STAFF REPORT

DATE: June 29, 2018

RE: 1307-1309 Whitehead Street (permit application # T18-9075)

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

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

Tree Species: Strangler Fig (Ficus aurea)

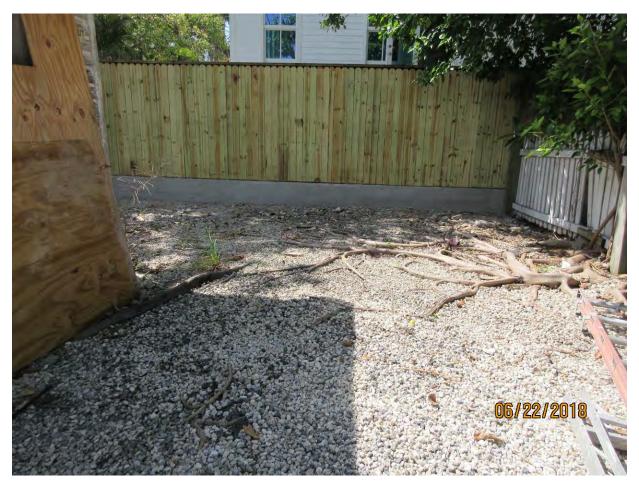










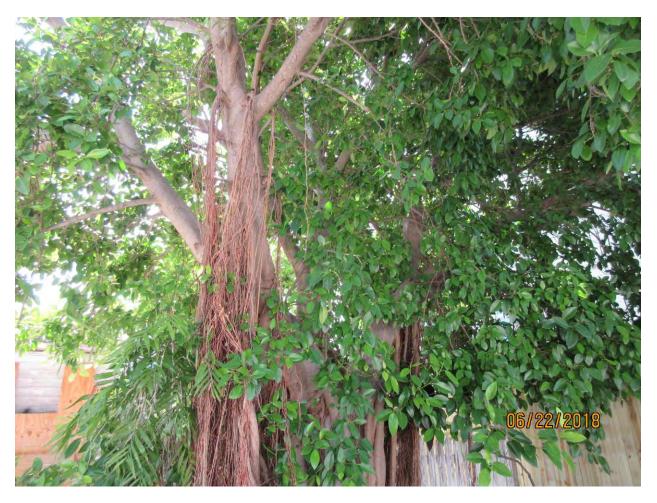




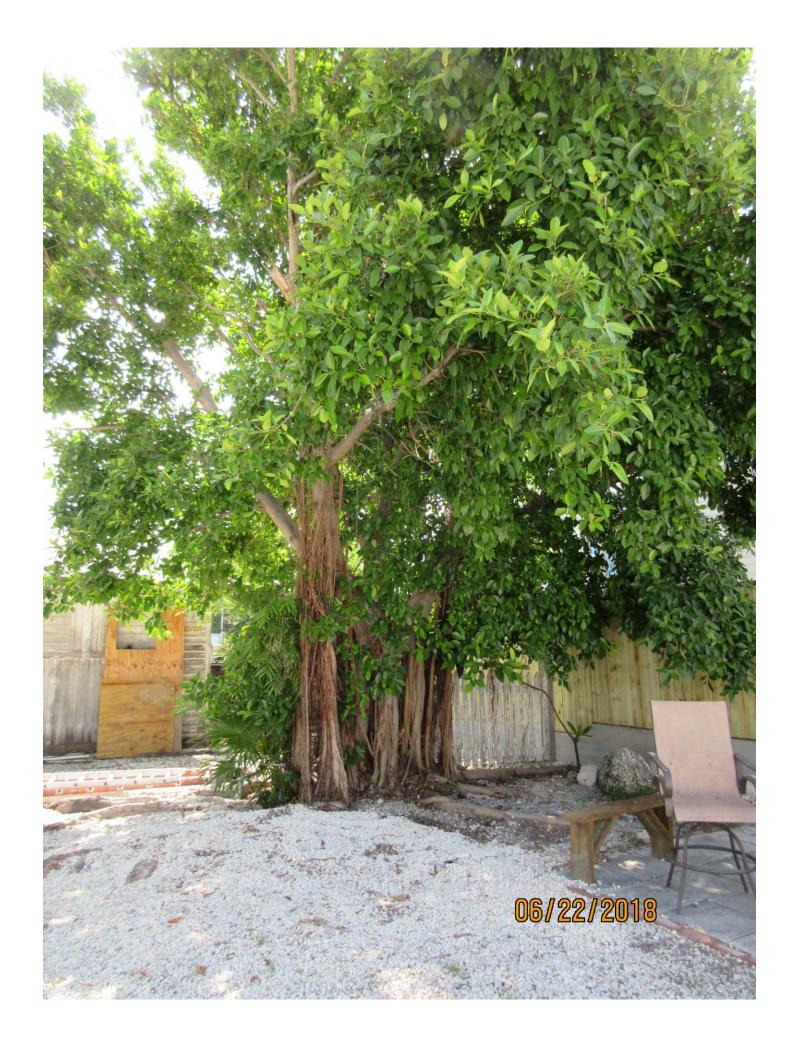














Diameter: 43.3"

Location: 70% (tree taking over wooden fence, roots extending put toward

structure)

Species: 100% (on protected tree list) Condition: 60% (fair-needs a proper trim)

Total Average Value = 76%

Value x Diameter = 32.9 replacement caliper inches

Recommendation: Recommend denial of removal permit, Sec 110-328 (1). Some roots beyond the critical root zone could be cut and the canopy trimmed.



Application





CANOPY

9675

Tree Permit Application

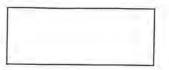
	79.3	ate: <u>6-2</u>	
Please Clearly Print All Inform	mation unless inc	dicated other	wise.
Tree Address 13	07-13091	Whitchead	14.
Cross/Corner Street So	with St.		
List Tree Name(s) and Quantity	Strangler A	a Fichs	
Species Type(s) check all that apply () Palm	() Flowering (Fruit (X) Sha	ade () Unsure
Reason(s) for Application:			
REMOVE () Tree Health () Saf	ety (> Other/Expla	ain below	
() TRANSPLANT () New Location () S	ame Property () C	Other/Explain be	elow
() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Th	hinning () Cro	wn Reduction
adson Other/Explain This tree plan	rted itself at	Eter Hunxa	ne Wilma and
is tuying to	cover the who	sle property	p It's alvandy
Reason for Request growing forto	2 Structure	s and well	to keep gone
Property Owner Name	MR Proper	itles	
Property Owner eMail Address			
Property Owner Mailing Address P. C.	0 Box 4120	2	
Property Owner Mailing City	West	State EL	Zip 3304
Property Owner Phone Number (305)	393-657	3	
Property Owner Signature			
Representative Name	weth Kha		
Representative eMail Address	nei (, , s)		
	002 Land St	f.,	
- (2) 1일 - 1일 100명 전 - 보기 문장 보기를 받았다. (1) 전 10 전	wist	State Z	Zip 33040
Representative Phone Number (309)	296-8101		
NOTE: A Tree Representation Authorization form must	t accompany this a	pplication if sor	meone other than the
owner will be representing the owner at a Tree Commis			
<<<< Sketch location of tree in this ar			on form attached ()
1			Street
Please identificative	(s) with colored ta		PA
N	E CO	10	4
1 = 1	1	1 15	S
11.00	Inna	der la	5
1. 1300	- Has	16	5
() (130) 1	309	V	
09		\	
1 white	ehead St		
If this process requires blocking of a Cit		, a separate	e ROW Permit is

Updated: 02/22/2014

required. Please contact 305-809-3740.







Tree Representation Authorization

Date: 6/19/2018

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.

			A STATE OF THE STA				
Tree Address	1307 - 1309 WHI	TEHEAD STE	REET				
	MMP PROPERTY	IES OF KEW	MEGTILO				
Property Owner Name							
Property Owner eMail Address	FKWINC@COMO	CAST.NET					
Property Owner Mailing Address	PO BOX 4125						
Property Owner Mailing City	KEY WEST		State	FL	Zip	33041	
Property Owner Phone Number Property Owner Signature	(305) 731	_ 9453					
Representative Name Representative eMail Address	KEN KING - GOL	DEN BOUGH					
Representative Mailing Address	1602 LAIRD STR	EET					
Representative Mailing City KEY WEST			FL Zin	Zip	33040		
Representative Phone Number	(305) 296	- 8101	State		z.ib	-	
I CURRY BLACKWELL to represent me in the matter of obt property at the tree address above lis is there is any questions or need acce Property Owner Signature	taining a Tree sted. You may	Permit fr	om the	City of	Kev \	ted agent(s West for m listed abov	
		70	24	_	7	ماور	
The forgoing instrument was acknowle	edged before i	me on this	00	_day _	Ju	NE .	
By (Print name of Affiant) <u>cylly Bl</u> produced		who i				o ne or ha oath.	
NOTARY PUBLIC Sign Name:		Notar	y Public	- State	e of Flo	orida (seal)	
Print Name: BRIAN PERRY							
My Commission Expires: אונא פפי	2019		Notary Pu Commis	RIAN PERR blic - State ssion # FF ! Expires No	of Florida 938159		
Indated: 02/22/2014		OF FLOR	Bonded thro	ugh National I	Notary Assn.	r .	