STAFF REPORT

DATE: January 28, 2020

RE: 273 Golf Club Drive (permit application # T2020-0008)

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

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

Tree Species: Wild Tamarind (Lysiloma latisiliquum)



Photo showing location of tree on property.

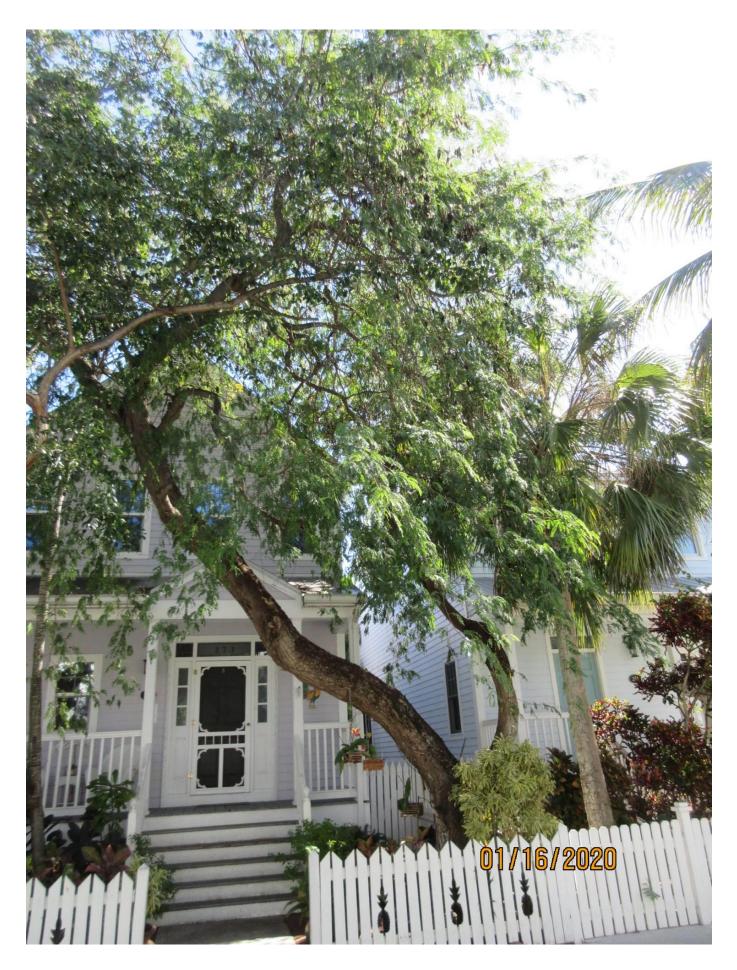


Photo showing entire tree.



Photo of tree canopy, view 1.



Photo of tree canopy and main trunks, view 1.

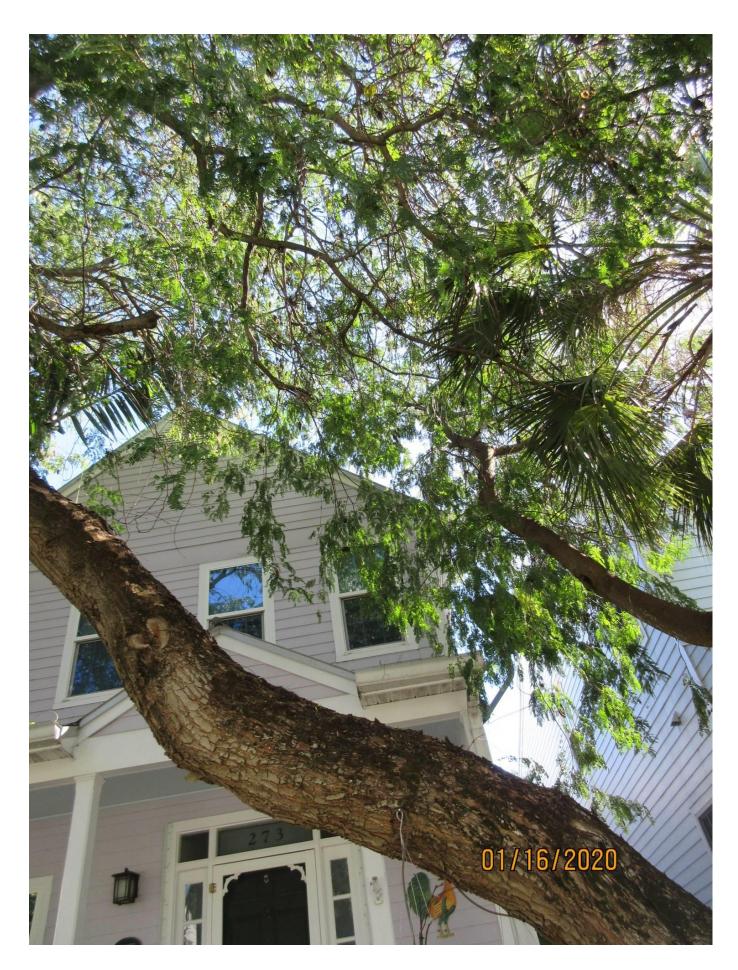


Photo of tree canopy and main branches, view 2.

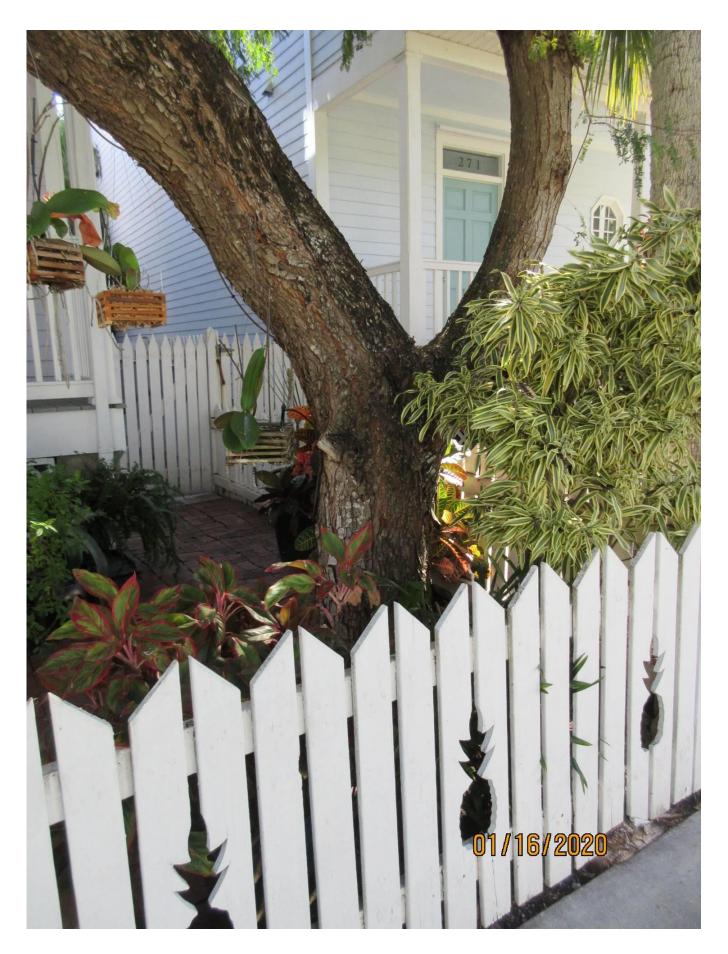


Photo of tree trunks.

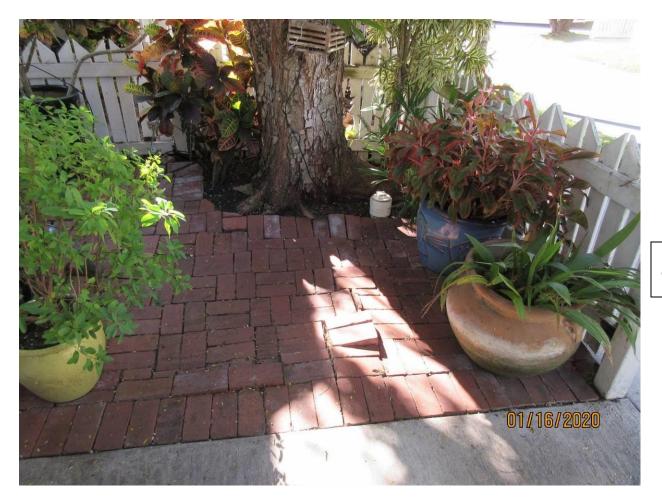


Photo of base of tree, view 1.



Photo of tree canopy against structures, view 1.

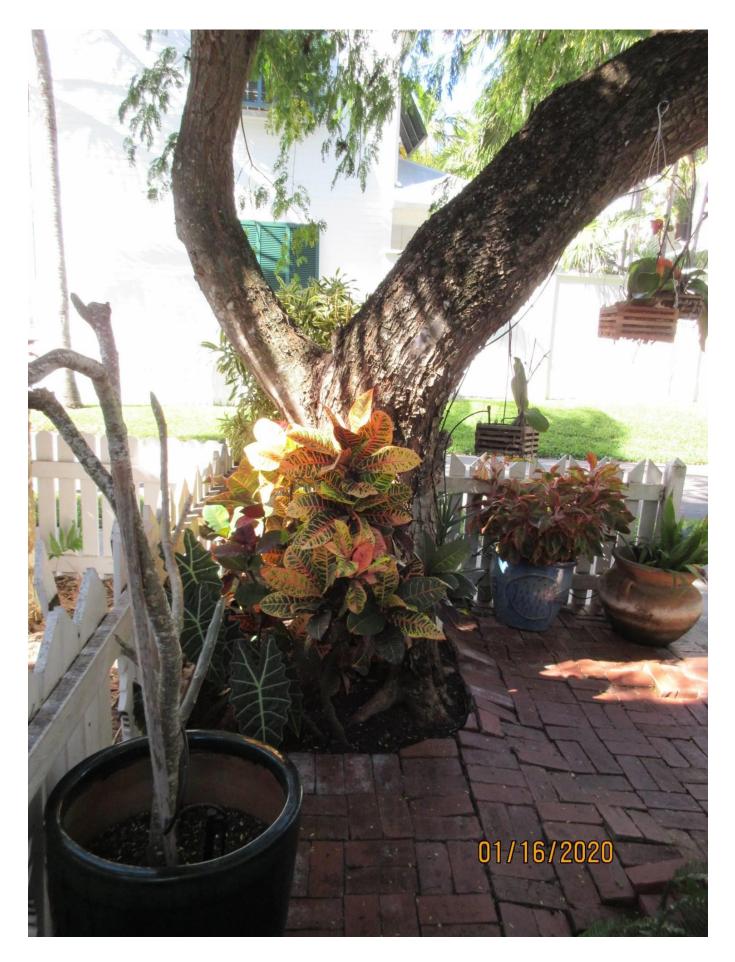


Photo of base of tree and two main trunks.

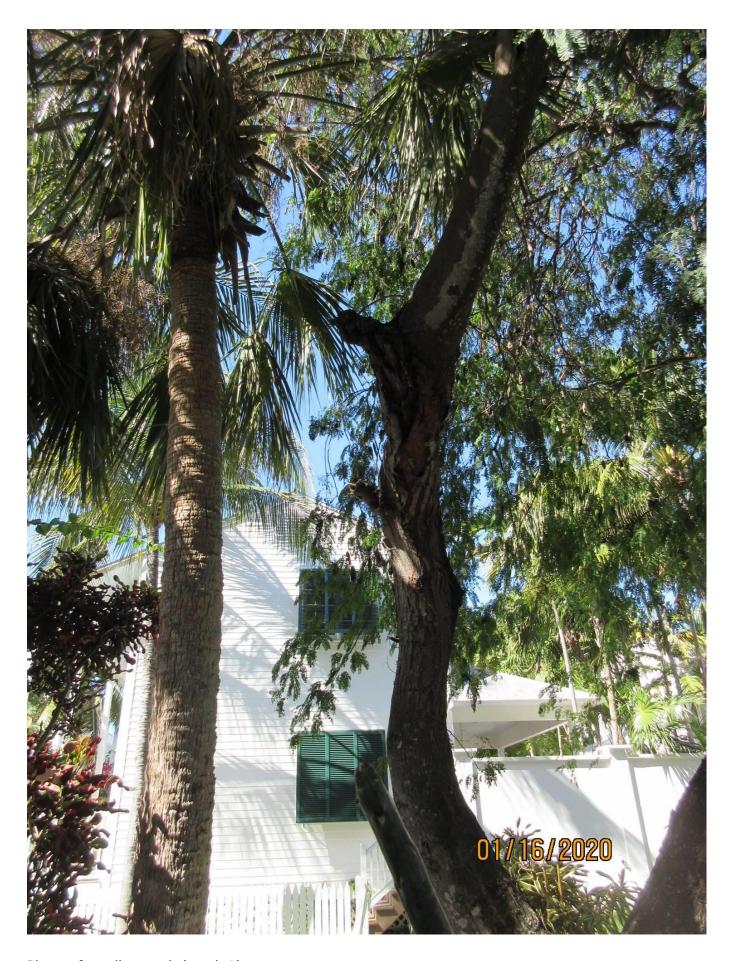
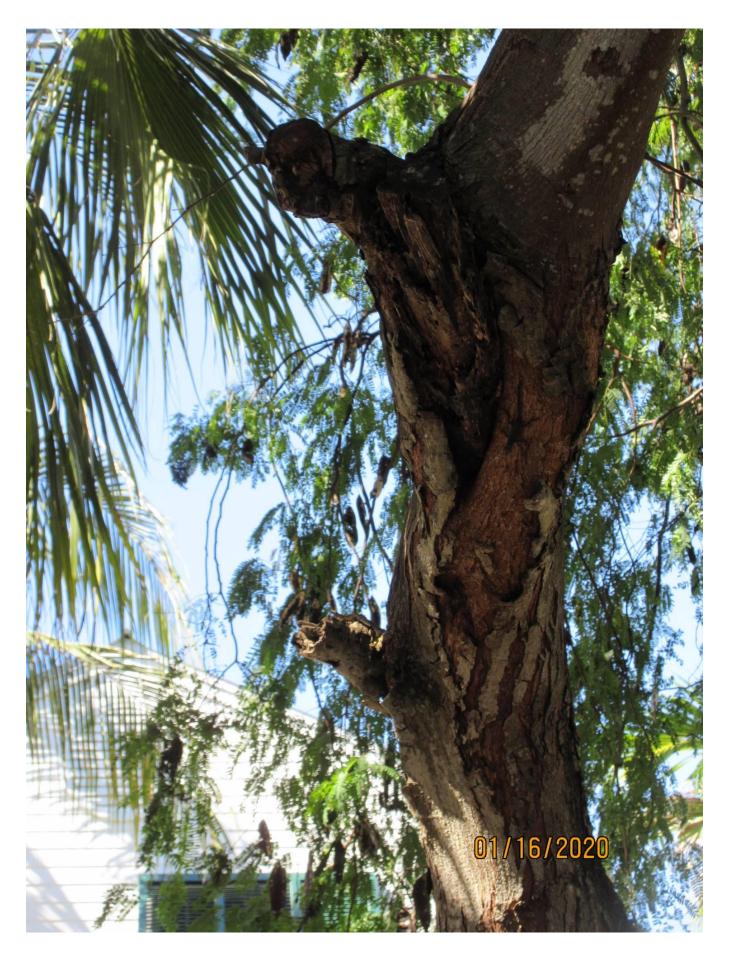


Photo of smaller trunk (trunk 1).



Close up photo of trunk 1 showing decay area.

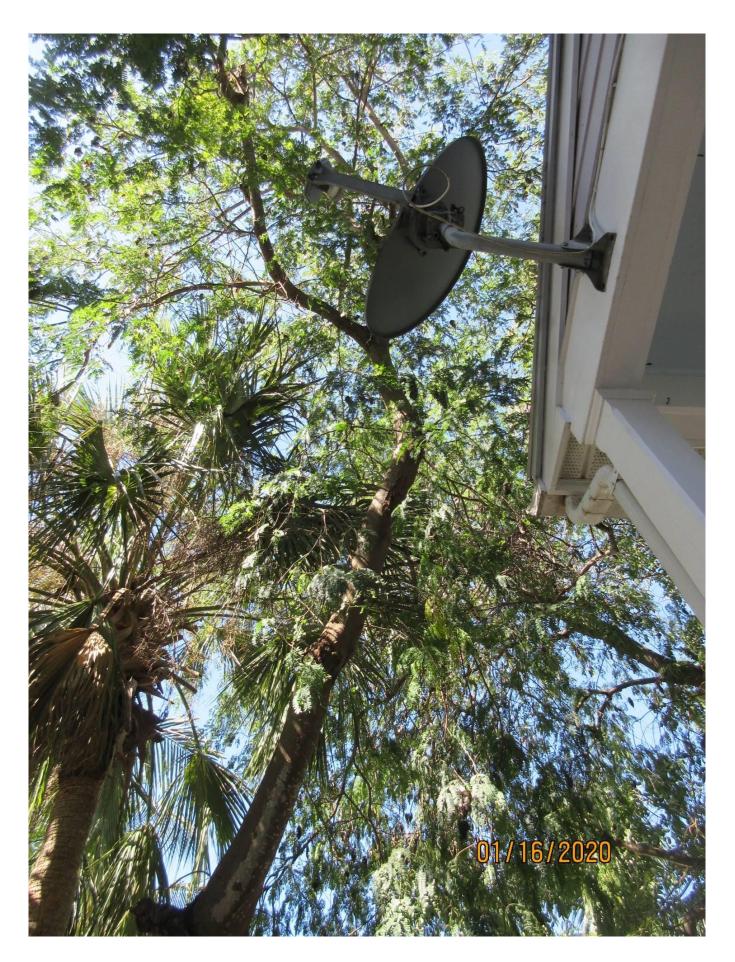


Photo of canopy from trunk 1.



Photo of larger trunk (trunk 2).

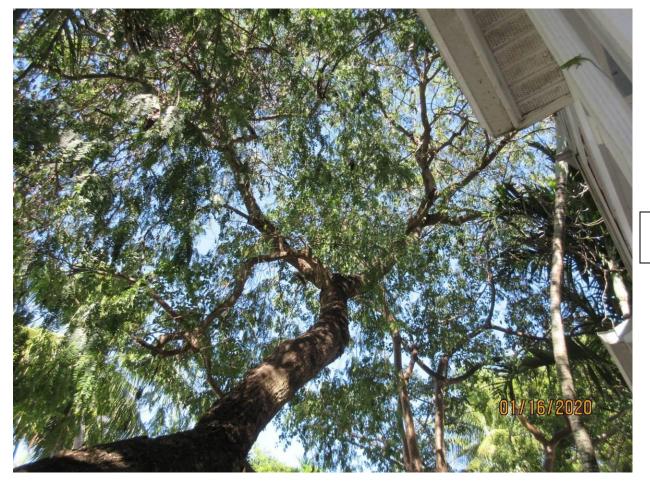


Photo of trunk 2 and its canopy.



Photo of base of tree, view 2.

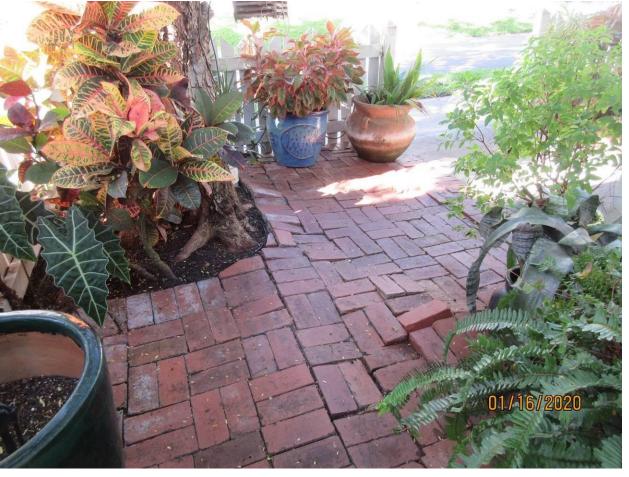


Photo of base of tree, view 3.

Diameter: 20.7"

Location: 70% (front yard tree, roots impacting walkway, canopy hitting

structure)

Species: 100% (on protected tree list)

Condition: 50% (overall condition is fair, poor structure, two main trunks with decay on smaller main trunk from lose of limbs, canopy one sided)

Total Average Value = 73%

Value x Diameter = 15.1 replacement caliper inches

Application





T2020-0008

Tree Permit Application

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Property Owner Name					, , , , , , ,	& SIDEWALK
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Property Owner Mailing Address						
Property Owner Mailing City	Key	WEST	State	FL :	Zip 💈	3040
Property Owner Phone Number Property Owner Signature	(720)	231-582	22_			
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* ONCE REMOVED WOULD REPLACE WITH		CEE, PREFER	RAMBLY O	histmas	PALM.	
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Representative Mailing Address Representative Mailing City	1) + 4	WECT	State	FZ :	7in 3	3040
Representative Phone Number				12		
NOTE: A Tree Representation Authorization				n if some	one oth	er than the
owner will be representing the owner at a Tr		ion meeting or	picking up a	an issued ⁻	Tree Per	mit.
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CONCRETE SIDEWALK			- 1	- PALM	TAEE	RELLACED
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If this process requires blocking	of a City		vav. a se	- SHRUB (ROW I	②) Permit is
required. Please contact 305-809			0	مال	110	
Updated: 02/22/2014		E'C Cill	100 1	JO 11, 9	101,	Page 1
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Updated: 02/22/2014



Tree Representation Authorization

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 273 Golf Club Drive Property Owner Name Robert N. FLEMING TRUST Pobertafleming @ Yahoo. com Property Owner eMail Address Property Owner Mailing Address 273 6-14 Club Drive Key West State FL Zip 33040 Property Owner Mailing City Property Owner Phone Number (720) 231 - 5822 **Property Owner Signature** Representative Name MANTIN J. SHOENEMAN Representative Mailing Address 273 Golf Club Drive Representative Mailing City <u>FEY WEST</u> State <u>FL</u> Zip <u>33040</u> Representative Phone Number (720) 231 - 4454 I <u>Nobest N. Flemino</u>, Thus Tee, 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** The forgoing instrument was acknowledged before me on this 13 day 10000. By (Print name of Affiant) Robert D. Fleming who is personally known to me or has produced as identification and who did take an oath as identification and who did take an oath. **NOTARY PUBLIG** Notary Public - Notary Sign Name:__ Elorida (seal) My Commission Expires: World