

# STAFF REPORT

DATE: July 31, 2019

RE: 2611 Fogarty Avenue (permit application # T2019-0303)

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

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

Tree Species: Pink Tabebuia (*Tabebuia heterophylla*)



Photo of tree view 1





Photo of tree showing location to driveway and house.



Photo of tree canopy view 1.





Photo of tree  
canopy view 2.



Photo of tree  
canopy view 3.





Photo of tree view 2.





Photo of tree trunk view 1.





Photo of tree trunk view 2.





Photo of tree trunk view 3.





Photo of tree trunk view 4-note misplaced property line wall with lean.





Close up photo of tree trunk-codominant trunks.





Photo showing  
base of tree.



Photo of  
driveway  
showing root  
damage, view 1.





Photo showing  
root damage to  
driveway, view 2.

Diameter:  $41.7'' - 24'' = 17.7''$

Location: 60% (root issues with driveway and property line wall)

Species: 0% (on not protected tree list)

Condition: 50% (fair to poor, poor structure-codominant trunk with low attachment, heavy canopy, fair overall health)

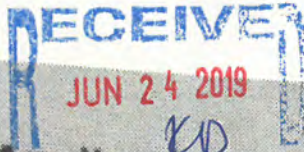
Total Average Value = 36%

Value x Diameter = 6.3 replacement caliper inches



# Application





canopy  
removal?

T2019-0303

# Tree Permit Application

Please Clearly Print All Information unless indicated otherwise.

Date:

Tree Address

2611 FOGARTY AV

Cross/Corner Street

List Tree Name(s) and Quantity

Species Type(s) check all that apply

Reason(s) for Application:

( ) Palm ( ) Flowering ( ) Fruit ( ) Shade ( ) Unsure  
Pink Tabebuia? (removal?)

( ) REMOVE ( ) Tree Health (X) Safety (X) Other/Explain below

( ) TRANSPLANT ( ) New Location ( ) Same Property ( ) Other/Explain below

( ) HEAVY MAINTENANCE ( ) Branch Removal ( ) Crown Cleaning/Thinning ( ) Crown Reduction

Other/Explain

MULTIPLE TRUNKS WITH INCLUDED BARK  
INVASIVE EXOTIC - SEEDS EVERYWHERE!  
TREE TOO BIG, ROOTS DISRUPTIVE

Reason for Request

Property Owner Name

CLARA FABEL

Property Owner eMail Address

BROCK43@AOL.COM

Property Owner Mailing Address

2611 FOGARTY AVE

Property Owner Mailing City

KW

State FL Zip 33040

Property Owner Phone Number

(305) 439-4492

Property Owner Signature

Clara B. Fabel

Representative Name

LARRIE BUSLOFF @ LARRIE LIZ PA

Representative eMail Address

" " @ YAHOO.COM

Representative Mailing Address

410 AVE. 'C'

Representative Mailing City

K.W.

State FL Zip 33040

Representative Phone Number

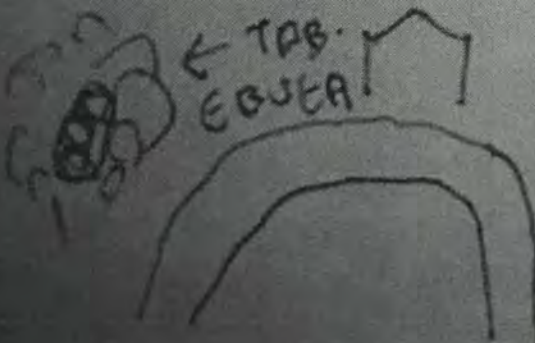
(305) 930-9964

NOTE: A Tree Representation Authorization form must accompany this application if someone other than 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 >>>>>

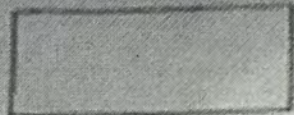
Please identify tree(s) with colored tape



6-13-19  
Site visit  
10' 11" circ  
41.7" 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: 6-19-19

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 2611 FOSARTY

Property Owner Name CLARA FABAL  
 Property Owner eMail Address BRUCK 43 @ AOL.COM  
 Property Owner Mailing Address 2611 FOSARTY AVE  
 Property Owner Mailing City K.W. State FL Zip 33040  
 Property Owner Phone Number (305) 439-4492  
 Property Owner Signature \_\_\_\_\_

Representative Name LARRIE BUSLOFF - LEAVING LIZARD!  
 Representative eMail Address l @ YAHOO.COM  
 Representative Mailing Address 410 AVE. C  
 Representative Mailing City K. WEST State FL Zip 33040  
 Representative Phone Number (305) 930-9964

I CLARA B FABAL, 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 Clara B. Fabal

The foregoing instrument was acknowledged before me on this 22<sup>nd</sup> day June 2019

By (Print name of Affiant) CLARA B. FABAL who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

My Commission: \_\_\_\_\_



Notary Public - State of Florida (seal)