STAFF REPORT

DATE: November 28, 2018

RE: **800 Fleming Street (permit application # T2018-0104)**

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

An application was received requesting the removal of **(1) Silk Oak tree**. A site inspection was done and documented the following:
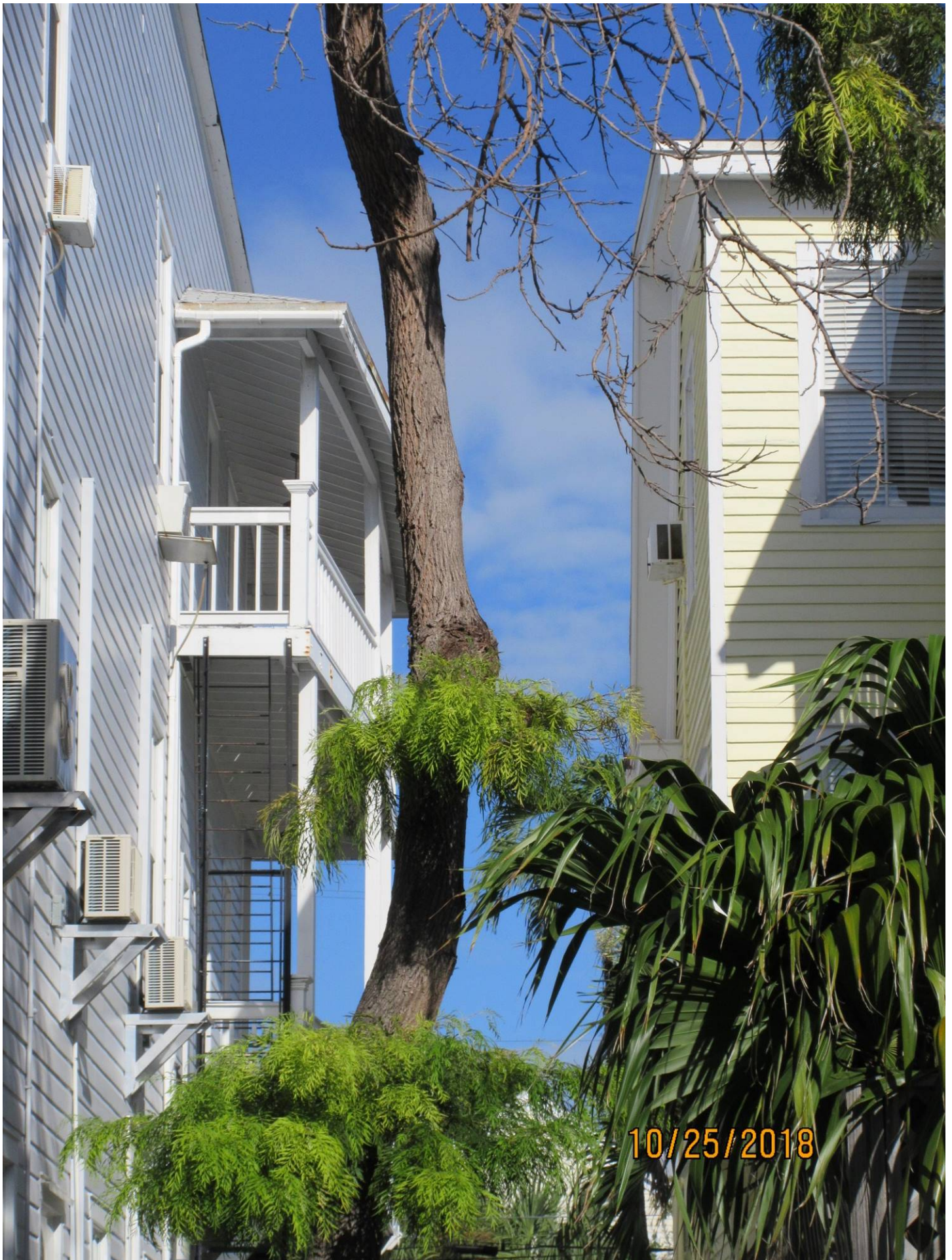
Tree Species: Silk Oak (Grevillea robusta)

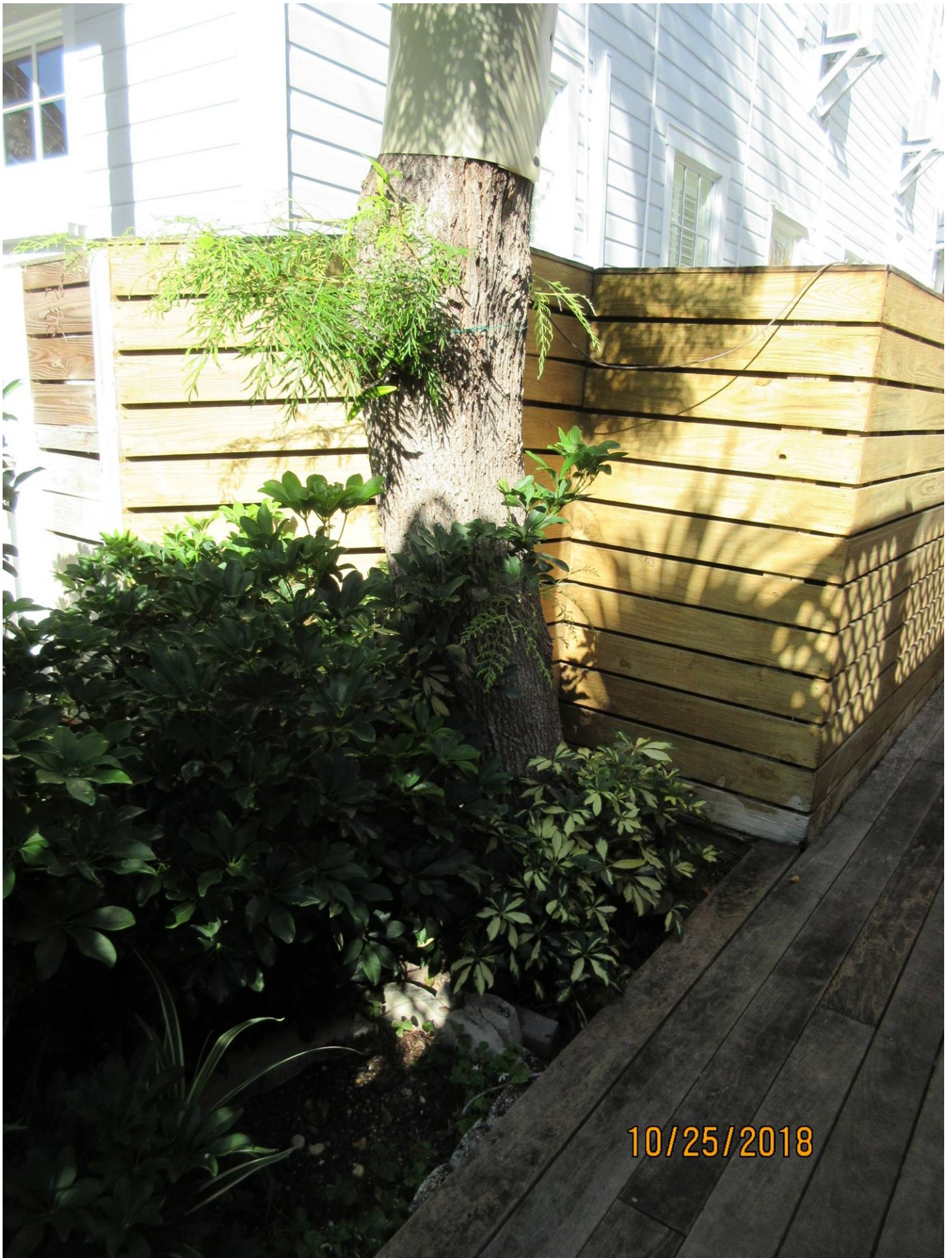10/25/2018

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Diameter: 14.3″
Location: 90%
Species: 50% (not on protected or not protected tree list)
Condition: 30% (very poor, most of canopy dead)
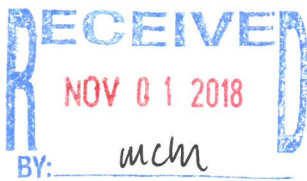Total Average Value = 56%
Value x Diameter = 8 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Silk Oak tree at 800 Fleming Street to be replaced with 8 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application

City of Key West Tree Commission

CANOPY REMOVAL

2018-0104

Tree Permit Application

Date: 10/25/18

Please Clearly Print All Information unless indicated otherwise.

Tree Address 800 Fleming St
Cross/Corner Street Williams
List Tree Name(s) and Quantity 1 silk oak
Species Type(s) check all that apply ( ) Palm ( ) Flowering ( ) Fruit (X) Shade ( ) Unsure

Reason(s) for Application:
( ) **REMOVE** (X) Tree Health ( ) 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 _____

Property Owner Name WILLIAM FLEMING CONDO ASSOC INC.
Property Owner eMail Address
Property Owner Mailing Address PO BOX 4844 KEY WEST, FL 33041-4844
Property Owner Mailing City ___ **State** ___ **Zip** ___
Property Owner Phone Number (646) 522-0116
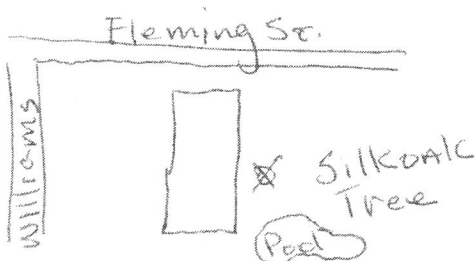**Property Owner Signature** [signature] WILLIAM HAACK, PRES.

Representative Name John Cole Shade Tree Inc
Representative eMail Address shadetreeservices@yahoo.com
Representative Mailing Address PO Box 1341
Representative Mailing City Key West **State** FL **Zip** 33041
Representative Phone Number (305) 340-8094

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

Fleming St.

Williams

X Silk oak Tree

Pool

3'9" cir
14.3" dbh
10-25-18 silkoaksit top of canopy dead.

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

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Tree Representation Authorization

Date: 10/25/18

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	800 Fleming St.
Property Owner Name	WILLIAM FLEMING CONDO ASSOCI FNC
Property Owner eMail Address	
Property Owner Mailing Address	PO BOX 4844
Property Owner Mailing City	KEY WEST State FL Zip 33041-4844
Property Owner Phone Number	(646) 522-0116
Property Owner Signature	[signature] WILLIAM HAACK, PRES.
Representative Name	John Coke Shade Tree Inc
Representative eMail Address	Shadetreeservices@yahoo.com
Representative Mailing Address	PO BOX 1341
Representative Mailing City	Key West State FL. Zip 33041
Representative Phone Number	(305) 340-8094

I WILLIAM HAACK, PRES. , hearby 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 [signature]

The forgoing instrument was acknowledged before me on this 1ST day November 2018

By (Print name of Affiant) William Haack 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: MARY E. TURSO

My Commission Expires: 5/16/21

Updated: 02/22/2014