

STAFF REPORT

DATE: May 30, 2018

RE: **1503 Washington Street (permit application # T18-9024)**

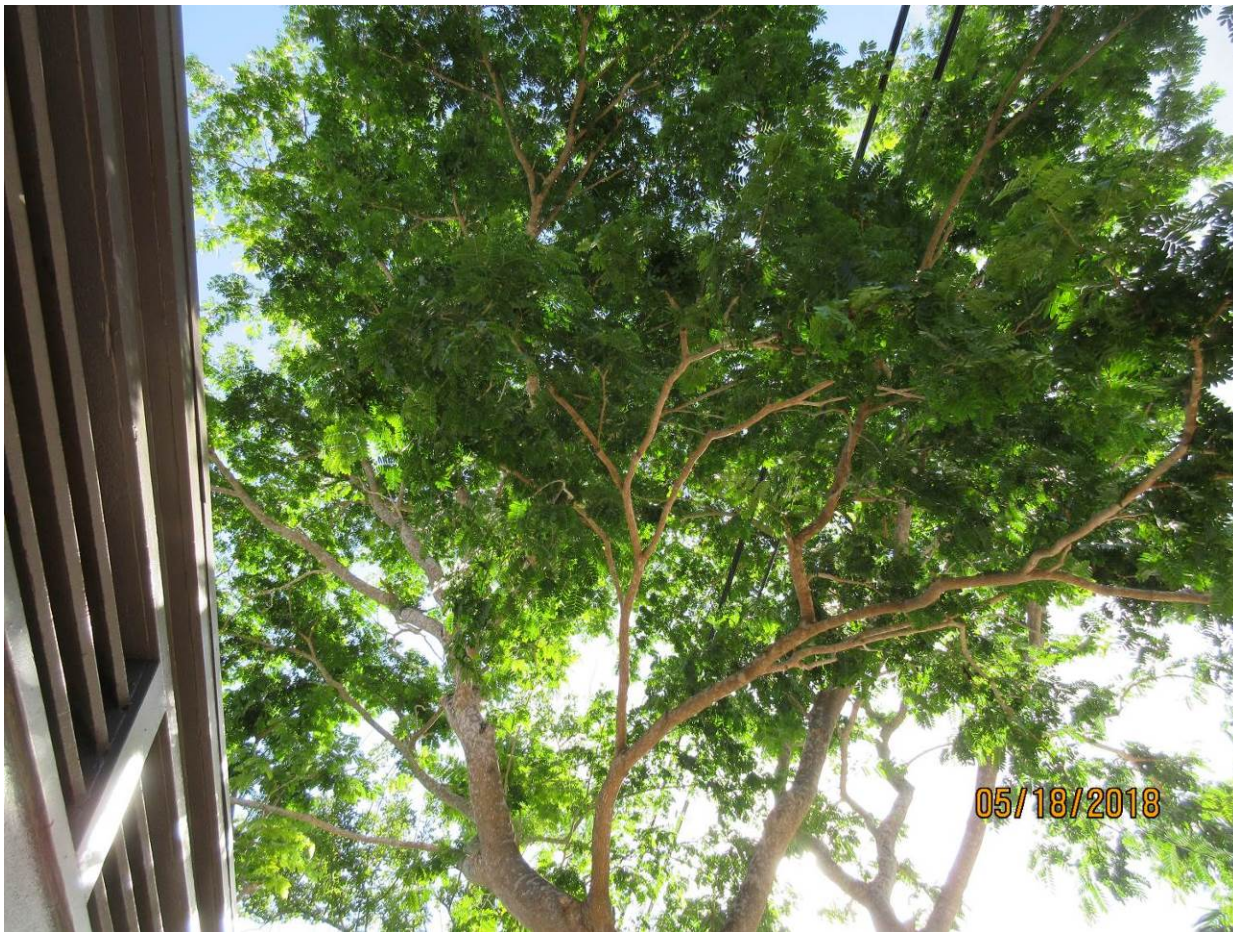
FROM: Karen DeMaria, City of Key West Urban Forestry Manager

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

Tree Species: Bulnesia sp. (Verawood)















Diameter: 10.1"

Location: 60% (close to structure, some canopy impacts with utility lines)

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

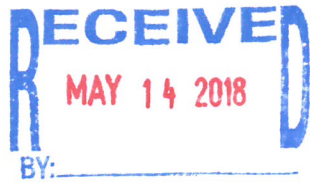
Condition: 80% (good)

Total Average Value = 63%

Value x Diameter = 6.3 replacement caliper inches

It does appear that the tree roots are having issues with the driveway. Can the root be cut and repairs made to the driveway allowing the tree to remain? Due to the amount of one sided surface roots it appears that the tree may need canopy reduction if it remains.

Application



CANOPY
REMARK

9024

Tree Permit Application

Date: 5-14-2018

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1503 Washington St.
Cross/Corner Street Leon St.
List Tree Name(s) and Quantity 1 Bulnesia St
Species Type(s) check all that apply () Palm (X) 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 root system is cracking the concrete
driveway and getting too close to the sewer
connection

Reason for Request

Property Owner Name Dan Castillo
Property Owner eMail Address dancastillo@att.net
Property Owner Mailing Address 1503 Washington St.
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 397-1085
Property Owner Signature

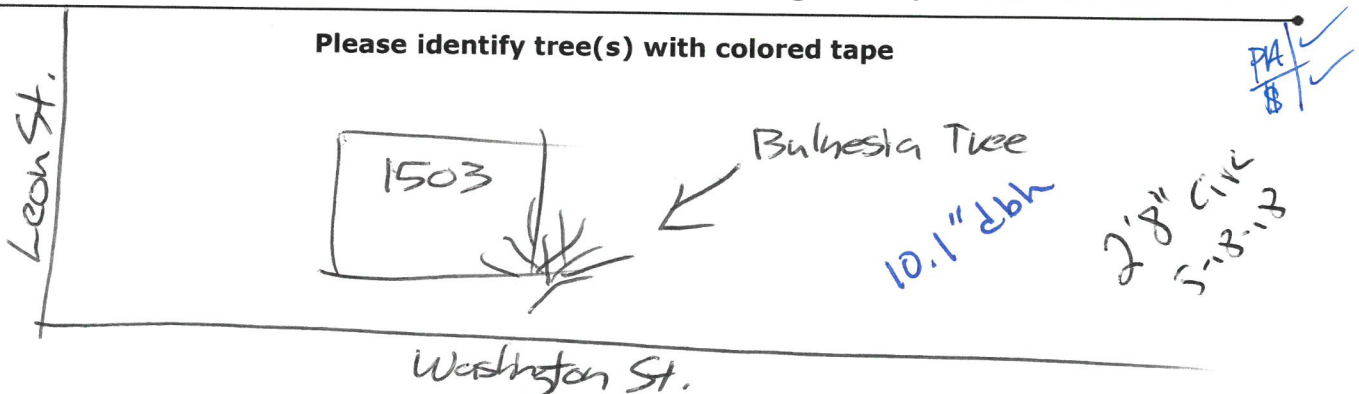
Representative Name Kenneth King
Representative eMail Address
Representative Mailing Address 1602 Laland St.
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 296-8101

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.

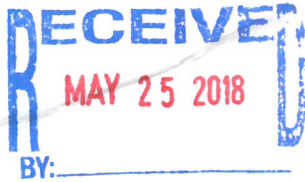
Tree Representation Authorization form attached ()

<<<<< 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 Representation Authorization

Date: _____

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 1503 WASHINGTON ST.

Property Owner Name DAR CASTILLO
Property Owner eMail Address darcastillo@aft.net
Property Owner Mailing Address 1503 WASHINGTON ST.
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (305) 797-1085
Property Owner Signature [Signature]

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

I DAR CASTILLO, 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 21st day MAY 2018.

By (Print name of Affiant) DAR CASTILLO who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: [Signature]

Notary Public - State of Florida (seal)

Print Name: TERI JOHNSTON

My Commission Expires: 3/8/2019

