

STAFF REPORT

DATE: March 27, 2017

RE: **1415 Petronia Street (permit application # T17-8381)**

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

An application was received requesting the removal of **(1) Hogplum tree**. A site inspection was done on March 24, 2017 and documented the following:

Tree Species: Hogplum (Spondias sp.)









03/24/2017



03/24/2017



03/24/2017



03/24/2017



Diameter: 28.6"

Location: 80% (backyard tree)

Species: 50% (not on protected or not protected tree list)

Condition: 20% (very poor-diseased, large amount of decay throughout tree. I have watched this tree decline in the past year-see photo below dated August 2016)

Total Average Value = 50%

Value x Diameter = 14.3 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Hogplum tree at 1415 Petronia Street to be replaced with 14.3 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.



08/25/2016

Application

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BY: NLH



removal - canopy

8381

Tree Permit Application

Date: 3-22-2017

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1415 Petronia St.
Cross/Corner Street Pearl St
List Tree Name(s) and Quantity 1 Hooplum
Species Type(s) check all that apply () Palm () Flowering (X) Fruit () Shade () Unsure
Reason(s) for Application:

- (X) REMOVE (X) Tree Health () Safety () Other/Explain below
- () TRANSPLANT () New Location () Same Property () Other/Explain below
- () HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

Additional Information and Explanation The tree has been dying ever since the 3 Ficus Benjaminia trees next to it were removed last year. Without the shade from those trees this tree has gone into a steep decline.

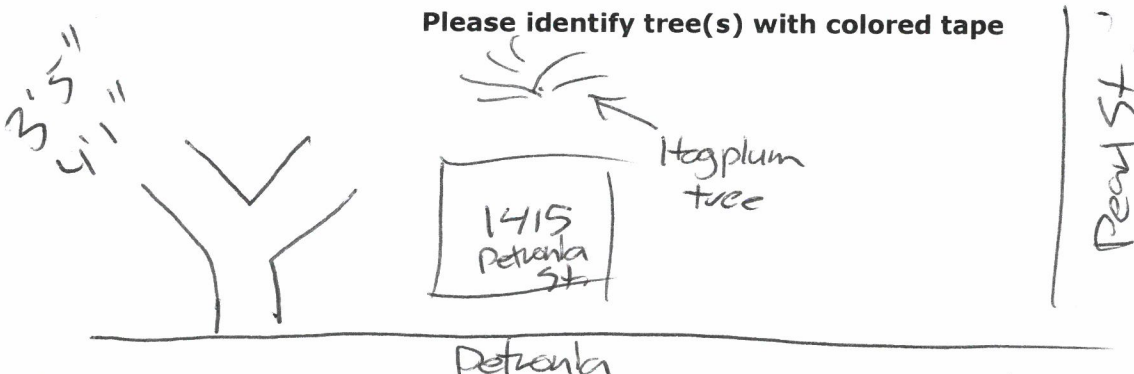
Property Owner Name John B. Hill Sr.
Property Owner eMail Address _____
Property Owner Mailing Address 1626 Simago Ave.
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (954) 214-3162
Property Owner Signature _____

Representative Name Kenneth King
Representative eMail Address _____
Representative Mailing Address 1602 Laird St.
Representative Mailing City Key West **State** FL **Zip** 33040
Representative Phone Number (305) 296-8101

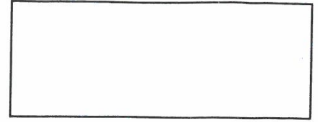
NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

Tree Representation Authorization form attached ()

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



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



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Tree Representation Authorization

Date: 3-20-2017

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 1415 Petrola St

Property Owner Name John B. Hill Sr

Property Owner eMail Address _____

Property Owner Mailing Address 1626 Sugo

Property Owner Mailing City Key West State FL Zip 33040

Property Owner Phone Number (954) 214-3162

Property Owner Signature _____

Representative Name Kenneth King

Representative eMail Address _____

Representative Mailing Address 1602 Laurel St.

Representative Mailing City Key West State FL Zip 33040

Representative Phone Number (305) 296-8101

I John B. Hill Sr., 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 John B. Hill Sr

The forgoing instrument was acknowledged before me on this 20 day March 2017

By (Print name of Affiant) John D Hill Sr who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Cheryl A Brightwell

Notary Public - State of Florida (seal)

Print Name: Cheryl A Brightwell

My Commission Expires: 3-7-2018

