

# 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:

Tree Species: Gumbo Limbo (*Bursera simaruba*)















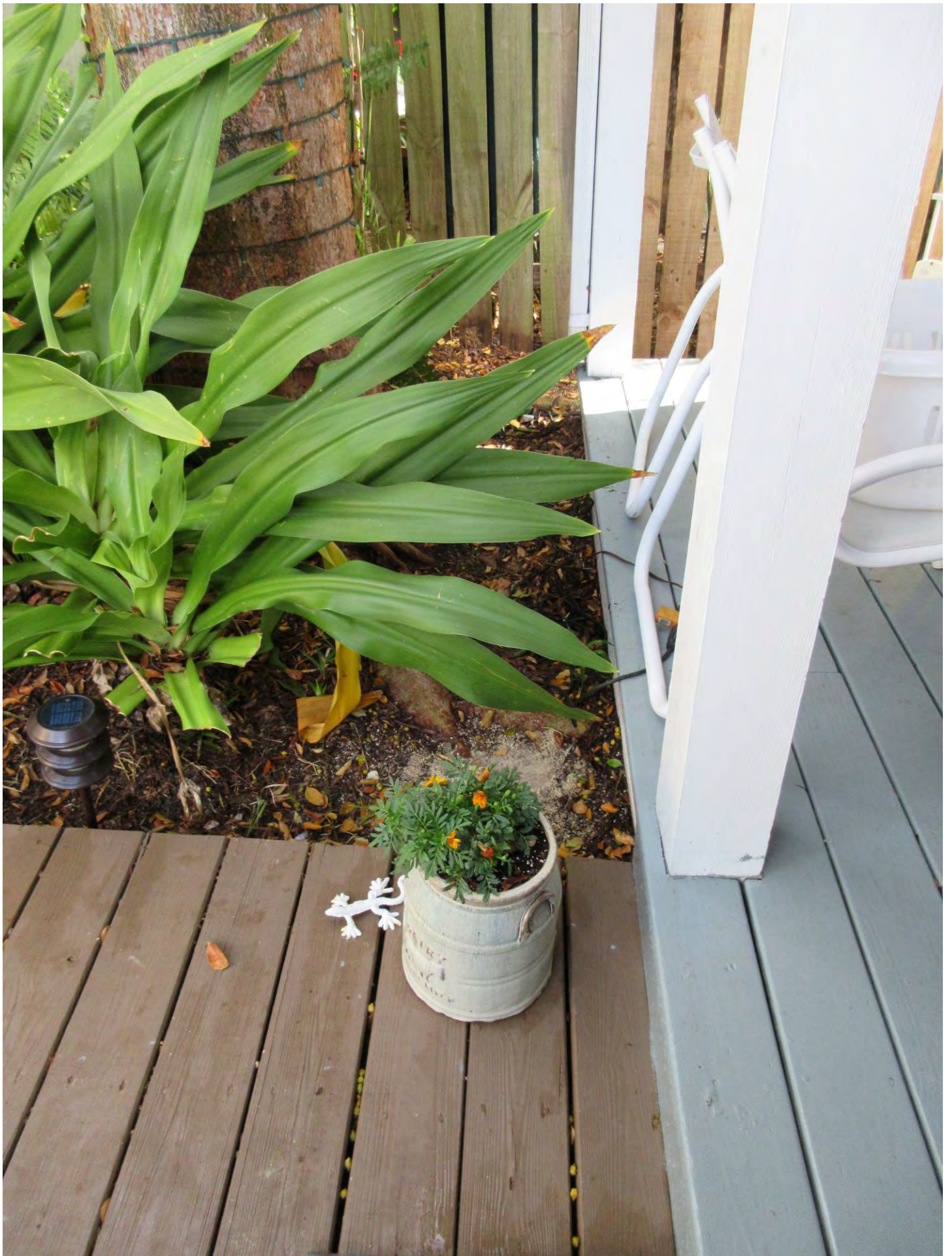
















Diameter: 22.9"

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.

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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

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**From:** islandbuilder@netzero.net  
**Sent:** Friday, March 31, 2017 6:07 AM  
**To:** Karen DeMaria  
**Subject:** 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





























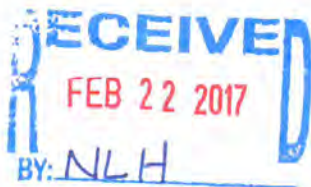






# Application





10am

8344

## Tree Permit Application

Date: 02/21/2017

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1113 FLEMING STREET  
Cross/Corner Street \_\_\_\_\_  
List Tree Name(s) and Quantity GUMBO LIMBO (1) (1) Fan Palm  
Species Type(s) check all that apply ( ) Palm ( ) 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 THE TREE IS GROWING INTO THE HOUSE AND HAS CAUSED DOWN SPOUTS, CAUSING DECKING TO HEAVE, CAUSING FENCE TO HEAVE, HITTING HOUSE  
Reason for Request DAMAGING HOUSE, FENCE, AND DECKING

Property Owner Name ROBERT & TANIA EASTER  
Property Owner eMail Address B.EASTER@EASTERSLOCK.COM THE722@AOL.COM  
Property Owner Mailing Address 2 LAUREN KAGILL CT.  
Property Owner Mailing City BALDWIN State MD Zip 21013  
Property Owner Phone Number (410) 592-6114  
Property Owner Signature

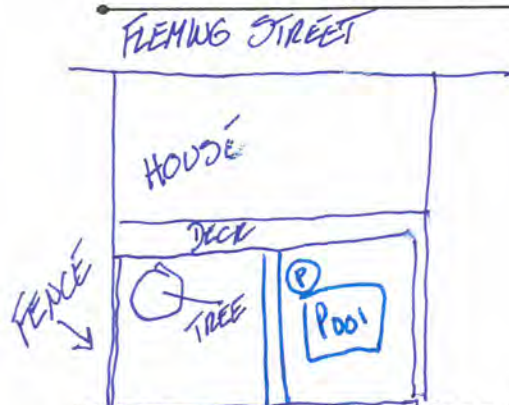
Representative Name JANE A7 PRODUCE  
Representative eMail Address \_\_\_\_\_  
Representative Mailing Address \_\_\_\_\_  
Representative Mailing City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Representative Phone Number (305) 453-6044

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



WILL HAVE TO MEET  
AT SITE FOR ACCESS  
LOCAL # 305-453-6044  
CELL # 443-463-5358

6' circ  
22.9" dbh

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





already 8344  
removal canopy - 8382  
removal palm - 8383

## Tree Permit Application

Date: 3-22-2017

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1113 Fleming St.  
Cross/Corner Street White St.  
List Tree Name(s) and Quantity 1 Gumbo Limbo  
Species Type(s) check all that apply ( ) Palm ( ) Flowering ( ) Fruit (X) Shade ( ) Unsure  
Reason(s) for Application:

- (X) REMOVE ( ) 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

Additional Information and Explanation The tree's root system has lifted the porch and deck next to it significantly and has already caused a considerable amount of property damage

Property Owner Name Robert and Tanya Easter  
Property Owner eMail Address \_\_\_\_\_  
Property Owner Mailing Address 2 Lauren Knoll Ct.  
Property Owner Mailing City Baldwin State MD Zip 21013  
Property Owner Phone Number (410) 592-6114  
Property Owner Signature \_\_\_\_\_

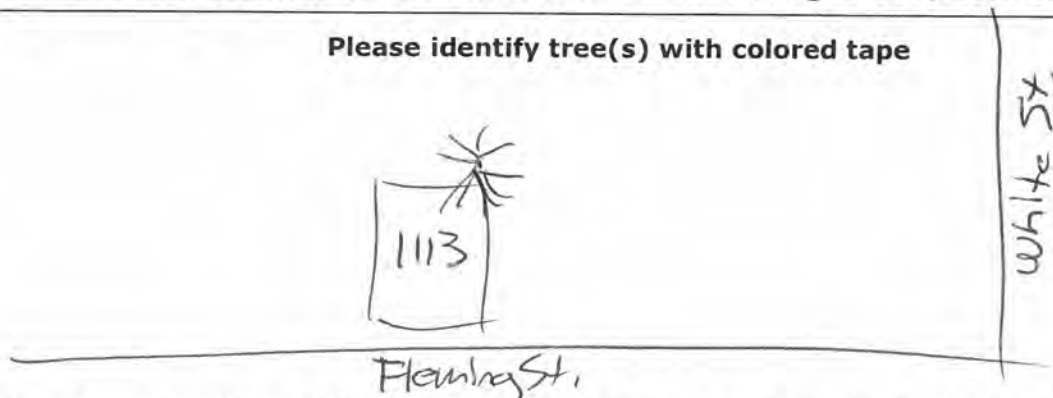
Representative Name Kenneth King  
Representative eMail Address \_\_\_\_\_  
Representative Mailing Address 1602 Laid St.  
Representative Mailing City Key West State FL Zip 33040  
Representative Phone Number (305) 296-8101

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



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





## Tree Permit Application

Date: 3-22-2017

**Please Clearly Print** All Information unless indicated otherwise.

**Tree Address** 1113 Fleming St.  
**Cross/Corner Street** White St.  
**List Tree Name(s) and Quantity** 1 Fiji Fan Palm  
**Species Type(s) check all that apply** ☒ Palm ☐ Flowering ☐ Fruit ☐ Shade ☐ Unsure  
**Reason(s) for Application:**

☒ **REMOVE** ☐ Tree Health ☐ Safety ☐ Other/Explain below  
☐ **TRANSPLANT** ☐ New Location ☐ Same Property ☐ Other/Explain below  
☐ **HEAVY MAINTENANCE** ☐ Branch Removal ☐ Crown Cleaning/Thinning ☐ Crown Reduction

**Additional Information and Explanation** Palm is unwanted.

**Property Owner Name** Robert and Tanya Easter  
**Property Owner eMail Address** \_\_\_\_\_  
**Property Owner Mailing Address** 2 Lauren Knoll Ct.  
**Property Owner Mailing City** Baldwin **State** MD **Zip** 21013  
**Property Owner Phone Number** (410) 592-6114  
**Property Owner Signature** \_\_\_\_\_

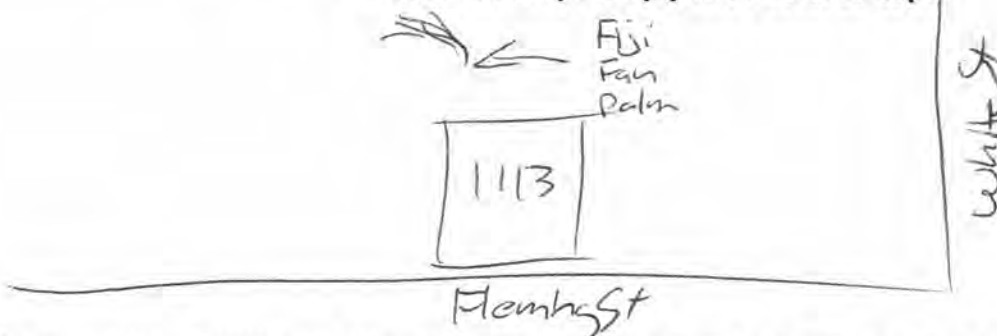
**Representative Name** Kenneth King  
**Representative eMail Address** \_\_\_\_\_  
**Representative Mailing Address** 1602 Laird St.  
**Representative Mailing City** Key West **State** FL **Zip** 33040  
**Representative Phone Number** (305) 296-8101

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



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





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## Tree Representation Authorization

Date: 3-20-2017

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 1113 FLEMING ST.Property Owner Name ROBERT & TANIA EASTERProperty Owner eMail Address B. EASTER @ EASTERSTOCK.COMProperty Owner Mailing Address 2 LAUREN KADILL CT.Property Owner Mailing City BALDWIN State MD Zip 21013Property Owner Phone Number (410) 592-6114 CELL 443-463-5358Property Owner Signature [Signature]Representative Name Kenneth King

Representative eMail Address \_\_\_\_\_

Representative Mailing Address 1602 Laurel St.Representative Mailing City Key West State FL Zip 33040Representative Phone Number (305) 296-9810

I \_\_\_\_\_, 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 if there is any questions or need access to my property.

Property Owner Signature [Signature]The forgoing instrument was acknowledged before me on this 20 day March.

By (Print name of Affiant) Robert Easter Jr. who is personally known to me or has produced MD DL as identification and who did take an oath.

### NOTARY PUBLIC

Sign Name: [Signature]Print Name: Miriam CleareMy Commission Expires: 03/30/19

Notary Public - State of Florida (seal)

