

MEMORANDUM FOR THE FILE

DATE: January 16, 2013

RE: **1410 Reynolds Street**

FROM: Paul Williams, Urban Forestry Manager, City of Key West

An application was received for the removal of **one (1) Gumbo Limbo tree**. A site inspection was done on January 14, 2013 and documented the following:

Tree Species: Gumbo Limbo (*Bursera simaruba*)





Diameter: 13.5 inches dbh

Location: 40% - foundation issue

Species: 100% - on specially protected list

Condition: 60% - fair condition

Total Average Value = 67%

Value x Diameter = replacement caliper (dbh) inches

$.67 \times 13.5'' = \underline{9}$ replacement caliper (dbh) inches

Recommendations: Staff recommends **approval** of the removal.



AGENDA ITEM #

City of Key West Tree Commission

Tree Permit Application

PO Box 1409
Key West, FL 33040
Phone: 305-809-3764
Fax: 305-809-3978

Home/Property Owner: WH Puckett III Date: 1-7-13

Mailing Address: 1410 Reynolds

Owner Signature: [Signature] Owner Ph#: 8439070490

Represented by: DANS Tropical Tree Ser Rep. Ph#: 296 7200

Represented by mailing address: #4 Evergreen of R. West

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.

A letter of representation from the owner must accompany this application if the owner is unable to attend.

Letter of Representation ()

Tree(s) Address: 1410 Reynolds Cross/Corner Street: South

Common Name(s): Gumbo Limbo Scientific Name(s): _____

Species Type(s) {check all that apply}: () Palm () Flowering () Fruit () Shade

Reason(s) for Application {check all that apply}:
 REMOVE () TRANSPLANT () HEAVY MAINTENANCE
 Tree Health () New Location () Branch Removal
 Safety () Same Property () Crown Cleaning/Thinning
 Other / Explain () Other / Explain () Crown Reduction

Reason(s) for request:
Tree is breaking wall

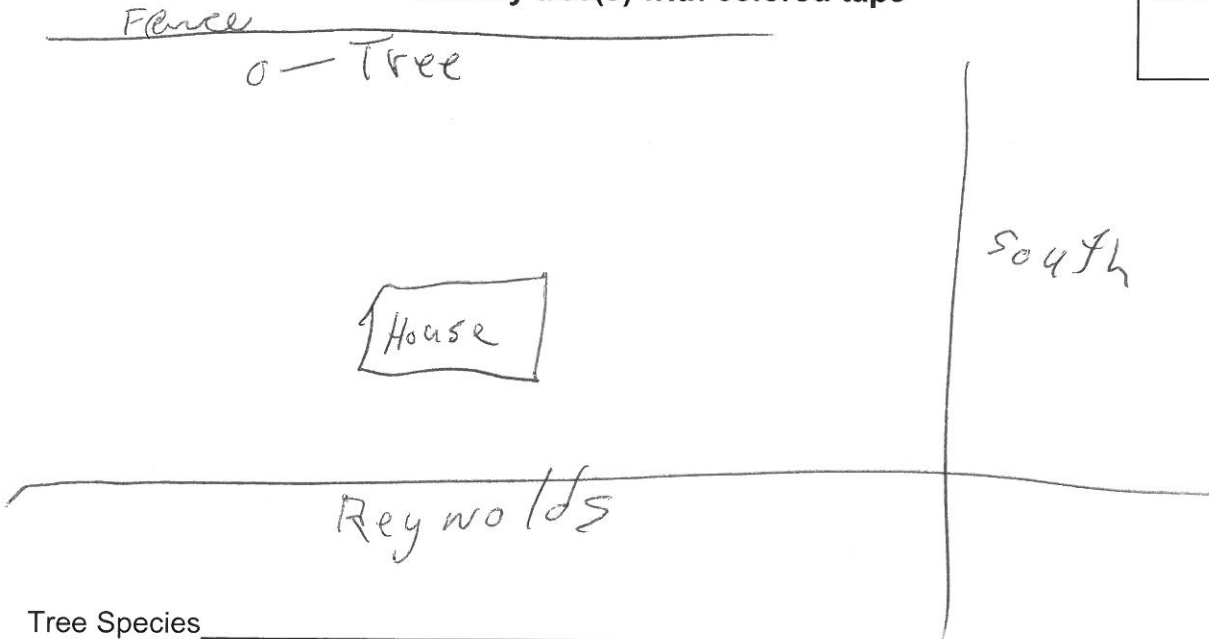
Replacement plant material must be Florida Grade #1. Replacement of a palm with a native palm is required. Replacement of a canopy tree with a native canopy tree is required. If you need assistance with replacements, please call the Landscape Department at 305-809-3764.



<<<< Sketch location of tree in this area including cross/corner Street >>>>

Provide access for viewing tree(s) prior to meeting
Identify tree(s) with colored tape

AGENDA ITEM #



Tree Species _____

Circumference _____ $\div 3.14$ = diameter _____

Location _____ % Species _____ % Condition _____ % Total Average Value _____ %

Avg. value _____ X _____ Diameter = _____

Replacement Inches

LOCATION: OLD CITY HALL, 510 GREENE STREET, 5:00 p.m.

FOR TREE COMMISSION USE ONLY.

() TABLED () APPROVED () DENIED () FURTHER ACTION

COMMENTS:

CHAIRPERSONS SIGNATURE/DATE

City Engineer comments if required:

ENGINEER'S SIGNATURE/DATE



THE CITY OF KEY WEST
TREE COMMISSION

Post Office Box 1409, Key West, FL 33041-1409 (305) 809-3764

AUTHORIZATION LETTER

W.H. Puckett
1410 Reynolds
Key West
Print clearly, name, address

Dear Tree Commissioners:

This letter is authorization and confirmation that I, W H Puckett,
(owner name, print)

have retained Daws Tropical Tree Service
(representative name, address and phone number, print)

to represent me in the matter of obtaining a permit from the City of Key West Tree Commission for my
property at: 1410 Reynolds
(tree address, print)

You may contact me at 843 907 0490. Thank you.
(telephone number)

[Signature]
Signature

1 7 13
Date