STAFF REPORT

DATE: March 30, 2015

RE: 2916 Harris Avenue (permit application #7337)

FROM: Karen DeMaria
City of Key West Urban Forestry Manager

An application was received for the removal **of (1) Mahogany tree**. A site inspection was done on March 26, 2015 and documented the following:

Tree Species: Mahogany (Swietenia mahagoni)

Diameter: 10.8″
Location: 40% (wrong tree, wrong place)
Species: 100% (on protected tree list)
Condition: 50%
Total Average Value = 63%
Value x Diameter = **6.8 replacement caliper inches**

Recommendations: Recommend approval of the removal of (1) Mahogany tree located at 2916 Harris Avenue, to be replaced with 6.8 caliper inches of FL#1 native dicot or fruit trees on site.

Application

7337

Tree Permit Application

Date: 3-23-15

Please Clearly Print All Information unless indicated otherwise.

Tree Address 2916 HARRIS AVE.
Cross/Corner Street 12 TH
List Tree Name(s) and Quantity MAHOGANY
Species Type(s) check all that apply ( ) Palm ( ) Flowering ( ) Fruit (✓) Shade ( ) Unsure
Reason(s) for Application:
(✓) **REMOVE** ( ) Tree Health ( ) Safety (✓) Other/Explain below
( ) **TRANSPLANT** ( ) New Location ( ) Same Property ( ) Other/Explain below
( ) **HEAVY MAINTENANCE** ( ) Branch Removal ( ) Crown Cleaning/Thinning ( ) Crown Reduction
Other/Explain SPECIES / LOCATION

Reason for Request A VOLUNTEER GROWING TOO CLOSE TO HOUSE. IS A THREAT TO ROOF AND FOUNDATION.

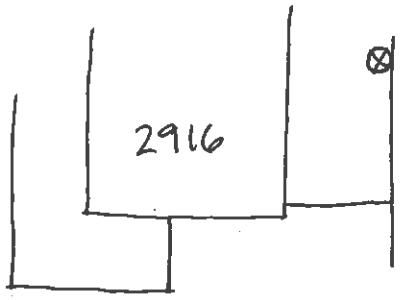
Property Owner Name KELLY J. KLITENICK REVOCABLE TRUST
Property Owner eMail Address RICHARD@RMKPA.COM
Property Owner Mailing Address C/O RMK, PA 1009 SIMONTON ST.
Property Owner Mailing City KW **State** FL. **Zip** 33040
Property Owner Phone Number (305) 292-4104
Property Owner Signature

Representative Name NATIVE LANDSCAPE DESIGN
Representative eMail Address nativelandscape@comcast.net
Representative Mailing Address PO BOX 2847
Representative Mailing City KW **State** FL. **Zip** 33045
Representative Phone Number (305) 393-5028

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



3.26.15
2' 10" clr
10.8" 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: 1/29/2015

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 2916 HARRIS AVENUE, KEY WEST FL 33040

Property Owner Name KELLY J. KLITENICK REVOCABLE TRUST, U/A/D 12/22 20
Property Owner eMail Address RICHARD@RMKPA.COM
Property Owner Mailing Address C/O RMK, PA 1009 SIMONTON ST
Property Owner Mailing City KEY WEST **State** FL **Zip** 33040
Property Owner Phone Number (305) 292-4101
Property Owner Signature

Representative Name NATIVE LANDSCAPE DESIGN
Representative eMail Address nativelandscape@comcast.net
Representative Mailing Address PO Box 2847
Representative Mailing City KW **State** FL **Zip** 33045
Representative Phone Number (305) 393-5028

I RICHARD M. KLITENICK, ATTY FOR TRUSTEE (K spelling!), 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 29 day JANUARY, 2015.

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

NOTARY PUBLIC
Sign Name: _____ Notary Public - State of Florida (seal)

MARTYNA PROTOPSALTIS
Notary Public - State of Florida
My Comm. Expires Feb 15, 2016
Commission # EE 170149

Print Name: MARTYNA PROTOPSALTIS

My Commission Expires: 2/15/2016