STAFF REPORT

DATE: August 25, 2021

RE: 2719 Staples Avenue (permit application # T2021-0125)

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)



Photo showing location of tree.



Photo showing entire tree.



Photo of tree trunk, view 1.



Photo of tree canopy showing location of rear utility lines.

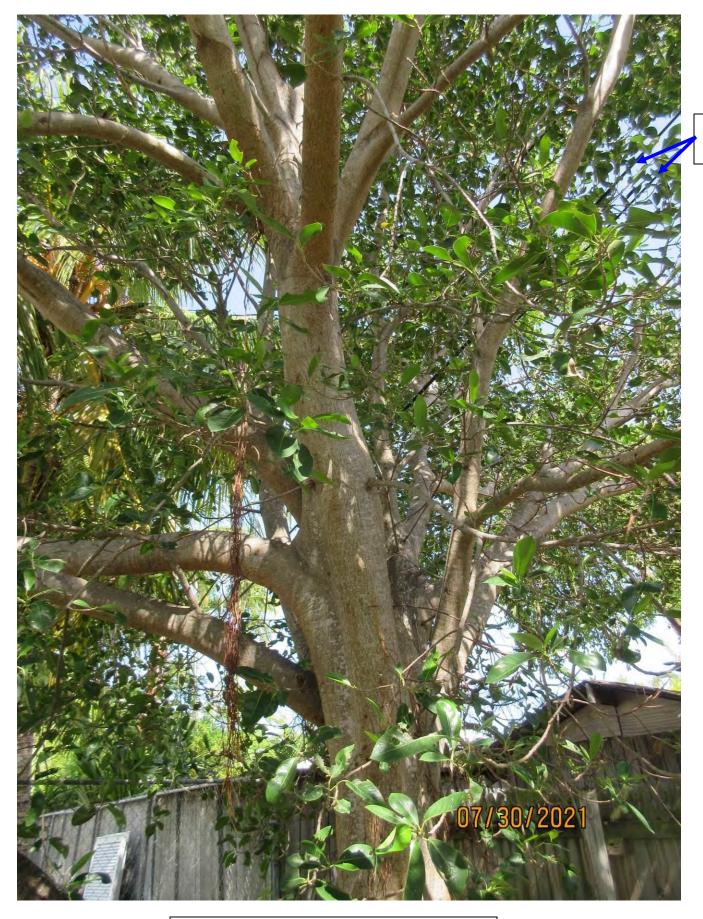


Photo of tree trunk showing canopy branches.

Utility lines

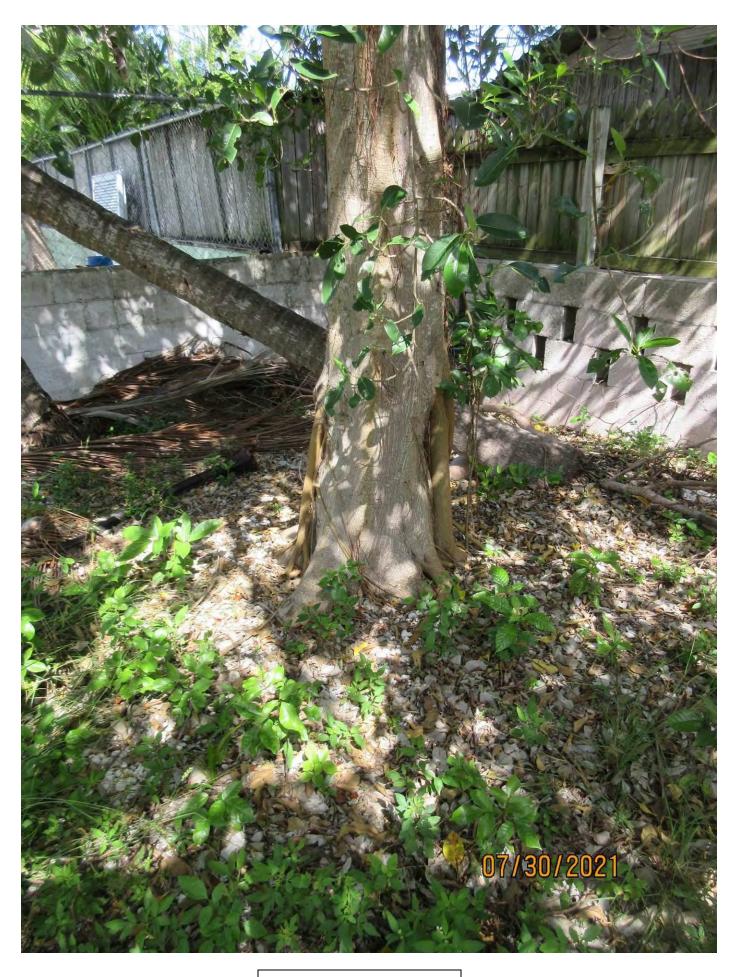


Photo of tree trunk, view 2.



Photo of tree trunk, view 3.

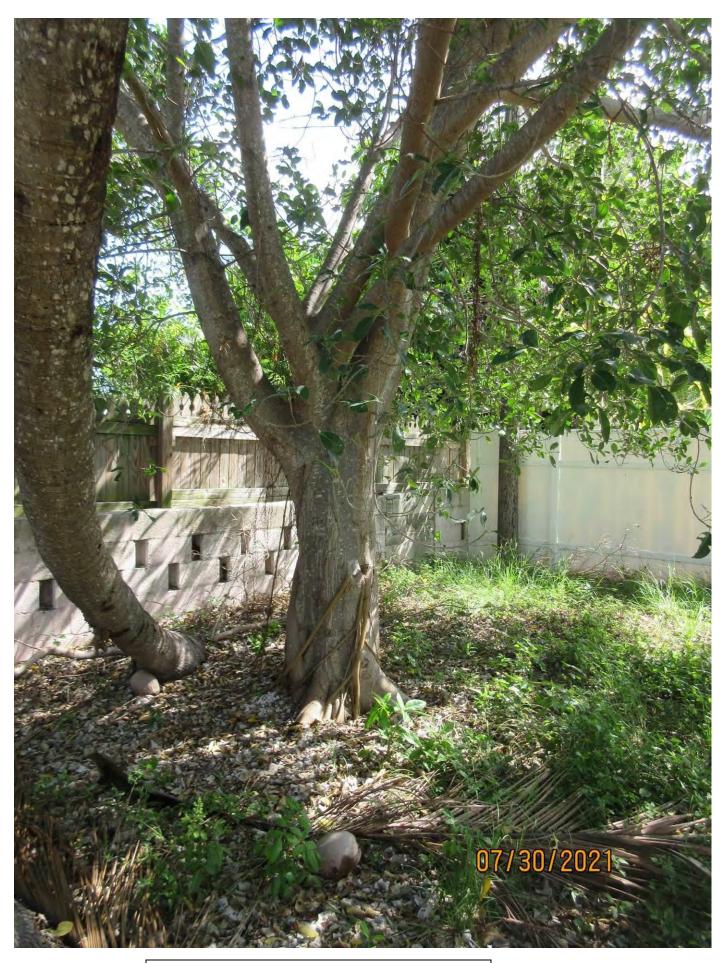


Photo of tree trunk and canopy branches, view 1.

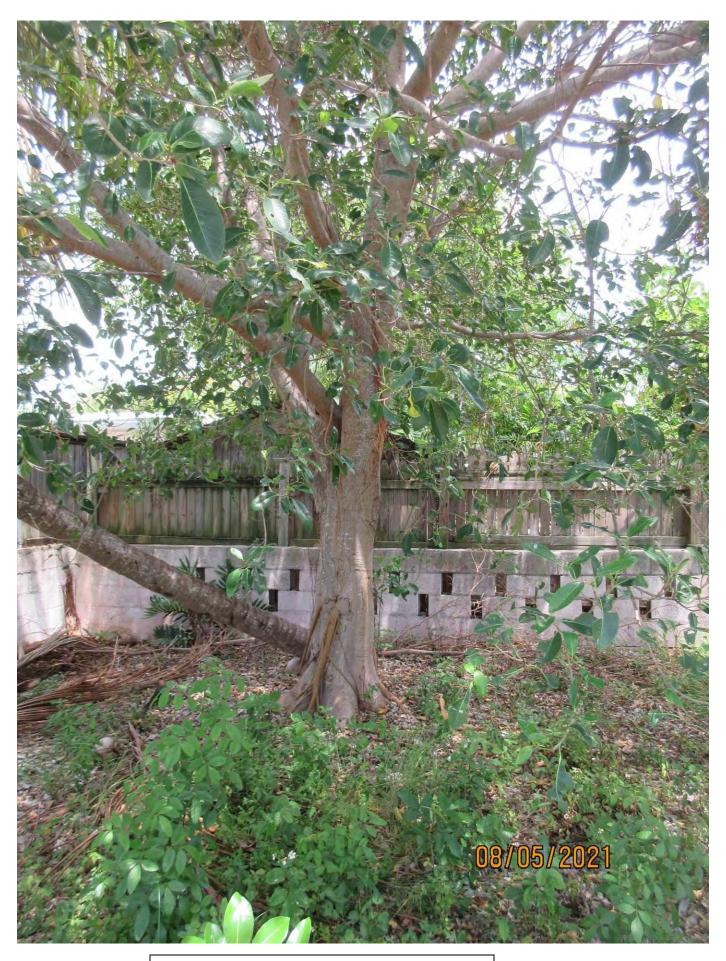


Photo of tree trunk and canopy branches, view 2.



Photo of tree canopy, view 1.



Photo of tree canopy, view 2.



Photo of tree canopy, view 3.



Photo of tree canopy, view 4.

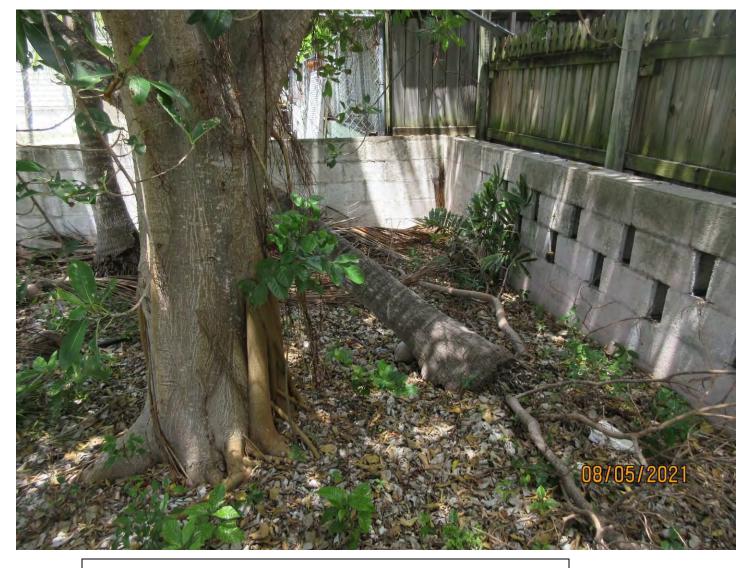


Photo of base and trunk of tree and location regarding rear property line.

Diameter: 16.8"

Location: 60% (located in rear portion of yard, canopy impacted by utility

lines)

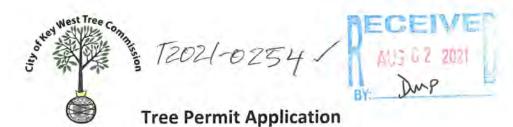
Species: 100% (on protected tree list)

Condition: 60% (overall fair condition, poor canopy structure)

Total Average Value = 73%

Value x Diameter = 12.2 replacement caliper inches

Application



Please Clearly Print All Information unless indicated otherwise. Date: 8/2 Cross/Corner Street 10th Avenue Avenue List Tree Name(s) and Quantity Strangler Fig Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade (V) Unsure Reason(s) for Application: Remove () Tree Health (Safety () Other/Explain below () Transplant () New Location () Same Property () Other/Explain below () Heavy Maintenance Trim () Branch Removal () Crown Cleaning/Thinning () Crown Reduction Additional Information and Explanation Roots are encroaching on surrounding raig (rates Property Owner Name Property Owner email Address Cates auto @ ad. com Property Owner Mailing Address 2719 Stoples Avenue Key West, Property Owner Phone Number > **Property Owner Signature** Representative Name Gerald Leggot Representative email Address Foreshorehonders pections @ gmaj Representative Mailing Address 24265 Caribbean Dr. W Summer Representative Phone Number 305 - 998 - 9135 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 Please See attatched

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

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. Date August 2, 2021 Tree Address 2719 Staples Avenue Property Owner Name Craia Property Owner Mailing Address Property Owner Mailing City, State, Zip Leu Wes Property Owner Phone Number 305 - 58 Property Owner email Address Catts auto @ aol. com **Property Owner Signature** Representative Name Gerald Leasett Representative Mailing Address 24245 Caribbean Dr. W Representative Mailing City, State, Zip Summerland he Representative Phone Number 305 - 998 - 913 Representative email Address Foreshorehomeirs pections @ amai 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** The forgoing instrument was acknowledged before me on this and day August who is personally known to me or has produced By (Print name of Affiant) Craia Cate as identification and who did take an oath. **Notary Public** Sign name: Om arola Print name: Amanda Leco My Commission expires: March 5,2024 Notary Public-State of Flonda (Seal)



BEARING BASE: ALL BEARINGS ARE BASED ON 568°45'40"E ASSUMED ALONG THE CENTERLINE OF STAPLES AVENUE.

ALL ANGLES DEPICTED ARE 90 DEGREES UNLESS OTHERWISE INDICATED

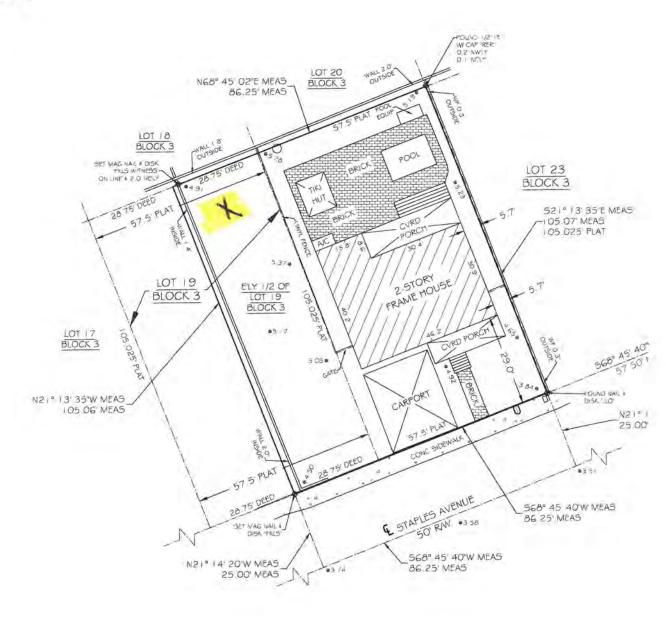
ALL UNITS ARE SHOWN IN U.S. SURVEY FEET

ADDRESS: 2719 STAPLES AVENUE, KEY WEST, FL 33040

COMMUNITY NO.: 120168 MAP NO.: 12087C-1517K MAP DATE: 02-18-05 FLOOD ZONE: AE BASE ELEVATION: 8

MAP OF BOUNDARY SURVE





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