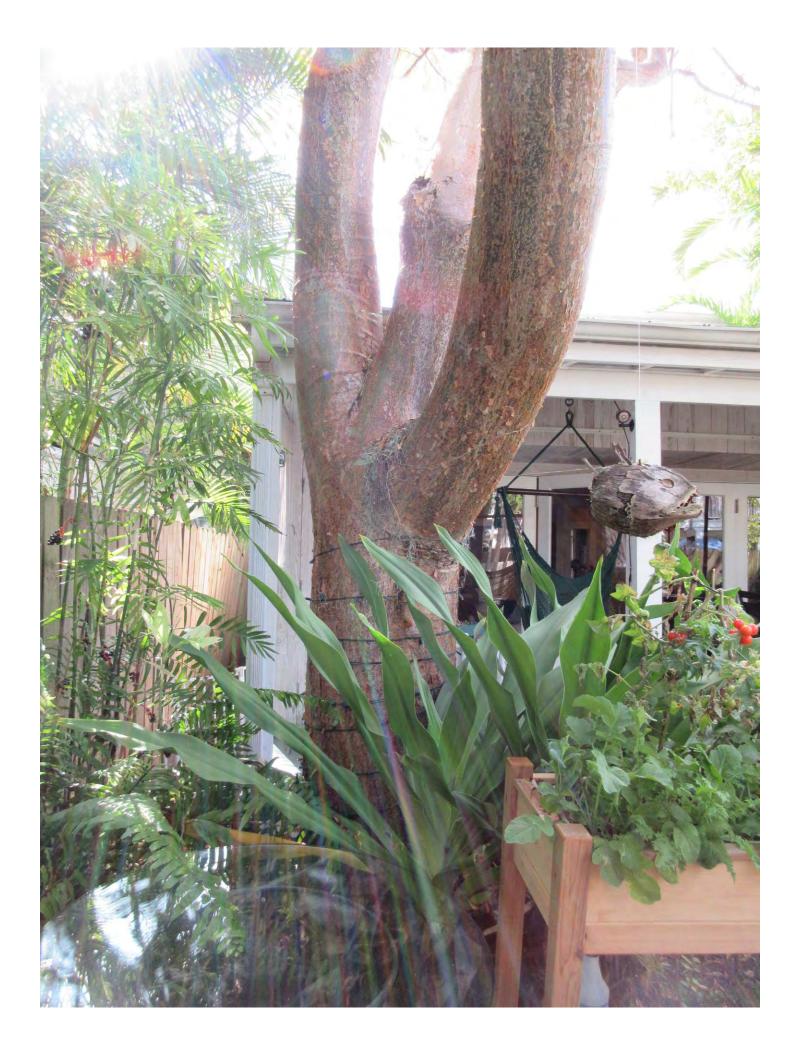


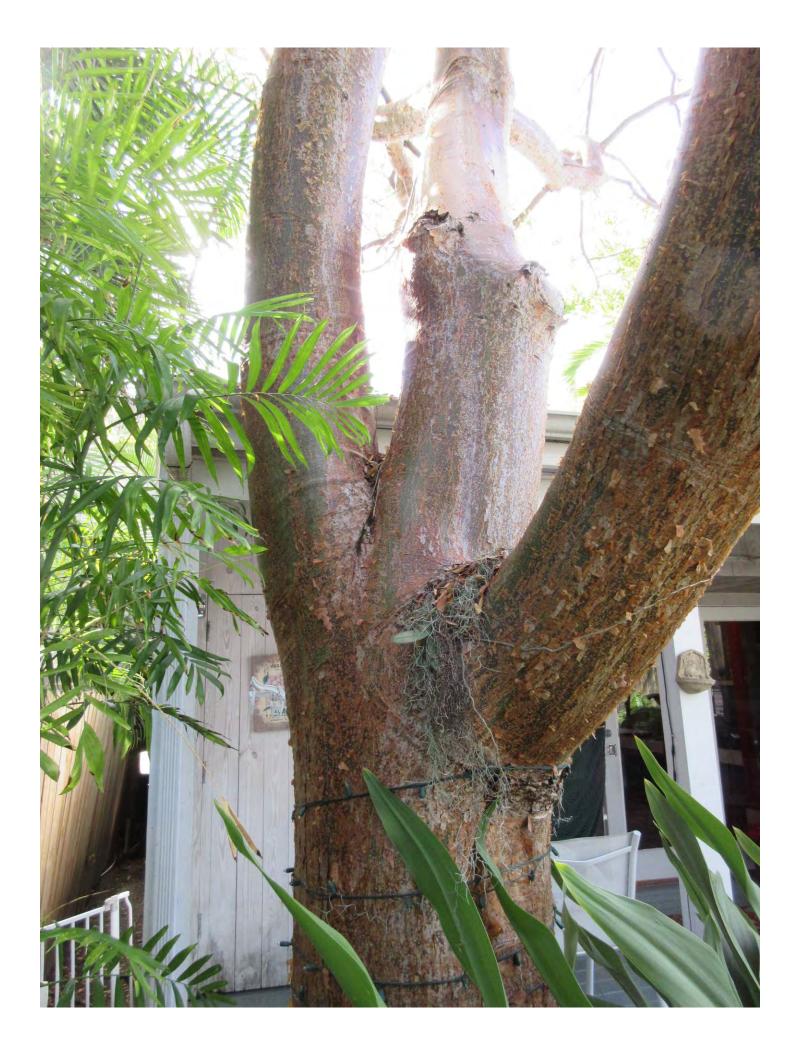


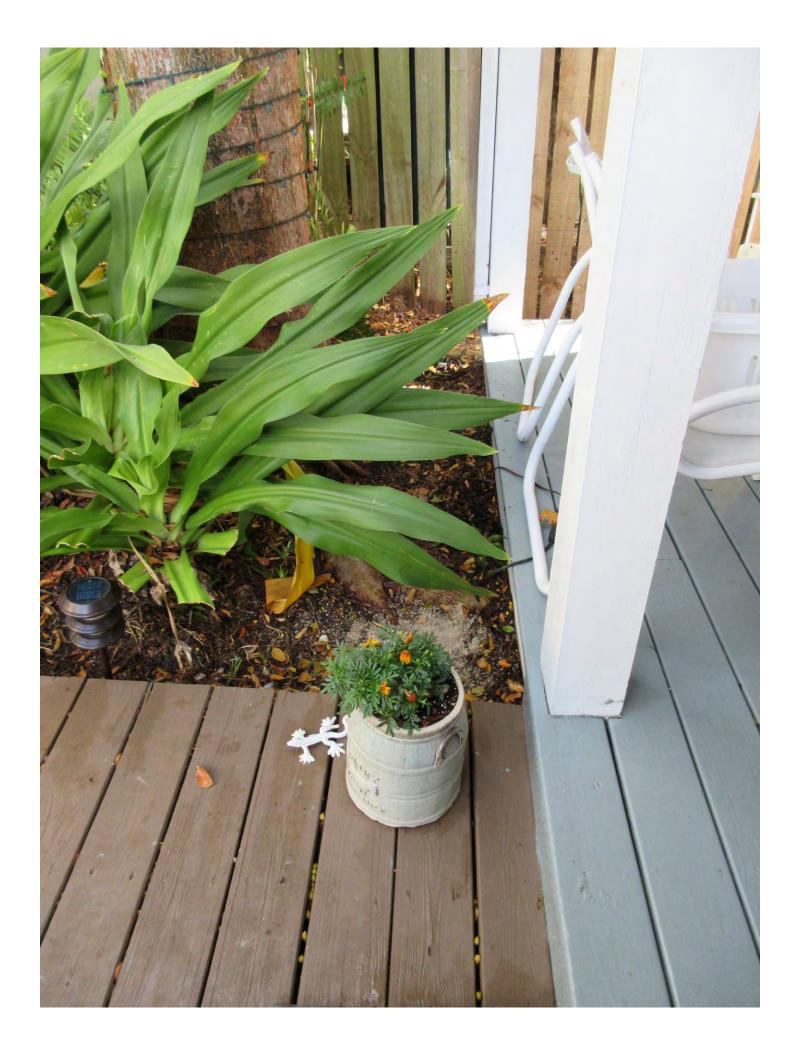














Diameter: 22.9"

Location: 60% (one large limb is very close to structure, roots impacting

rear stairs and walkway)

Species: 100% (on protected tree list)

Condition: 80% (good)

Total Average Value = 80%

Value x Diameter = 18.3 replacement caliper inches

NOTE: Property owner states that tree is impacting house, fence, deck, and pavers. A discussion was held onsite regarding potential heavy maintenance trimming to remove large trunk impacting house and doing some selective root pruning. Property owner was asked to contact an arborist regarding potential trim work instead of removal.

At the March 14, 2017 Tree Commission meeting, the application to remove the tree was postponed. The Commissioners requested additional information for the file from the property owner regarding the damage to the structure and possible alternatives to removal of the tree.

Additional Information

Karen DeMaria

From: islandbuilder@netzero.net

Sent: Friday, March 31, 2017 6:07 AM

To:Karen DeMariaSubject:1113 Fleming St.Attachments:Bob Easter.odt

please see attached photos on seperate e-mail if any other info or photos req.please call Bob Hennessy 305-849-1144

To; Key West Tree Commission Karen DeMaria 1300 White St. Key West,Fl.33040 From; Hennessy Construction LLC 27731 Astrangia Ave. Little Torch Key,Fl.33042 CGC1516212

Property; Robert Easter 1113 Fleming St. Key West,Fl.333040

In regard to above property,on-site inspection shows significant structure damage to existing decks and roofline to be impacted in future. Repair and or replacement will be required of deck but would not be possible without removal of existing root structure. If allowed to continue facia. soffit and roof will be impacted requiring significant repair and replacement. Please see attached photos.

Bob Hennessy



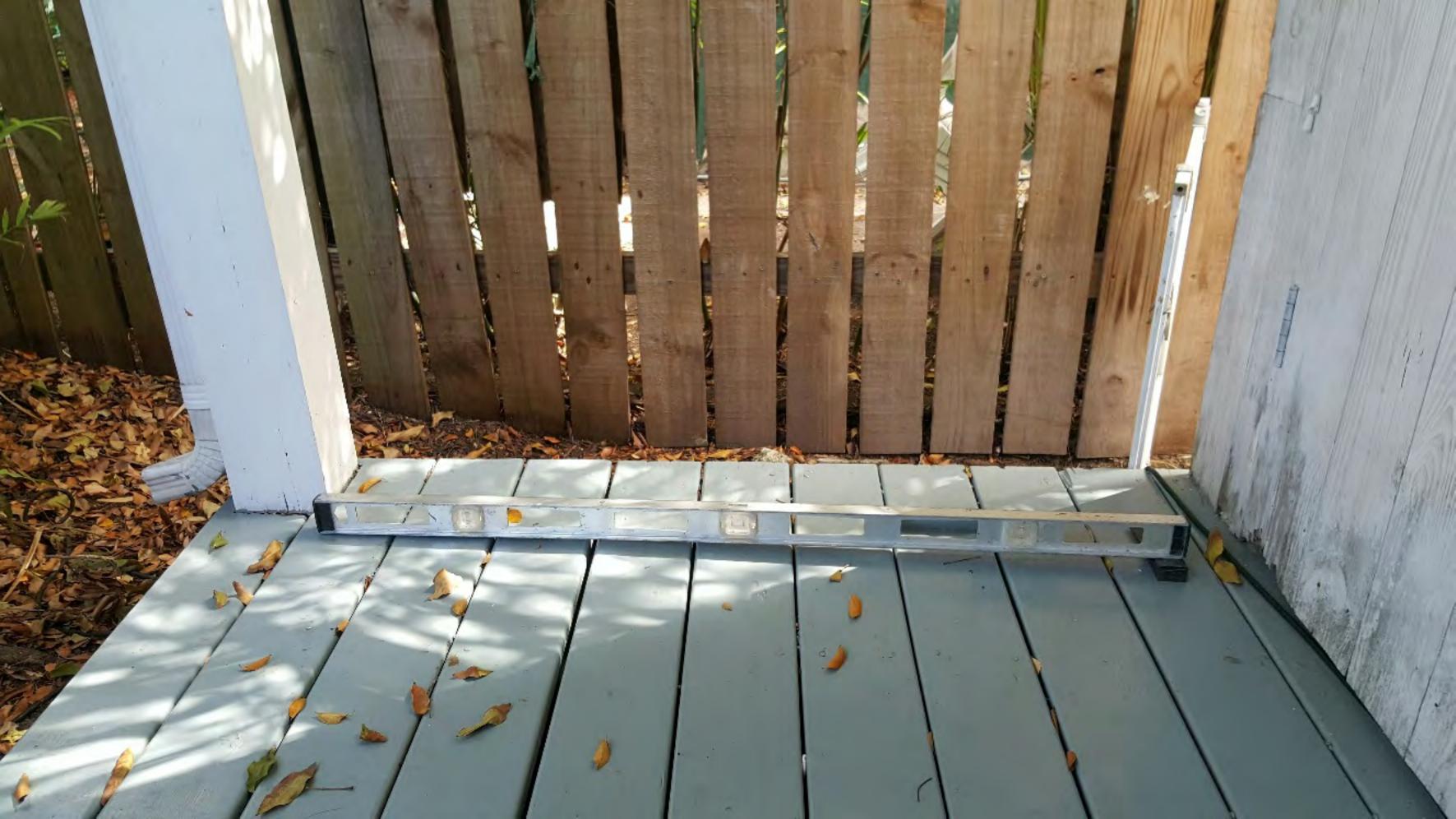














Application





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8344

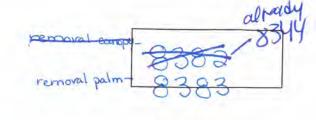
Tree Permit Application		
	Date: 02/2	1/2017
Please Clearly Print	All Information unless indicated oth	erwise.
		Ci Wioci
Tree Address	1113 FLEHING STREET	
Cross/Corner Street		C. Poly
List Tree Name(s) and Quantity	GUMBO LIMBO (1)	Chada (XIIIngura
Species Type(s) check all that apply Reason(s) for Application:	() Paim () Flowering () Fruit () s	snade (v) Unsure
	h () Safety () Other/Explain below	
	ion () Same Property () Other/Explain	below
() HEAVY MAINTENANCE () Branch Rei		
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CALOING THECKIN	IS TO HEAVE, CAUSING FENCE TO HEAV	E, HITTING HOUSE
Reason for Request DAYAGING H	DUDE, FENCE, AND DECKING	
Property Owner Name	POBERT & TANKA EASTER	
Property Owner eMail Address	B. FASTER EASTERSLOW. COM	THE 72200 ACL. 004
Property Owner Mailing Address	2 LAUREN KNOCK CT.	
Property Owner Mailing City	BALDWIN State M	D. Zip <u>2013</u>
	(410) 592 - 6114	E
Property Owner Signature		
Poprocontative Name	SOME AS ASSOCIA	
Representative Name Representative eMail Address	SHAL IT / HISCOE	
Representative Mailing Address		
Representative Mailing City	State	Zip
Representative Phone Number	(305) 453 - 6044	
NOTE: A Tree Representation Authorization to owner will be representing the owner at a Tree	form must accompany this application if	someone other than the
owner will be representing the owner at a free	Tree Representation Authoriz	zation form attached (
<<<< Sketch location of tree in	n this area including cross/corr	er Street >>>>
FLEHWG STREET Please ider	ntify tree(s) with colored tape	•
Please raci	nerry tree(s) with colored tape	i ule
W	THE FOL ACUES S SELL # 443-463-5358	19 circ
HOUSE	1 9 TE FOR MUN!) - 3 - 6 MASK	19
10	NAL # 305-455	229"dbh
1 Deck	11 # 443-463-5350	1,90
v A le	war The	12.7
Y REE POO'		V
If this process requires blocking	of a City right-of-way, a separ	ate ROW Permit is
required. Please contact 305-809-		

Updated: 02/22/2014

Page 1







Page 1

Tree Permit Application

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Updated: 02/22/2014

	Date:
Please Clearly Print A	All Information unless indicated otherwise.
Tree Address	1113 Plembast.
Cross/Corner Street	White St.
List Tree Name(s) and Quantity	1 Gumbolimbo
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Reason(s) for Application:	() and () and and () and a
- Barana -	n (💢 Safety (💢 Other/Explain below
	on () Same Property () Other/Explain below
	noval () Crown Cleaning/Thinning () Crown Reduction
	rees boot system has lifted the pack and
Information deck ne	xt to it significantly and has already caused
and Explanation of coh 50	devalue amount of property damage
	The state of the s
Property Owner Name	Robert and Tanga Easter
Property Owner eMail Address	
Property Owner Mailing Address	Z Lawen Knoll Ct.
Property Owner Mailing City	Baldwin State MD Zip 21013
Property Owner Phone Number ((410) 592 - 6114
Property Owner Signature	
Representative Name	Kranthakha
Representative eMail Address	1
Representative Mailing Address	1602 Land St.
Representative Mailing City	Keywest State FL Zip 33040
그 하프로 하는 사람들은 사람이 그 모습니다. 보고 가게 되는 것은 그렇게 다른 것이다.	305 1296 - 9101
NOTE: A Tree Representation Authorization for	orm 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.
//// Skatch location of two in	Tree Representation Authorization form attached (
• Sketch location of tree in	this area including cross/corner Street >>>>
Please ident	tify tree(s) with colored tape
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1113	15 X X X
1113	3
Plema)-
f this process requires blocking o	f a City right-of-way, a separate ROW Permit is
equired. Please contact 305-809-3	3740.



Tree Permit Application

	Date: 3-22-20()
Please Clearly Print	All Information unless indicated otherwise.
Tree Address	_1113 FlemmaSt.
Cross/Corner Street	
List Tree Name(s) and Quantity	L Flix Fan Palm
Species Type(s) check all that apply	(X) Palm () Flowering () Fruit () Shade () Unsure
Reason(s) for Application:	(X rain () riowering () rrait () Shade () onsure
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	ation () Same Property () Other/Explain below
	emoval () Crown Cleaning/Thinning () Crown Reduction
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Additional ?a	ah 15 yournted.
and Explanation	
and Explanation	
Property Owner Name	Robert and Tanga Easter
Property Owner eMail Address	- 10 th my my parter
Property Owner Mailing Address	2 Lavren Knoll Ct.
Property Owner Mailing City	Baldwin State MD Zip 21013
Property Owner Phone Number	(410) 592-6114
Property Owner Signature	
Representative Name	Kenneth King
Representative eMail Address	1
Representative Mailing Address	1602 Land St.
Representative Mailing City	Kaswat State FZ 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 Tre	ee Commission meeting or picking up an issued Tree Permit.
<	Tree Representation Authorization form attached (in this area including cross/corner Street >>>>
• Sketch location of tree i	in this area including cross/corner street >>>>
Please ide	entify tree(s) with colored tape
Sec. 1	Aid I
72	Fan
	Palm
	Fain X 113
111	113

If 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





Tree Representation Authorization

Date: 3-20-201)

The date when your request will be

Expires March 30, 2019

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 11/3 FLEMING ST. **Property Owner Name** Property Owner eMail Address B. EASTER @ FASTERSLOCK. COM Property Owner Mailing Address 2 LAUREN KNOLL CT. **Property Owner Mailing City** ___ State Mo. Zip 21013 **Property Owner Phone Number** - CELL 443-463-5358 **Property Owner Signature** Kenneth King Representative Name Representative eMail Address Representative Mailing Address 1602 Lalva St Representative Mailing City Ker West State & Zip Representative Phone Number (305 / 296- 910) _____, hearby 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** The forgoing instrument was acknowledged before me on this 20 day March By (Print name of Affiant) Robert Easter Tr- who is personally known to me or has produced mp n/ as identification and who did take an oath. NOTARY PUBLIC Sign Name: / Notary Public - State of Florida (seal)

My Commission Expires: 🙍