

STAFF REPORT

DATE: October 27, 2015

RE: **845 Galveston Lane (permit application # T15-7634)**

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

An application was received for the removal **of (1) Avocado tree**. A site inspection was done on October 23, 2015 and documented the following:

1. Tree Species: Avocado (*Persea americana*)







Note: On September 23, 2015, a permit was issued to heavy maintenance trim the avocado tree (T15-7582). During this trim it was discovered that the tree was hollow. The photos below were taken prior to the trimming.









Diameter: 17.8"

Location: 80%

Species: 100% (on protected tree list)

Condition: 40% (poor-tree is hollow, decay.)

Total Average Value = 73%

Value x Diameter = 12.9 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Avocado tree at 845 Galveston Lane to be replaced with 12.9 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted onsite.

Additional Photos













Application



7634

Tree Permit Application

Date: 10/22/15

Please Clearly Print All Information unless indicated otherwise.

Tree Address 845 CALVESTON LANE
Cross/Corner Street OLIVA ST.
List Tree Name(s) and Quantity 1 AVOCADO
Species Type(s) check all that apply () Palm () Flowering (X) Fruit () Shade () Unsure
Reason(s) for Application:

- () 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

Other/Explain HEAVY MAINTENANCE DISCLOSED HOLLOW TRUNK

Reason for Request TREE MAY ENDANGER STRUCTURES

Property Owner Name MICHAEL B. INGRAM
Property Owner eMail Address m.ingram.architect@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 Michael Ingram

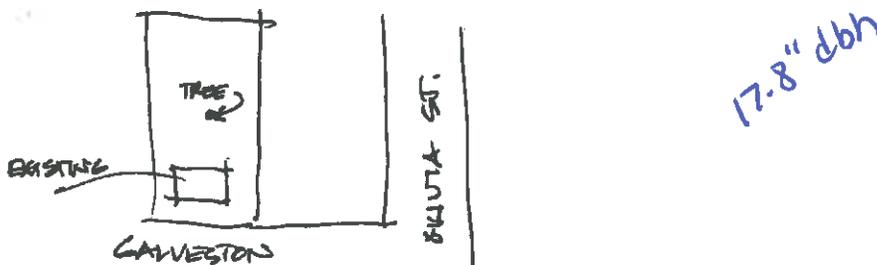
Representative Name AS ABOVE
Representative eMail Address _____
Representative Mailing Address _____
Representative Mailing City _____ **State** _____ **Zip** _____
Representative Phone Number (____) _____ - _____

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.

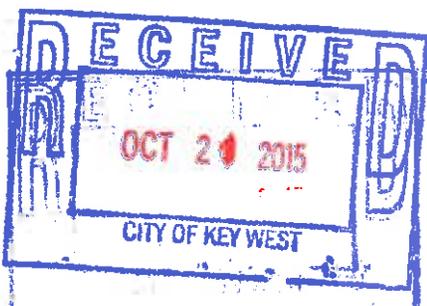
Tree Representation Authorization form attached ()

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

Please identify tree(s) with colored tape



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



7634

Tree Permit Application

Date: 10-21-2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 845 Galveston Lane
Cross/Corner Street Olivia St.
List Tree Name(s) and Quantity 1 Avocado
Species Type(s) check all that apply () Palm () Flowering (X) Fruit () Shade () Unsure

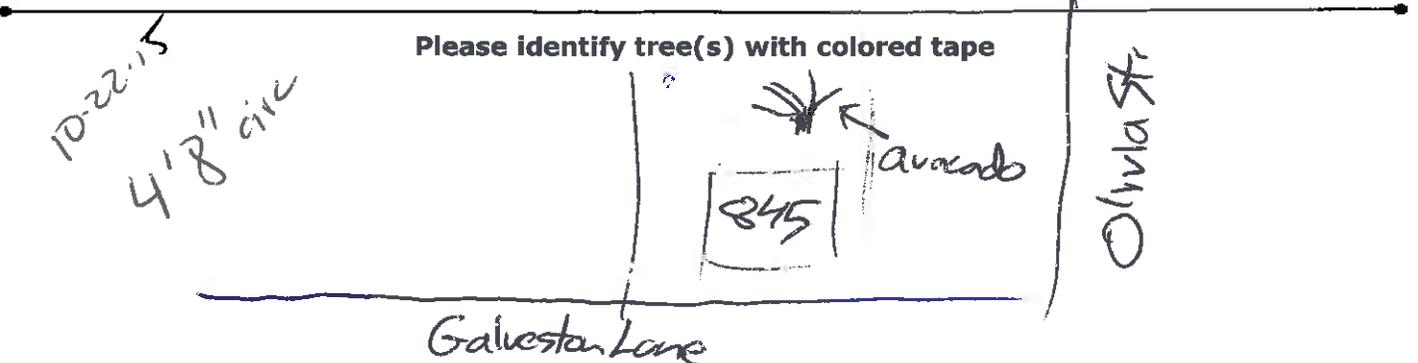
Reason(s) for Application:
(X) REMOVE (X) Tree Health (X) Safety () Other/Explain below
() TRANSPLANT () New Location () Same Property () Other/Explain below
() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction
Other/Explain We were going to try to keep it but while trimming it I discovered the tree is filled with termites from the top down.
Reason for Request

Property Owner Name Evelyn Diane Murphy
Property Owner eMail Address
Property Owner Mailing Address
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number
Property Owner Signature

Representative Name Kenneth Khay
Representative eMail Address
Representative Mailing Address 1602 Laurel 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.



Scott P. Russell, CFA
Property Appraiser
Monroe County, Florida

Key West (305) 292-3420
Marathon (305) 289-2550
Plantation Key (305)
852-7130

**Property Record Card -
Maps are now launching the new map application version.**

Alternate Key: 1019895 Parcel ID: 00019210-000000

Ownership Details

Mailing Address:
LARSEN WAYNE E
1010 WHITEHEAD ST UNIT 101
KEY WEST, FL 33040-7523

All Owners:
INGRAM MICHAEL B T/C, LARSEN WAYNE E

Property Details

PC Code: 01 - SINGLE FAMILY
Millage Group: 10KW
Affordable Housing: No
Section-Township-Range: 06-68-25
Property Location: 845 GALVESTON LN KEY WEST
Legal Description: KW LOT 36 OF TR 5 OR195-542/44 OR237-394/95 CASE-83-65-CA-13-31 OR888-169/70F/J OR950-1983D/C OR1002-1935/36E OR1297-1595D/C OR1395-817/19ORD OR1718-311 OR1835-246R/S OR2490-583D/C OR2757-1074 OR2759-608ORD OR2762-137/38

Click Map Image to open interactive viewer