

STAFF REPORT

DATE: November 1, 2017

RE: **324 Truman Avenue (permit application # T17-8680)**

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

An application was received requesting the removal of **(1) Strangler Fig tree**. A site inspection was done on October 27, 2017 and documented the following:

Tree Species: Strangler Fig (*Ficus aurea*)





10/27/2017



10/27/2017



10/27/2017











10/27/2017

Diameter: 61"

Location: 40% (growing on top of dilapidated building/shed)

Species: 100% (on protected tree list)

Condition: 50% (basically all roots. Start of tree and its "trunk" area is in the corner of the roof area. Roots have gone down side of structure and into ground creating permanency)

Total Average Value = 63%

Value x Diameter = 38.4 replacement caliper inches

Application



Canopy Removal

18680

Tree Permit Application

Date: 10/24/2017

Please Clearly Print All Information unless indicated otherwise.

Tree Address 324 Truman Ave
 Cross/Corner Street Key West, Fla. 33040
 List Tree Name(s) and Quantity Strangler Fig
 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 and Explanation Insurance Company requesting removal of structure from property/tree

Property Owner Name Sands family holdings
 Property Owner eMail Address holding_sandsfamily@gmail.com
 Property Owner Mailing Address 117 Cattle Largo Dr.
 Property Owner Mailing City Hollywood State Fla Zip 33021
 Property Owner Phone Number (954) 708-4483 (contact person also Carlos Sands 786-586-5300)
 Property Owner Signature Winfred Sands Gower

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

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

16' circ
61" dbh



Truman

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

PA ✓
✓

COMBINATION APPLICATION: FLOODPLAIN, CONSTRUCTION AND HARC
\$50.00 APPLICATION FEE NON-REFUNDABLE



City of Key West
 1300 WHITE STREET
 KEY WEST, FLORIDA 33040
 Phone: 305.809.3956
 BLDG@CITYOFKEYWEST-FL.GOV

HARC PERMIT NUMBER		BUILDING PERMIT NUMBER		INITIAL & DATE	
		17-4345			
FLOODPLAIN PERMIT		ZONING		REVISION #	
FLOOD ZONE	PANEL #	ELEV. L. FL.	SUBSTANTIAL IMPROVEMENT		
			___ YES ___ NO ___ %		

1956/15129

ADDRESS OF PROPOSED PROJECT:

324 Truman Ave. # OF UNITS

RE # OR ALTERNATE KEY:

Key West, Fla. 33040

NAME ON DEED:

Winifred Sands Garner
 Carlos Sands

OWNER'S MAILING ADDRESS:

117 Calle Largo Dr.
 Hollywood, Fla. 33021

CONTRACTOR COMPANY NAME:

J.B.D.

CONTRACTOR'S CONTACT PERSON:

ARCHITECT / ENGINEER'S NAME:

ARCHITECT / ENGINEER'S ADDRESS:

HARC: PROJECT LOCATED IN HISTORIC DISTRICT OR IS CONTRIBUTING: YES NO (SEE PART C FOR HARC APPLICATION.)

CONTRACT PRICE FOR PROJECT OR ESTIMATED TOTAL FOR MAT'L., LABOR & PROFIT: **\$ 2,500.00**

FLORIDA STATUTE 837.06: WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING AND WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE PUNISHABLE PER SECTION 775.082 OR 775.083.

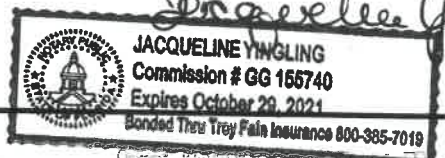
DETAILED Project Description... (The applicant further hereby acknowledges that the scope of work as described shall be the scope of work that is considered by the City. Should further action be taken by the City for exceeding the scope of the description of work as described herein versus the scope of work shown on the plans or other documents submitted with the application, the aforementioned description of work shall be controlling.)

Strangling fig tree has grown into backyard latrine. The tree has compromised the structure more than 95%: we are requesting permission to have it demolished for tree removal

Printed name of property owner or licensed contractor.	Signature.
Winifred Sands Garner	Winifred Sands Garner

Notary Signature as to applicant. State of Florida, County of Monroe, Sworn to and subscribed before me.

Personally known or produced ID as identification.



Official Use Only:
 \$72.00, 10.00, 2.2, 2.2 - BMM 11/24/17

Client: NEWARK Type: 2 Drawer: 1
 Date: 11/16/17 62 Receipt no: 2756
 2017 4945
 PT * BUILDING PERMITS-NEW 1.00 \$100.00
 Trans number: 3119093
 WI VISA/MASTERC \$100.00
 Trans date: 11/16/17 Time: 8:15:05



THE CITY OF KEY WEST

1300 White Street, Key West, Florida 33040

FLOODPLAIN BUILDING PERMIT

Schedule inspections online www.cityofkeywest-fl.gov no later than 6:00am same day.

PERMIT # 17-00004345-000-000-DEMO-00 ISSUED 12/15/17
 LICENSE# 18-00026406 EXPIRES 12/15/19
 MEDIUM DENSITY RES
 APPLICATION BY... ONE CALL CONSTRUCTION INC (CGC)
 ON PROPERTY OF... SANDS THEODORE ET AL
 FOR A PERMIT TO.. November 16, 2017 8:11:32 AM keywjky.
 Strangling fig tree has grown into the
 backyard latrine. The tree has comprised
 the structure more than 95%. Requesting
 permission to have latrine demolished
 for tree removal.
 *****N.O.C EXEMPT*****

324 TRUMAN AVE

WARNING TO OWNERS

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY PRIOR TO RECORDING YOUR NOTICE OF COMMENCEMENT.

Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

This card and approved plans must be posted in a location clearly visible from the street. The location of construction must have posted a clearly legible address visible from the street.

PERMIT VOID IF CONSTRUCTION IS NOT STARTED WITHIN 180 DAYS.

Commercial construction allowed M-F 8:00 am – 7:00 pm, Saturday 9:00 am – 5:00 pm.

FOUNDATION
APPROVED BY _____
DATE ___/___/___

FOOTING
APPROVED BY _____
DATE ___/___/___

FRAMING
APPROVED BY _____
DATE ___/___/___

STRAPPING
APPROVED BY _____
DATE ___/___/___

SHEATHING
APPROVED BY _____
DATE ___/___/___

FINAL
APPROVED BY _____
DATE ___/___/___

FEMA SLAB
APPROVED BY _____
DATE ___/___/___

FEMA VENT
APPROVED BY _____
DATE ___/___/___

FEMA FINAL
APPROVED BY _____
DATE ___/___/___