

STAFF REPORT

DATE: April 25, 2014

RE: 915 Johnson Street (permit application #6856)

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

An application was received for the removal of **(1) Royal Poinciana tree**.
A site inspection was done on April 2, 2014 and documented the following:

Tree Species: Royal Poinciana (*Delonix regia*)



Royal Poinciana tree

Diameter: 15.6"

Location: 50% (front yard tree , as tree grows here will be issues with wall)

Species: 100% (on protected tree list)

Condition: 60% (fair, has a lean toward the light, old cuts)

Total Average Value = 70%

Value x Diameter = **11 replacement caliper inches**









Recommendations: Recommend approval of the removal of (1) Royal Poinciana tree located at 915 Johnson Street, to be replaced with 11 caliper inches of FL#1 native dicot or fruit trees.

Application



6856

Tree Permit Application

Date: _____

Please Clearly Print All Information unless indicated otherwise.

Tree Address 915 Johnson St.
Cross/Corner Street Reynolds St
List Tree Name(s) and Quantity Palm
Species Type(s) check all that apply () Palm (X) Flowering () Fruit () Shade () Unsure
Reason(s) for Application:

(X) REMOVE () Tree Health () Safety (X) Other/Explain below
 () TRANSPLANT () New Location () Same Property () Other/Explain below
 () HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction
Additional Information and Explanation Tree is too close to wall, will soon start to crack it.

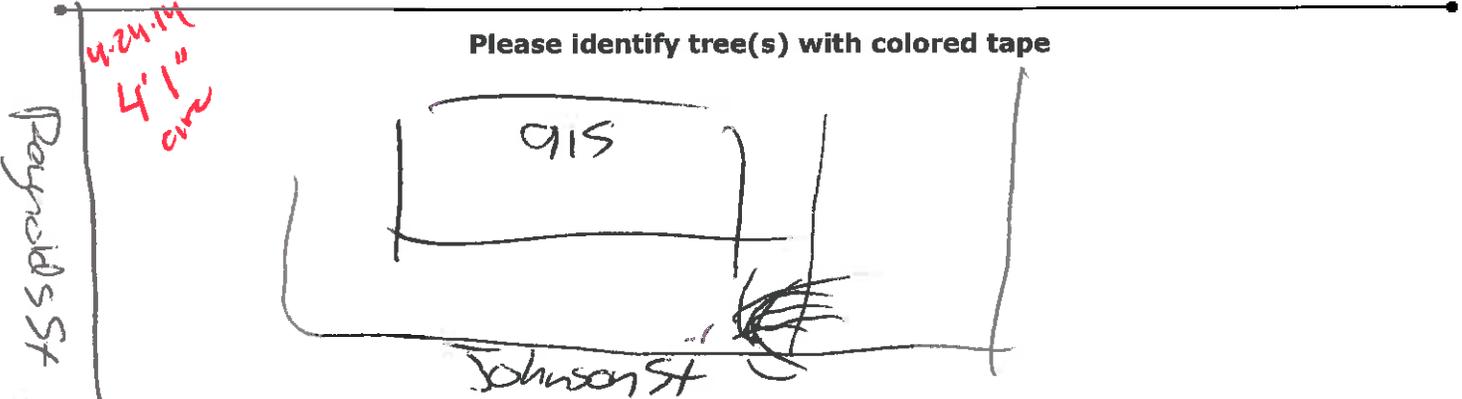
Property Owner Name Carl Van Rood
Property Owner eMail Address _____
Property Owner Mailing Address 1030 N. Collage Ave.
Property Owner Mailing City Indianapolis **State** IN **Zip** 46202
Property Owner Phone Number (317) 409-0794
Property Owner Signature _____

Representative Name Kenneth King
Representative eMail Address _____
Representative Mailing Address 1602 1st St.
Representative Mailing City Key West **State** FL **Zip** 33040
Representative Phone Number (305) 246-8101

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.



6856

Tree Representation Authorization

Date: 4-15-14

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 915 Johnson ST

Property Owner Name Carl Van Rooy

Property Owner eMail Address C.Vanrooy@Vanrooy.com

Property Owner Mailing Address 1030 N. College Ave.

Property Owner Mailing City Indianapolis State IN Zip 46202

Property Owner Phone Number (317) 409-0794

Property Owner Signature _____

Representative Name Kenneth King

Representative eMail Address _____

Representative Mailing Address 1602 Land St.

Representative Mailing City Key West State FL Zip 33090

Representative Phone Number (305) 296-8101

I Carl Van Rooy, 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 15th day April, 2014.

By (Print name of Affiant) Carl J. Vanrooy who is personally known to me or has produced IN Driver license as identification and who did take an oath.

NOTARY PUBLIC

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

Print Name: Lisa M. McCarthy

My Commission Expires: June 27, 2015

