

# STAFF REPORT

DATE: January 29, 2018

RE: **273 Southard Street (permit application # T18-8806)**

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

An application was received requesting the removal of **(1) Seagrape tree**. A site inspection was done on January 19, 2018 and documented the following:

Tree Species: Seagrape (*Coccoloba uvifera*)









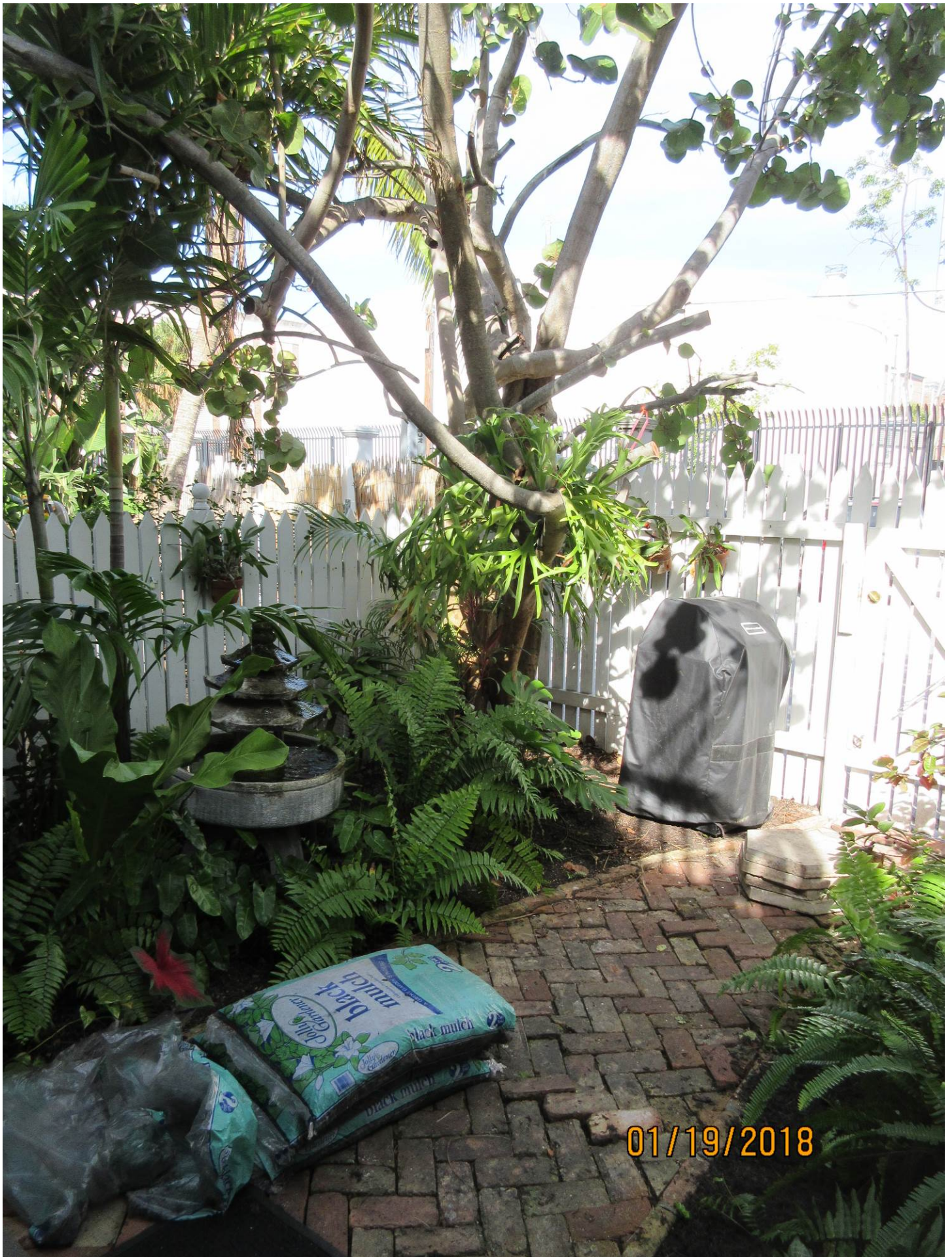






01/19/2018





01/19/2018



















Diameter: 24.8"

Location: 50% (canopy close to utility lines, canopy interferes with road/sidewalk area, large wild tree in small yard)

Species: 100% (on protected tree list)

Condition: 40% (poor, wild structure-tree not maintained properly for small location)

Total Average Value = 63%

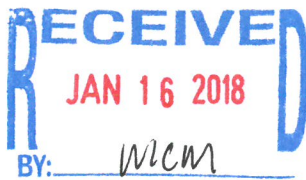
**Value x Diameter = 15.6 replacement caliper inches**

**Recommendation: Recommend approval of the removal of one (1) Seagrape tree at 273 Southard Street to be replaced with 15.6 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.**



# Application





CANOPY  
REMOVAL

880-6

## Tree Permit Application

Date: Jan 14, 2018

Please Clearly Print All Information unless indicated otherwise.

Tree Address 273 Southard St, Key West, FL 33040  
Cross/Corner Street Thomas S Southard

List Tree Name(s) and Quantity Seagrape  
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

### Other/Explain

The tree was damaged in th hurricane. It looks ugly now. It has taken over my small yard. Very high maintenance. The tree has always been high maintenance. It grew wild here, too close to fences. Its ugly now post Irma.

### Reason for Request

Property Owner Name Douglas Lafferty  
Property Owner eMail Address DJLARCH@aol.com  
Property Owner Mailing Address 407 County Route 60  
Property Owner Mailing City Saratoga Springs State NY Zip 12866  
Property Owner Phone Number (518) 944-6369  
Property Owner Signature Douglas Lafferty

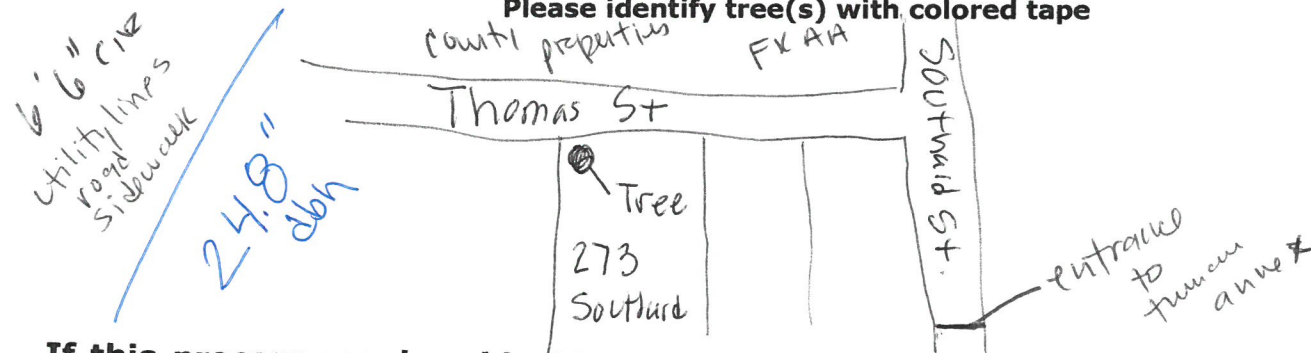
Representative Name \_\_\_\_\_  
Representative eMail Address \_\_\_\_\_  
Representative Mailing Address \_\_\_\_\_  
Representative Mailing City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Representative Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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.





## Tree Representation Authorization

Date: January 14, 2018

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 273 Southard St.

Property Owner Name Douglas Lafferty  
Property Owner eMail Address DJLARCH@aol.com  
Property Owner Mailing Address 407 County Route 68  
Property Owner Mailing City Saratoga Springs State NY Zip 12866  
Property Owner Phone Number (516) 944-6369  
Property Owner Signature \_\_\_\_\_

Representative Name Self  
Representative eMail Address \_\_\_\_\_  
Representative Mailing Address \_\_\_\_\_  
Representative Mailing City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Representative Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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 Douglas Lafferty

The forgoing instrument was acknowledged before me on this 14 day January 2018.

By (Print name of Affiant) Douglas Lafferty who is personally known to me or has produced Drivers Lic. as identification and who did take an oath.

NOTARY PUBLIC Levi Pattinson  
Sign Name: \_\_\_\_\_

Print Name: Levi Pattinson

My Commission Expires: Apr 5 2019

Notary Public - State of Florida (seal)

