## STAFF REPORT

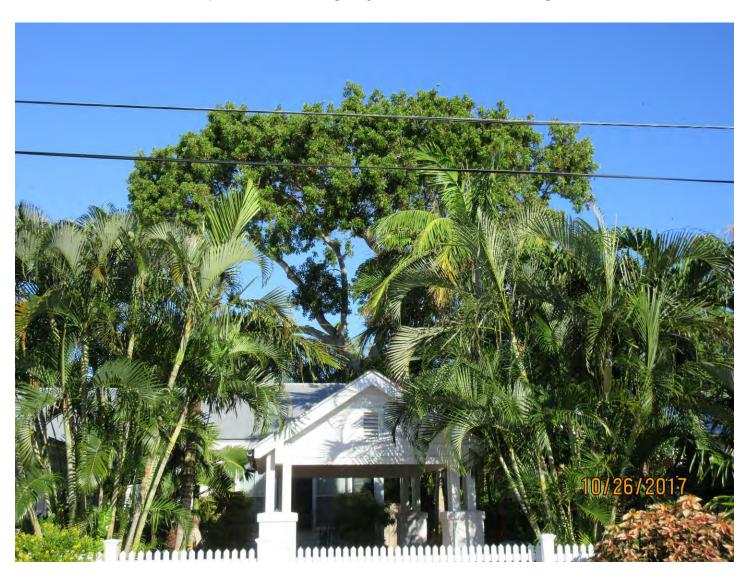
DATE: October 31, 2017

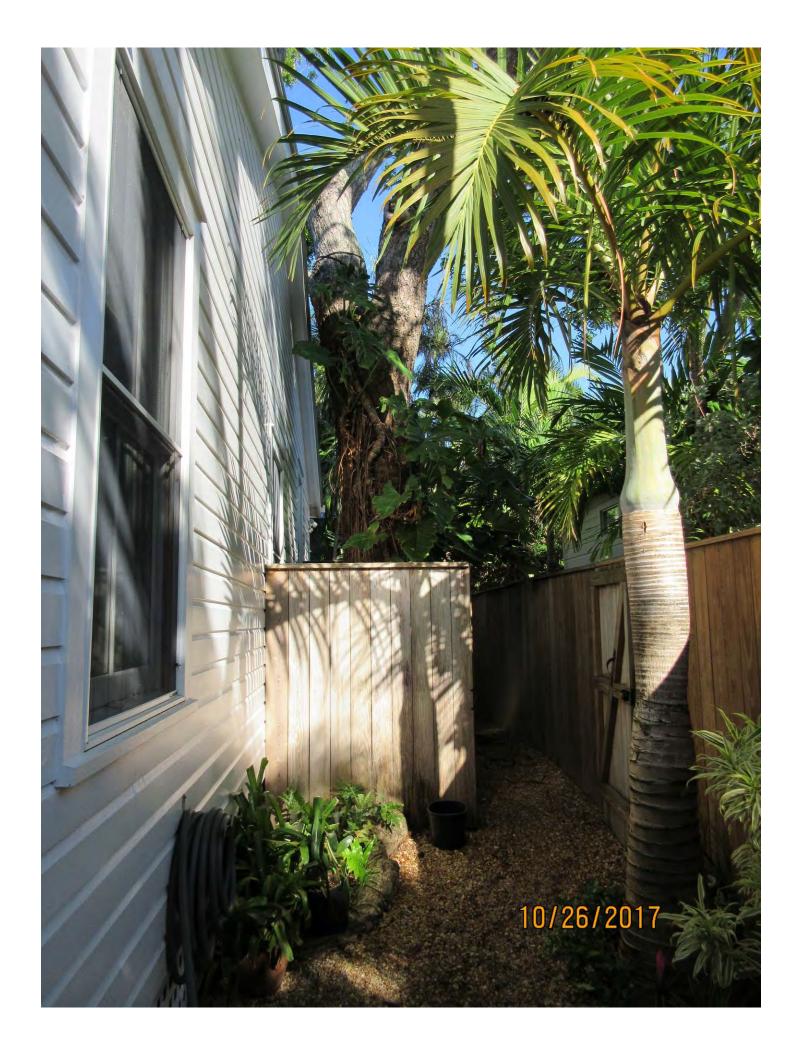
## RE: 1231 South Street (permit application # T17-8639)

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

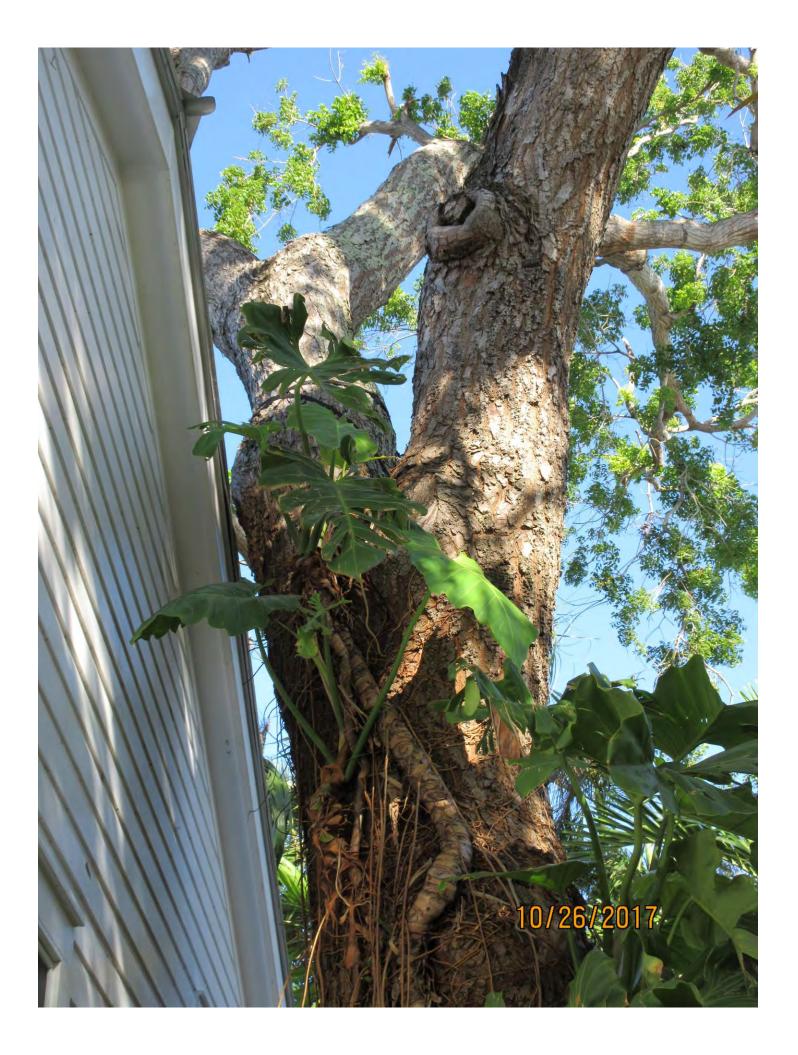
An application was received requesting the removal of **(1) Mahogany tree**. A site inspection was done on October 27, 2017 and documented the following:

Tree Species: Mahogany (Swietenia mahagoni)



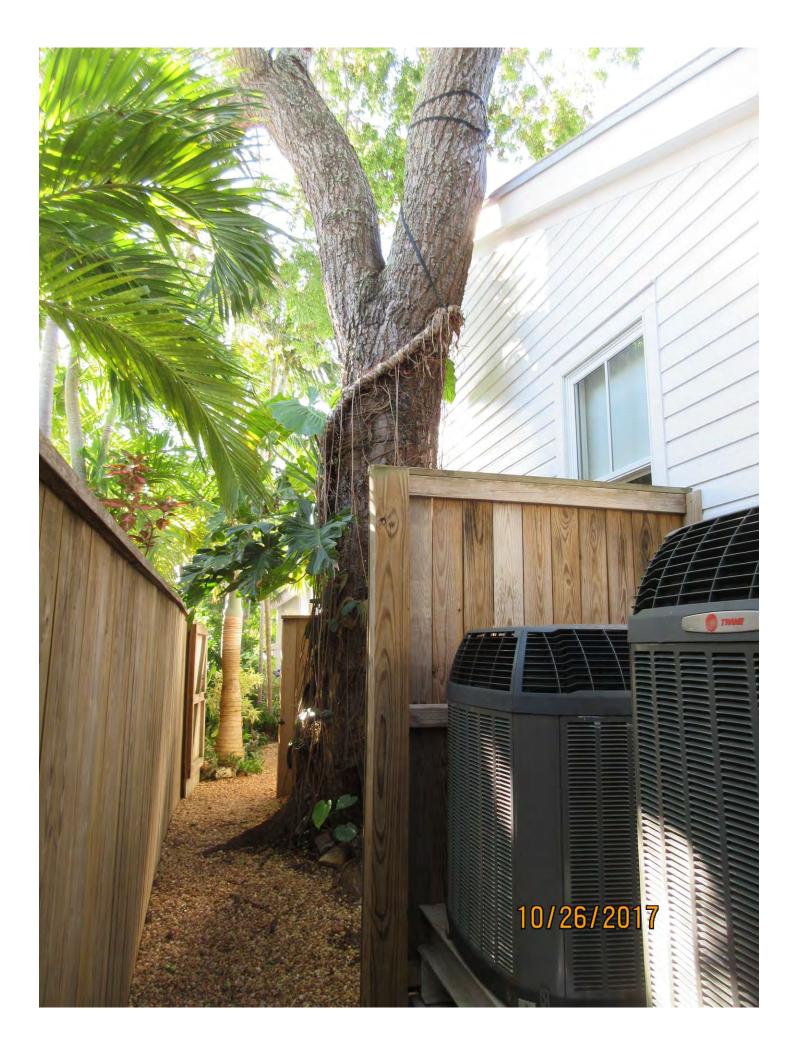


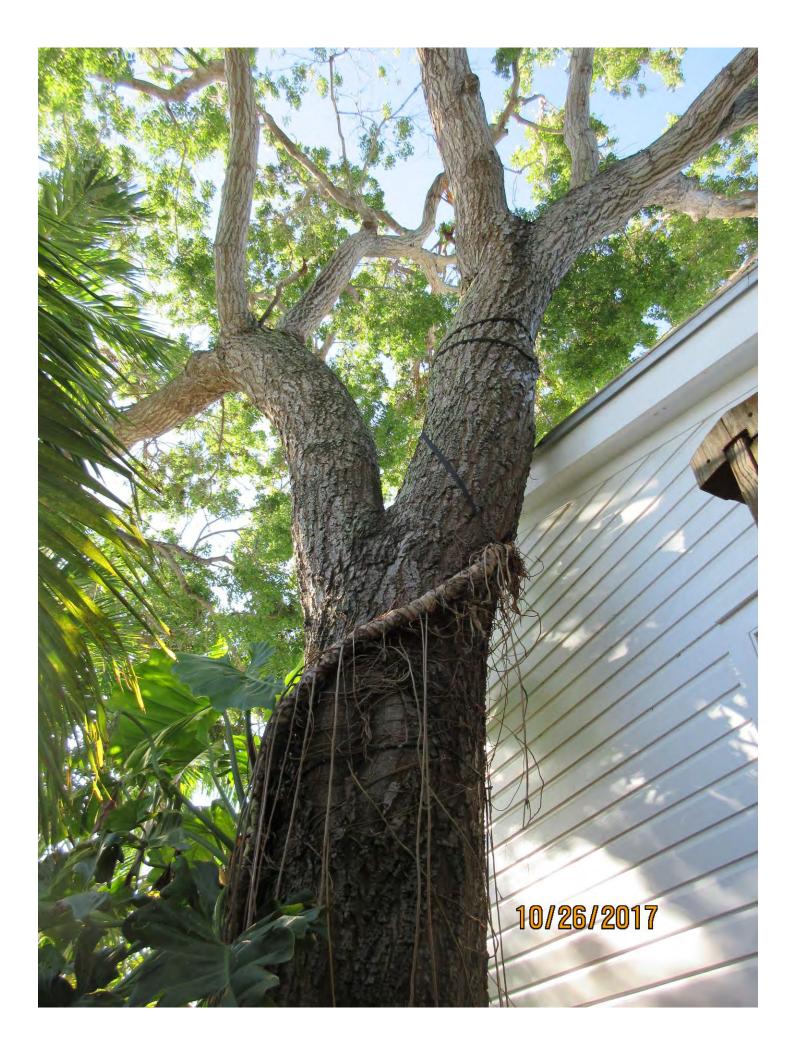


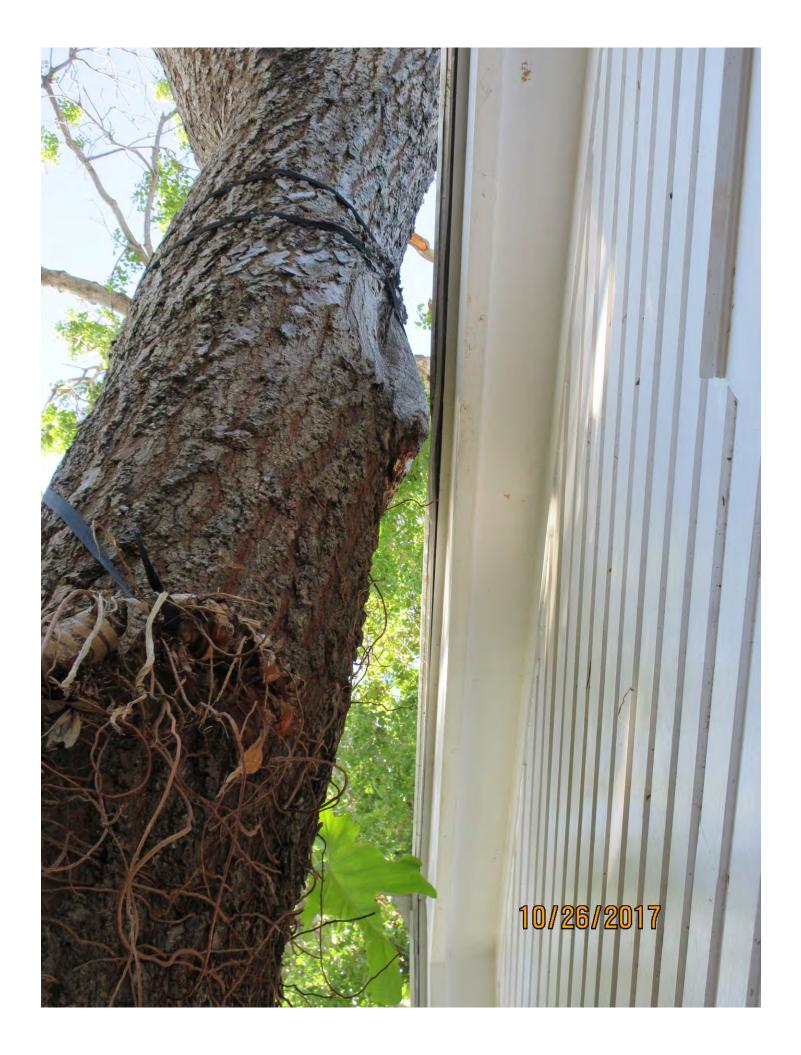


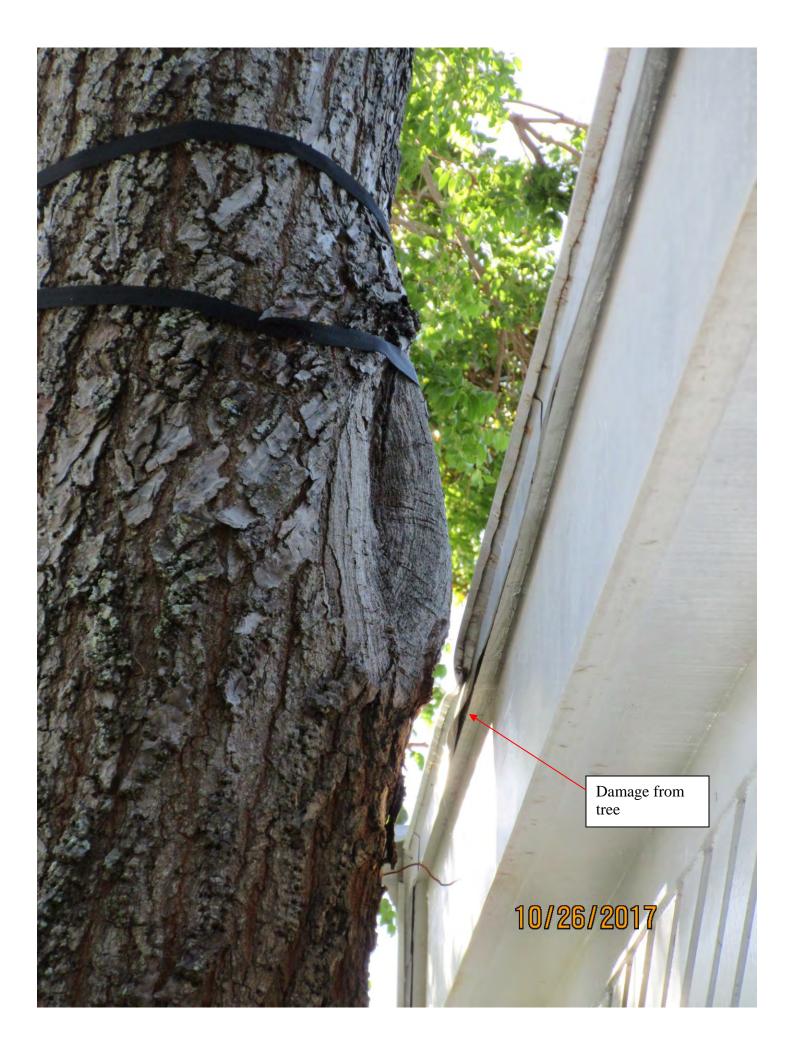












Diameter: 34.3" Location: 30% (main trunk close to house-hitting roof during storms.) Species: 100% (on protected tree list) Condition: 60% (fair) Total Average Value = 63% Value x Diameter = 21.6 replacement caliper inches

Heavy maintenance of tree to remove the main trunk that is close to house and damaging roof is not recommended. Trimming work would unbalance the tree and create an unsafe structure to the tree.

Recommendation: Recommend approval of the removal of one (1) Mahogany tree at 1231 South Street to be replaced with 21.6 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

## Application

of they west Tree Commission 6 3 2017 **Tree Permit Application** Date: Please Clearly Print All Information unless indicated otherwise. South 5 Tree Address TAOPRAL Cross/Corner Street List Tree Name(s) and Quantity / Maho(any Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade () Unsure Reason(s) for Application: () REMOVE () Tree Health () Safety () Other/Explain below too you to hiuse () TRANSPLANT () New Location () Same Property () Other/Explain below () HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning (, ) Crown/Reduction with one with hUIAL Additional Information and Explanation Property Owner Name INDA 51550M @ AOLICOM Property Owner eMail Address 51550M LH Property Owner Mailing Address (23) SOUTH State HN Property Owner Mailing City Pu What 33040 Zip Property Owner Phone Number ( 803) 360-3546 Property Owner Signature ( Milla) SIMA Representative Name **Representative eMail Address** Representative Mailing Address **Representative Mailing City** State Zip Representative Phone Number (\_\_\_\_) 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. Updated: 02/22/2014 Page 1