

STAFF REPORT

DATE: December 31, 2019

RE: **1075 Duval Street (permit application # T2019-0537)**

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

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

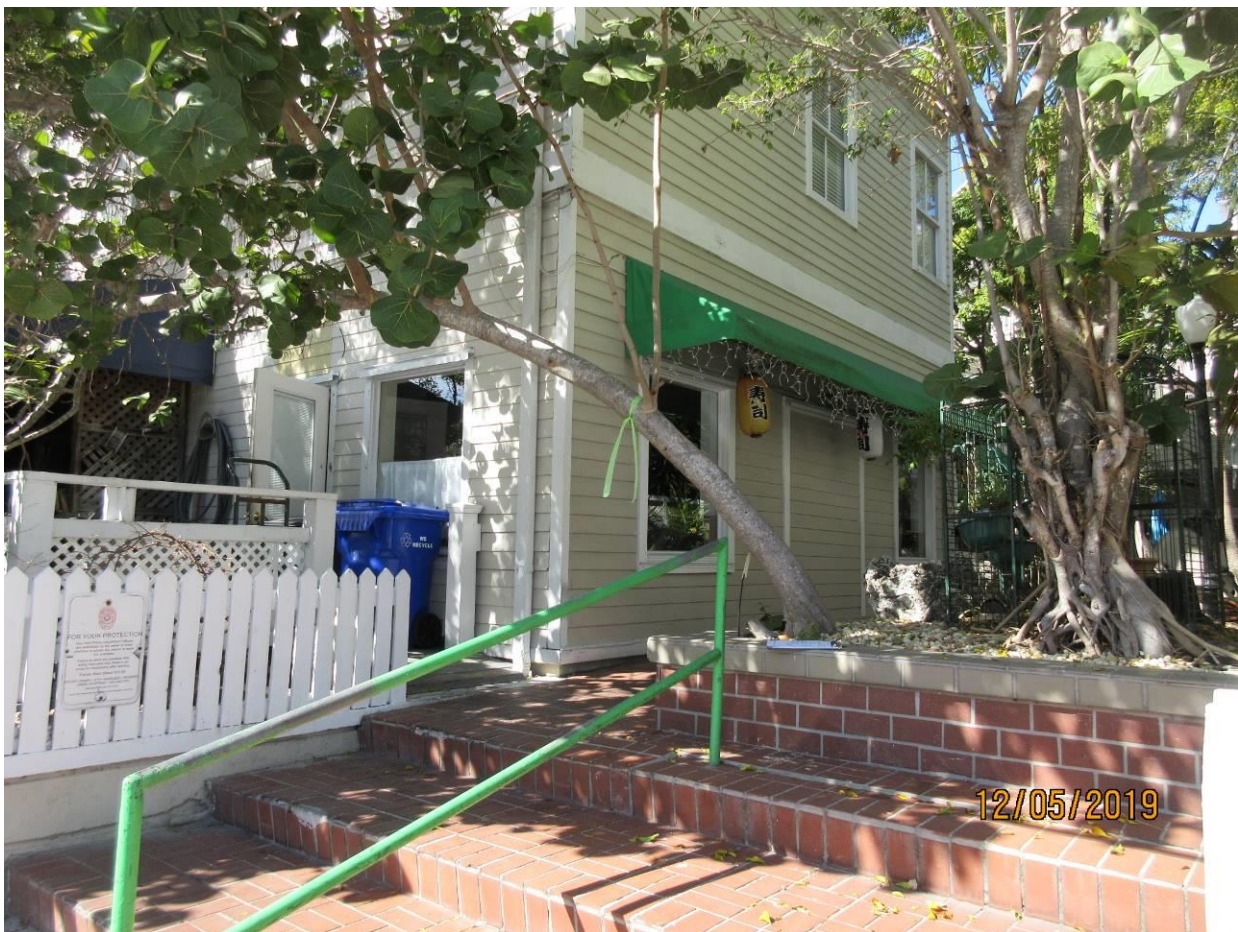
Tree Species: Sea Grape (*Coccoloba uvifera*)



Standing on Virginia Street, photo showing location of tree.

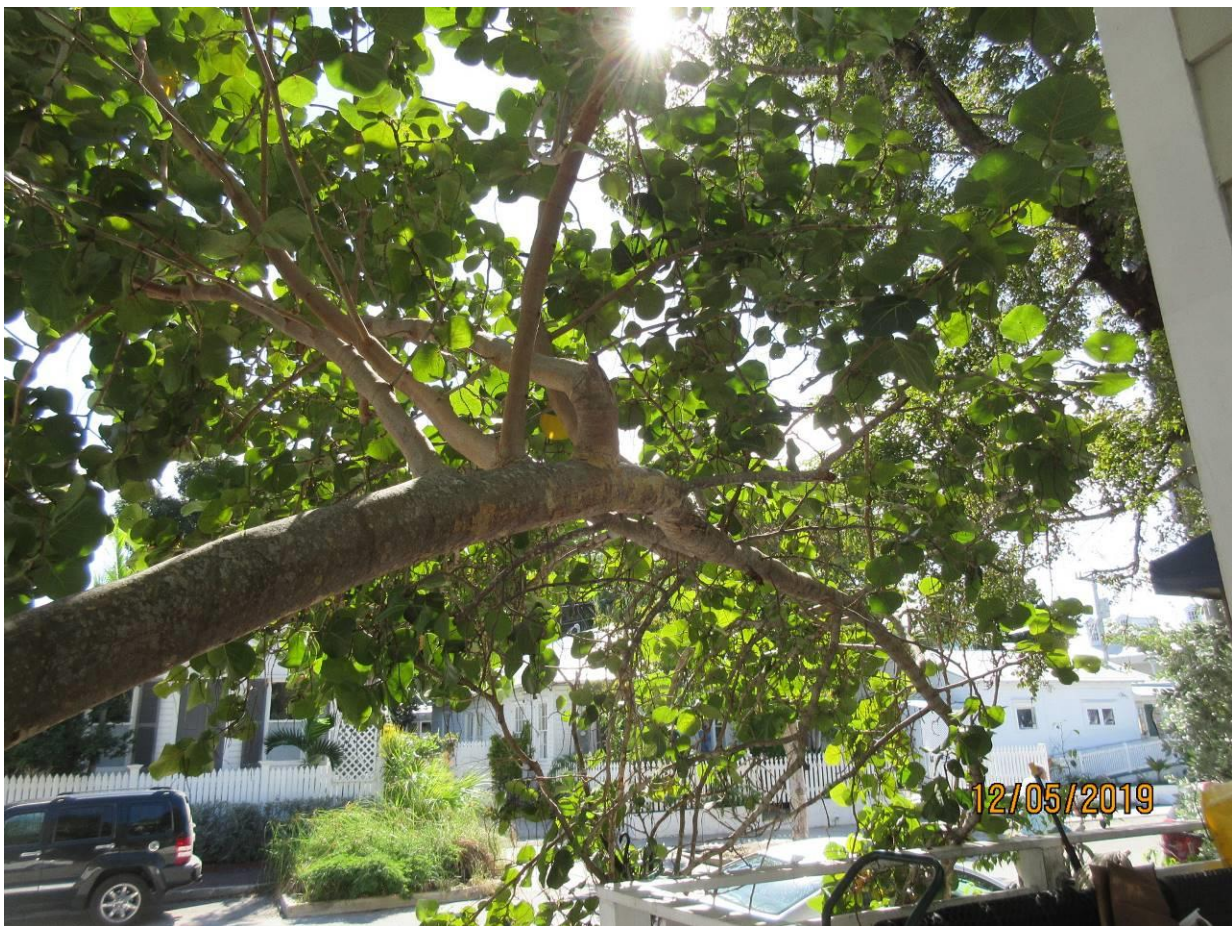


Two photos showing whole tree and angled trunk growth.





Two photos showing canopy of tree from two different locations.





Standing in walkway, photo shows tree growing into walkway.



Standing on sidewalk, photo shows tree growing into walkway.

Diameter: 6"

Location: 30% (young tree in raised area, growing into walkway, wrong species of tree for this location)

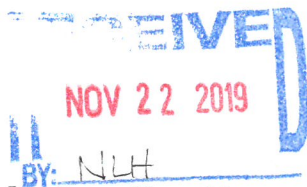
Species: 100% (on protected tree list)

Condition: 50% (fair to poor, overall healthy tree, poor structure, strong growth lean over walkway)

Total Average Value = 60%

Value x Diameter = 3.6 replacement caliper inches

Application



T2019-05371

Tree Permit Application

Date: 11-20-19

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1075 DUVAL STREET
Cross/Corner Street ON VIRGINIA ST C. ORIGAMI RESTAURANT
List Tree Name(s) and Quantity SEA GRAPE
Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade (x) Unsure
Reason(s) for Application:

- (x) REMOVE () 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 A SAFETY HAZARD IN THAT PEOPLE CAN HIT THEIR HEAD ON THE TRUNK OF THE TREE

Property Owner Name DUVAL SQUARE CONDOMINIUM
Property Owner eMail Address DUVAL SQUARE@BELL SOUTH.NET
Property Owner Mailing Address 1075 DUVAL STREET C-24
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (352) 359-2050
Property Owner Signature CHEN, CAN

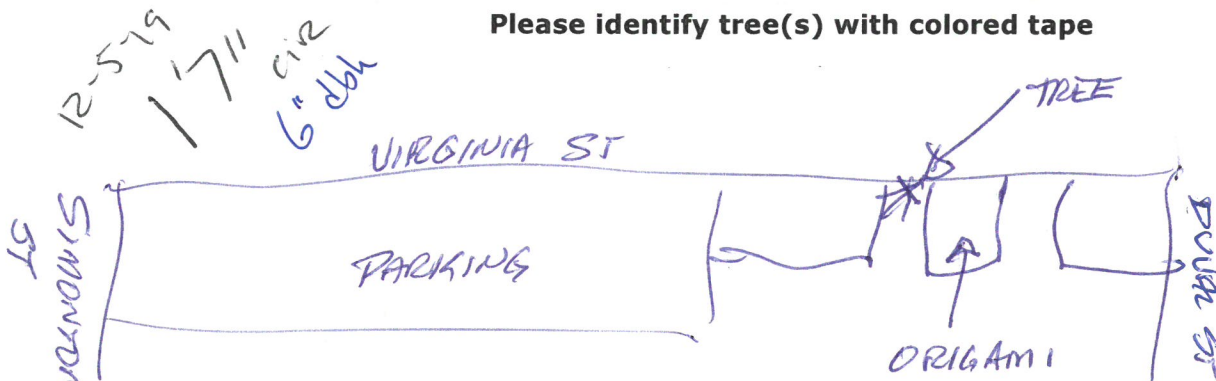
Representative Name CRAIG PLECKER
Representative eMail Address SAME AS ABOVE
Representative Mailing Address _____
Representative Mailing City _____ State _____ Zip _____
Representative Phone Number () _____ - _____

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.

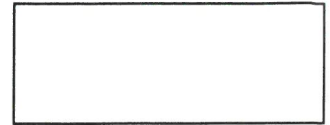
Tree Representation Authorization form attached ()

<<<<< 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: 11-20-19

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 1075 DUVAL ST

Property Owner Name DUVAL SQUARE CONDOS

Property Owner eMail Address DUVALSQUARE@BELLSOUTH.NET

Property Owner Mailing Address 1075 DUVAL ST. C24

Property Owner Mailing City KEY WEST State FL Zip 33040

Property Owner Phone Number (352) 354-2050

Property Owner Signature [Signature]

Representative Name CAAG PLEDGER

Representative eMail Address SAME AS ABOVE

Representative Mailing Address _____

Representative Mailing City _____ State _____ Zip _____

Representative Phone Number () - -

I _____, 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 [Signature], CAM

The forgoing instrument was acknowledged before me on this 20 day November.

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

NOTARY PUBLIC

Sign Name: [Signature]

Print Name: LORRAINE H PHELPS

My Commission Expires: July 19, 2020

Notary Public - State of Florida (seal)

