

STAFF REPORT

DATE: October 26, 2015

RE: **820 Olivia Street (permit application # T15-7615)**

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

An application was received for the removal of **(1) Sapodilla tree**. A site inspection was done on October 15, 2015 and documented the following:

1. Tree Species: Sapodilla (*Manilkara zapota*)



Sapodilla to be removed

Sapodilla to remain



NO PARKING
IN THIS ZONE
EXCEPT FOR
EMERGENCY
VEHICLES
OR VEHICLES
WITH
PERMITS

WARNING
MODEL 14LX
LOW FLOOR
NET PAYLOAD 2000 LB.
WEIGH & DISTRIBUTE
LOADS TO AVOID
OVERLOADING

BigTex

ALLAMERICANTRAILER.COM

14LY



2 DAYS A DAY
ZONE 4
UNAUTHORIZED VEHICLES &
VESSELS WILL BE TOWED
AT OWNER'S EXPENSE
AGENCY & TOWING
305 276 8852
Minimum Tow \$135





Diameter: 24.2"

Location: 80% (in the rear yard of house along lane)

Species: 100% (on protected tree list)

Condition: 50% (fair to poor-was once a multitrunked tree, only one trunk remaining. Lots of old, poor cuts in canopy. Tree trunk has a growth lean toward the road.)

Total Average Value = 76%

Value x Diameter = 18.3 replacement caliper inches

Alternatives to removal include possible heavy maintenance of canopy that would allow tree to survive a few more years.

Lots of decay around base of tree from where previous trunks had been removed. Some decay also seen in branches in canopy.

Additional information needed regarding extent of decay in tree.

Overall structure of tree not good.





Application



7615

Tree Permit Application

Date: 29 SEPT 2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 820 OLIVIA STREET (REAR.)
Cross/Corner Street Between Packer & Wondor Ln
List Tree Name(s) and Quantity Sappodilla
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 _____

Reason for Request 3 of 4 stems were removed I have a large amount of decay it also left the tree unbalanced.

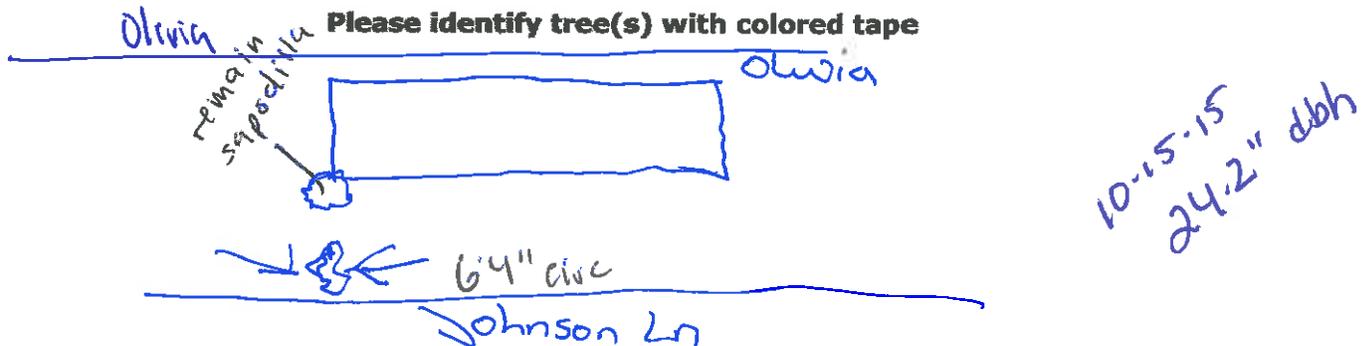
Property Owner Name MICHAEL B. INGRAM (REP)
Property Owner eMail Address MBINGRAMARCHITECT@GMAIL.COM
Property Owner Mailing Address 1001 WHITEHEAD STREET #101
Property Owner Mailing City KEY WEST **State** FL. **Zip** 33040
Property Owner Phone Number (305) 320-0211
Property Owner Signature Rep - Michael Ingram

Representative Name A Caring Tree Co Nicholas Downs (Rep)
Representative eMail Address acaringtreecompany@gmail.com
Representative Mailing Address 19264 Acosta Trail
Representative Mailing City Summerland **State** F.L. **Zip** 33042
Representative Phone Number (305) 432-1764

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 >>>>>



If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.

Authorization Form

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, Laura Harris Gerald C. Harris authorize
Please Print Name(s) of Owner(s)

MICHAEL B. INGRAM
Please Print Name of Representative

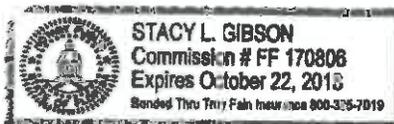
to be the representative for this application and act on my/our behalf before the City.

Laura Harris Signature of Owner
[Signature] Signature of Joint/Co-owner if applicable

Subscribed and sworn to (or affirmed) before me on 8/23/2015 (date) by
Laura A. Harris Gerald C. Harris
Please Print Name of Affiant

He/She is personally known to me or has
presented LAURA: TX DL # 14756775 as identification.
GERALD: TX DL # 99947714

[Signature]
Notary's Signature and Seal



STACY L. GIBSON

Name of Acknowledger printed or stamped

EXECUTIVE ASSISTANT

Title or Rank

FF 170806

Commission Number (if any)

Verification Form

This form should be completed by the applicant. Where appropriate, please indicate whether applicant is the owner or a legal representative. If a legal representative, please have the owner(s) complete the following page, "Authorization Form."

I, MICHAEL B. INGRAM, being duly sworn, depose and say
Name(s) of Applicant(s)

that: I am (check one) the Owner Owner's Legal Representative
for the property identified as the subject matter of this application:

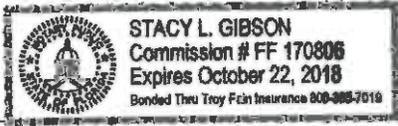
Street Address and Commonly Used Name (if any)

All of the answers to the above questions, drawings, plans and any other attached data which make up this application, are true and correct to the best of my knowledge and belief and that if not true or correct, are grounds for revocation of any action reliant on said information.

Michael B. Ingram Signature of Owner/Legal Representative
Signature of Joint/Co-owner

Subscribed and sworn to (or affirmed) before me on August 25 2015 (date) by
MICHAEL B. INGRAM (name). He/She is personally known to me or has
presented _____ as identification.

Stacy L. Gibson



Notary's Signature and Seal

STACY L. GIBSON Name of Acknowledger typed, printed or stamped
EXEC. ASST. Title or Rank FF 170806 Commission Number (if any)



7615

Tree Representation Authorization

Date: _____

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 820 Olivia St.

Property Owner Name LAURA HARRIS
Property Owner eMail Address mbingramarchitect@gmail.com
Property Owner Mailing Address 90 INERAN. 1001 WHITEHEAD STREET
Property Owner Mailing City KEY WEST State FL. Zip 33040
Property Owner Phone Number (305) 320-0211
Property Owner Signature _____

Representative Name NICK DOWNS
Representative eMail Address _____
Representative Mailing Address _____
Representative Mailing City _____ State _____ Zip _____
Representative Phone Number (____) _____ - _____

I LAURA A. HARRIS., 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 Laura A Harris

The forgoing instrument was acknowledged before me on this 7th day October.

By (Print name of Affiant) LAURA A. HARRIS who is personally known to me or has produced TX 14756775 as identification and who did take an oath.

NOTARY PUBLIC
Sign Name: Stacy L. Gibson
Print Name: STACY L. GIBSON
My Commission Expires: October 22, 2018

Notary Public - State of Florida (seal)

