

STAFF REPORT

DATE: June 26, 2019

RE: **1026 Whitehead Street (permit application # T2019-0287)**

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

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

Tree Species: Spanish Lime (Melicoccus bijugatus)



Street view photo of property and tree.



Photo of tree canopy under larger almond tree canopy.



Photo of tree canopy, view 1.



Photo of tree, view 1.



Photo of tree, view 2.



Photo of whole tree, view 1.



Photo of tree trunk, view 3.



Close-up photo of tree trunk, view 3.



Photo of tree, view 4.



Close up photo of base of tree, view 4.



Photo of tree trunk, fence and sidewalk area.

Diameter: 6"

Location: 40% (growing against front property wall next to City sidewalk, potential root issues with utility meter, main electric lines to house go through canopy, growing under canopy of large almond tree)

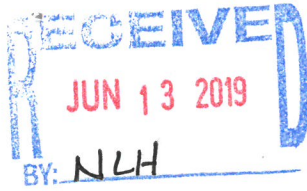
Species: 100% (on protected tree list)

Condition: 60% (fair-young tree)

Total Average Value = 66%

Value x Diameter = 3.9 replacement caliper inches

Application



T2019-0285

Tree Permit Application

Date: _____

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1026 WHITEHEAD ST.
Cross/Corner Street _____
List Tree Name(s) and Quantity 1x SPANISH ~~SHO~~ LIME ; 1x COCONUT PALM
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

Additional Information CONSTRUCTION
and Explanation _____

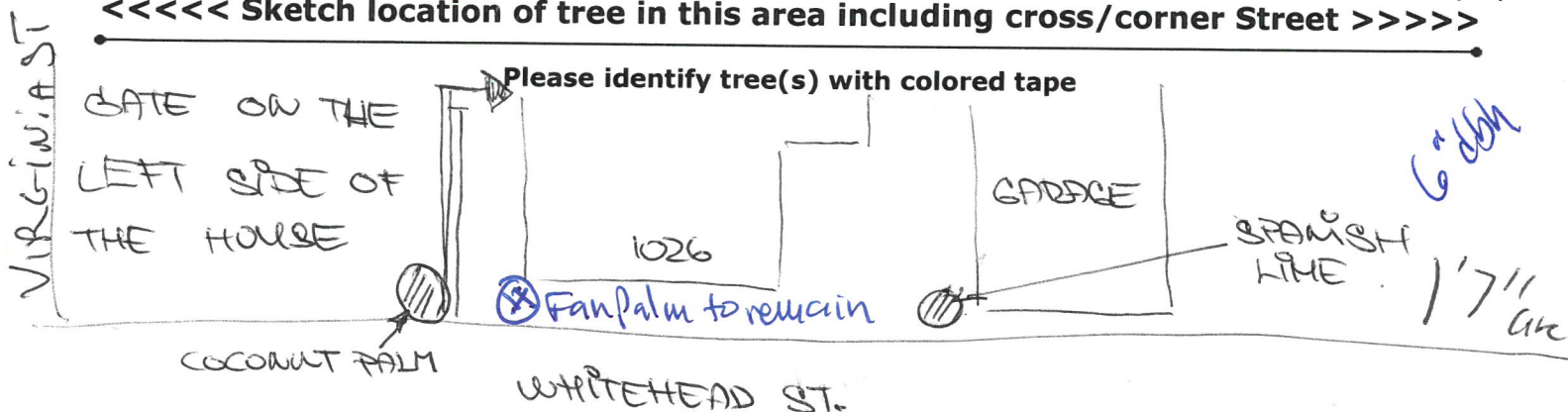
Property Owner Name EMILY DURAND
Property Owner eMail Address emilydurand@outlook.com
Property Owner Mailing Address 1026 Whitehead St
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 395-9126
Property Owner Signature _____

Representative Name JAN BASTL
Representative eMail Address KURT CCG@YAHOO.COM
Representative Mailing Address 1620 BAHAMA DR.
Representative Mailing City KEY WEST State FL Zip 33040
Representative Phone Number (407) 911-3785

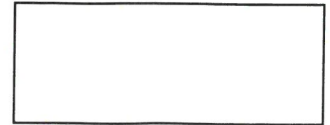
NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

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.



Tree Representation Authorization

Date: 6-7-2019

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 1026 WHITEHEAD ST.

Property Owner Name Emily DURAND
Property Owner eMail Address emilydurandrogers@icloud.com
Property Owner Mailing Address 1026 Whitehead St
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 395-9126
Property Owner Signature [Signature]

Representative Name JAN BASTH
Representative eMail Address KURT GGG @ YAHOO.COM
Representative Mailing Address 1620 BAYAMA DR.
Representative Mailing City KEY WEST State FL Zip 33040
Representative Phone Number (407) 791-3585

I Emily Durand, 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 7th day June.

By (Print name of Affiant) Durand Emily Brigitte who is personally known to me or has produced FL DL as identification and who did take an oath.

NOTARY PUBLIC

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

Print Name: Veronica Cleare

My Commission Expires: 1/25/21

