

STAFF REPORT

DATE: November 28, 2018

RE: **1726 Southard Street (permit application # T2018-0122)**

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

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

Tree Species: Silver Buttonwood (*Conocarpus erectus*)





11/26/2018



11/26/2018





11/26/2018

Diameter: 5.4"

Location: 70% (located in front yard corner with fence, very visible)

Species: 100% (on protected tree list)

Condition: 40% (poor, top of tree broken off in hurricane, poor structure)

Total Average Value = 70%

Value x Diameter = 3.7 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Silver Buttonwood tree at 726 Southard Street to be replaced with 3.7 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



CANOPY REMOVAL

208.0122

Tree Permit Application

Date: 11/15/18

Please Clearly Print All Information unless indicated otherwise.

Tree Address 726 Southard St
Cross/Corner Street Southard + William
List Tree Name(s) and Quantity (1) Silver buttonwood
Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade (X) 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 Remove Silver buttonwood tree from northeast corner
Reason for Request replacing fence

Property Owner Name Vincent Barletta
Property Owner eMail Address vbarletta@barlettaco.com
Property Owner Mailing Address One Phillips Road
Property Owner Mailing City Holbrook State MA Zip 02343
Property Owner Phone Number (617) 908-5520
 * **Property Owner Signature**

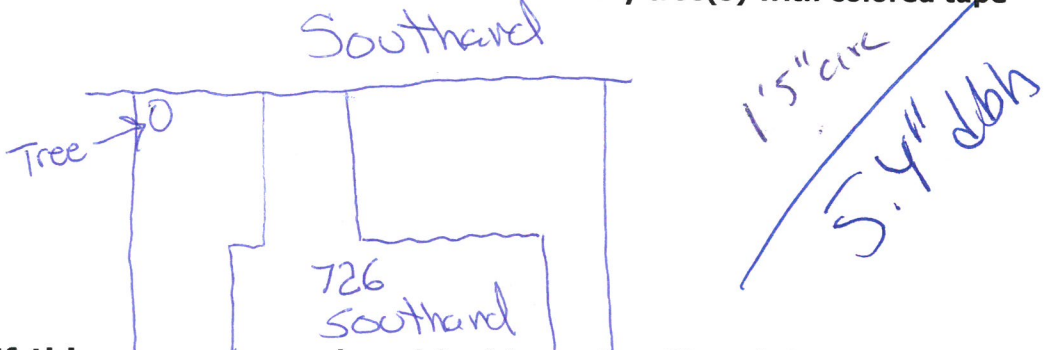
Representative Name C Todd Kemp
Representative eMail Address TKempjax@gmail.com
Representative Mailing Address P.O. Box 527,
Representative Mailing City Key West State FL Zip _____
Representative Phone Number (904) 910-1072

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.

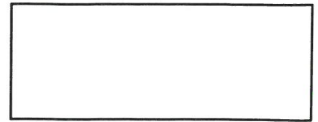
Tree Representation Authorization form attached ()

<<<<< 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: 11/15/18

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 726 Southard St

Property Owner Name Vincent Barletta

Property Owner eMail Address vbarletta@barlettaco.com

Property Owner Mailing Address one Phillips Road

Property Owner Mailing City Holbrook State MA Zip 02343

Property Owner Phone Number (617) 908-5320

Property Owner Signature [Signature]

Representative Name C Todd Kemp

Representative eMail Address T.KempJax@gmail.com

Representative Mailing Address P.O. Box 527

Representative Mailing City Key West State FL Zip 3304

Representative Phone Number (904) 910-1072

I Vincent Barletta, 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]

The forgoing instrument was acknowledged before me on this 14 day Nov. 2018.

By (Print name of Affiant) Vincent Bartletts who is personally known to me or has produced License as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: [Signature] Notary Public - State of Florida (seal)

Print Name: Vincent Barletta

My Commission Expires: [Signature]

