

# STAFF REPORT

DATE: June 29, 2018

RE: **905 Truman Avenue (permit application # T18-9060)**

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

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

Tree Species: Bahama Tabebuia (*Tabebuia bahamesis*)























06/11/2018









06/11/2018















Diameter: 13"

Location: 80% (in a front street planter)

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

Condition: 40% (poor, large tears and damage to main trunk areas)

Total Average Value = 56%

**Value x Diameter = 7.2 replacement caliper inches**

**Recommendation: Recommend approval of the removal of one (1) Bahama Tabebuia tree at 905 Truman Avenue to be replaced with 7.2 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.**



# Application





canopy  
removal

9060

## Tree Permit Application

Date: 6/1/18

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** At Home in Key West - 905 Truman  
**Cross/Corner Street** FRONT, LEFT OF FOOT PATH.  
**List Tree Name(s) and Quantity** 1 Bahama tabebuia  
**Species Type(s) check all that apply** ( ) Palm (x) Flowering ( ) Fruit ( ) Shade ( ) Unsure  
**Reason(s) for Application:**

- ( ) REMOVE (x) Tree Health (x) 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** Tree lost a major branch during Irma - it is a gaping wound. Clients are worried that tree will rot & pose a hazard & would like to remove.

**Property Owner Name** Sybil Halford  
**Property Owner eMail Address** \_\_\_\_\_  
**Property Owner Mailing Address** 5020 5th Ave #17  
**Property Owner Mailing City** Key West **State** FL **Zip** 33040  
**Property Owner Phone Number** (305) 296-2594  
**Property Owner Signature** [Signature]

**Representative Name** Mama's Garden Center  
**Representative eMail Address** alex.popolla@mamasgardencenter.com  
**Representative Mailing Address** 111 Overseas Hwy 1  
**Representative Mailing City** Key West **State** FL **Zip** 33040  
**Representative Phone Number** (305) 360-1815 305-296-1619 office.

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

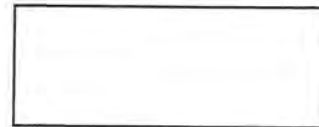


TRUMAN

6-12-18  
3' 5" air  
13" dbh

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: 6/1/18

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 At Home in Key West - 905 Truman

Property Owner Name

Sybil Halford

Property Owner eMail Address

Property Owner Mailing Address

5020 5th Ave #17

Property Owner Mailing City

Key West

State

FL

Zip

33040

Property Owner Phone Number

(305) 296-2594

Property Owner Signature

Representative Name

Mama's Garden Center

Representative eMail Address

alex.popolla@mamasgardencenter.com

Representative Mailing Address

111 Overseas Hwy 1

Representative Mailing City

Key West

State

FL

Zip

33040

Representative Phone Number

(305) 360-1815

305-296-1617-office

I Sybil Halford, 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 is there is any questions or need access to my property.

Property Owner Signature

Sybil Halford

The forgoing instrument was acknowledged before me on this 1 day June 2018.

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

### NOTARY PUBLIC

Sign Name:

Jami Ann Rose

Print Name:

Jami Ann Rose

My Commission Expires:

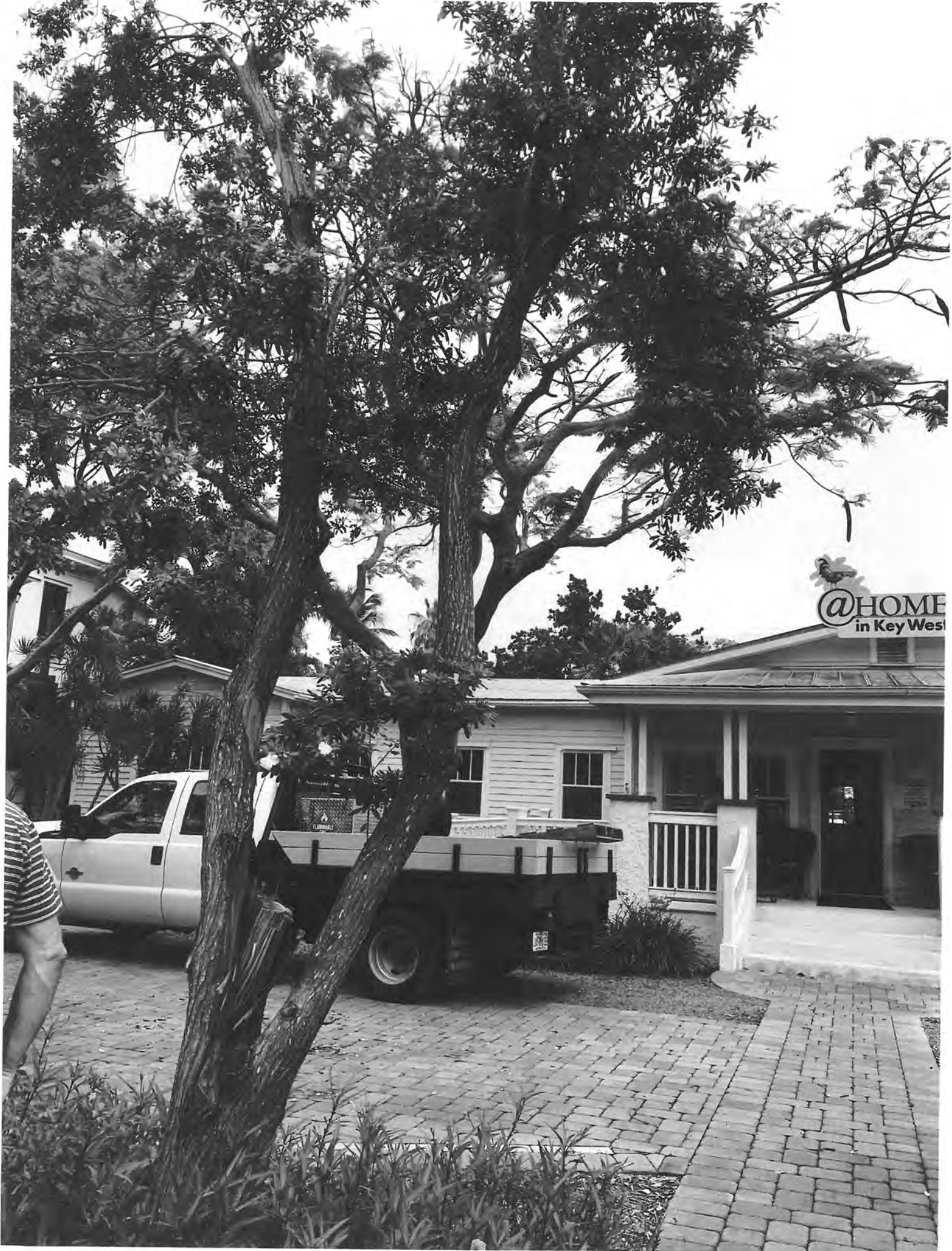
8/9/2021

Notary Public - State of Florida (seal)



Jami Ann Rose  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG133074  
Expires 8/9/2021





@HOME  
in Key West





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Limited Liability Company  
W.I.R.E.D. IN KEY WEST, L.L.C.

### Filing Information

**Document Number** L04000060829  
**FEI/EIN Number** 55-0878215  
**Date Filed** 08/16/2004  
**State** FL  
**Status** ACTIVE

### Principal Address

905 TRUMAN AVENUE  
KEY WEST, FL 33040

### Mailing Address

905 TRUMAN AVENUE  
KEY WEST, FL 33040

### Registered Agent Name & Address

FARRELLY, GREGORY G  
C/O CATALFOMO & FARRELLY  
506 LOUISA STREET  
KEY WEST, FL 33040

### Authorized Person(s) Detail

#### **Name & Address**

Title MGRM

VAN MATER, ROBIN  
1320 PINE STREET  
KEY WEST, FL 33040

Title MGR

HALFORD, SYBILLE  
1507 18TH TERRACE  
KEY WEST, FL 33040

### Annual Reports

Report Year	Filed Date
2016	03/25/2016
2017	03/22/2017