

STAFF REPORT

DATE: August 2, 2018

RE: **1505 Patricia Street (permit application # T18-9138)**

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

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

Tree Species: Mahogany (Swietenia mahagoni)





07/27/2018



07/27/2018



07/27/2018



07/27/2018





Diameter: 19.4"

Location: 70% (front yard tree, some canopy growth impacts from larger mahogany tree nearby)

Species: 100% (on protected tree list)

Condition: 30% (poor, half of canopy torn off-large wound, remaining trunk has decay)

Total Average Value = 66%

Value x Diameter = 12.8 replacement caliper inches

Tree Species: Sapodilla (Manilkara zapota)





07/27/2018



07/27/2018













Diameter: 22.9"

Location: 60% (back yard tree, close to structure)

Species: 100% (on protected tree list)

Condition: 50% (fair to poor, hurricane damage to canopy)

Total Average Value = 70%

Value x Diameter = 16 replacement caliper inches

Application

RECEIVED
JUL 24 2018
BY: MCM



CANOPY
REMOVAL

9138

Tree Permit Application

Date: 7/23/18

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1505 PATRICIA ST
 Cross/Corner Street PATRICIA AND LEON
 List Tree Name(s) and Quantity 2 | SEPODILLA - HICKORY
 Species Type(s) check all that apply () Palm () Flowering () Fruit (X) Shade () Unsure
 Reason(s) for Application:

- () REMOVE () 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 _____

Reason for Request TREE IN FRONT YARD IS CAUSING DAMAGE TO THE GARPORT. TREE IN BACK IS PRESSING ONTO HOUSE

Property Owner Name DAVID SATAWA
 Property Owner eMail Address M GALLAGHER @ GMAIL . COM
 Property Owner Mailing Address 1505 PATRICIA
 Property Owner Mailing City KEY WEST State FL Zip 33040
 Property Owner Phone Number (305) 360-5657
 Property Owner Signature David Satawa

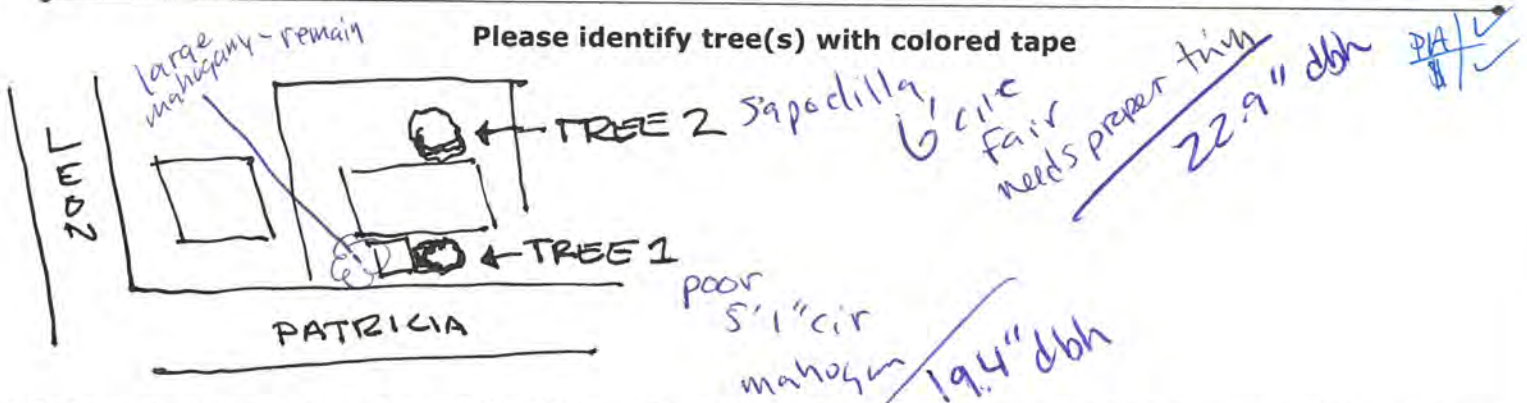
Representative Name MICHAEL GALLAGHER / CENTERPOINT
 Representative eMail Address M GALLAGHER @ GMAIL . COM
 Representative Mailing Address 3740 DUCK AVE
 Representative Mailing City KEY WEST State FL Zip 33040
 Representative Phone Number (305) 360-5657

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.

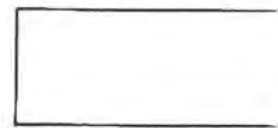
Tree Representation Authorization form attached (

<<<<< 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



Tree Representation Authorization

Date: 7/23/18

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. The Tree Representation Authorization form must accompany the application if the proper 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 1505 PATRICIA ST

Property Owner Name DAVID AND LISA SATAWA
Property Owner eMail Address MGALLAGHER5@GMAIL.COM
Property Owner Mailing Address 1505 PATRICIA ST KW 33040
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (305) 360-5657
Property Owner Signature [Signature]

Representative Name MICHAEL GALLAGHER / CENTERPOINT
Representative eMail Address MGALLAGHER8@GMAIL.COM
Representative Mailing Address 3734 DULICK AVE
Representative Mailing City KEY WEST State FL Zip 33040
Representative Phone Number (305) 360-5657

I DAVID SATAWA, 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 if there are any questions or need access to my property.

Property Owner Signature [Signature]

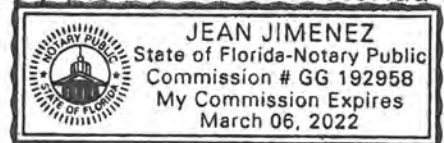
The forgoing instrument was acknowledged before me on this 23RD day JULY

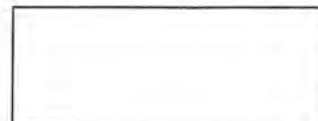
By (Print name of Affiant) DAVID SATAWA who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: [Signature]
Print Name: JEAN JIMENEZ
My Commission Expires: 3.6.22

Notary Public - State of Florida (seal)





Tree Permit Application

Date: 7/23/18

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1505 PATRICIA
Cross/Corner Street LEON + PATRICIA
List Tree Name(s) and Quantity 2 1-SEPODILLA 2-SEPODILLA
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
Other/Explain _____

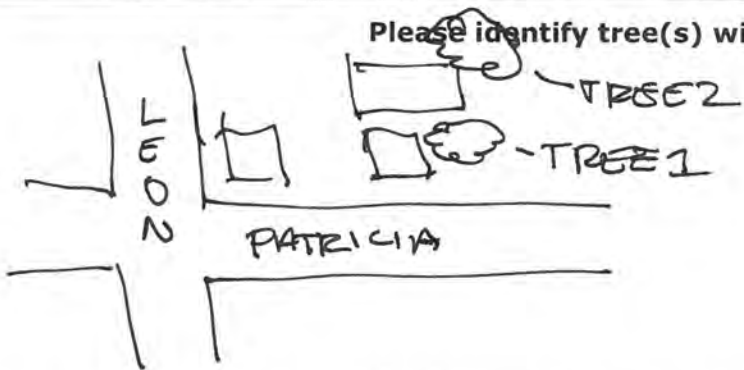
Reason for Request TREE 1 IS DAMAGING CARPORT - TREE 2 IS PRESSING ONTO HOUSE

Property Owner Name DAVID SATIWA
Property Owner eMail Address MGALLAGHERS@GMAIL
Property Owner Mailing Address 1505 PATRICIA
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (305) 360-5657
Property Owner Signature David Satiwa

Representative Name CHARLES HARTMAN
Representative eMail Address MGALLAGHERS@GMAIL.COM
Representative Mailing Address 3740 DOCK AVE
Representative Mailing City KEY WEST State FL Zip 33040
Representative Phone Number (305) 360-5657

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: 7/23/18

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 1505 PATRICIA

Property Owner Name DAVID SATAWA
Property Owner eMail Address 1505 PATRICIA
Property Owner Mailing Address MGALLAGHERS@GMAIL
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (305) 360-5657
Property Owner Signature David Satawa

Representative Name ANDREW HARSHMAN
Representative eMail Address MGALLAGHERS@GMAIL
Representative Mailing Address 3740 DUCK AVE
Representative Mailing City KEY WEST State FL Zip 33040
Representative Phone Number (305) 360-5657

I DAVID SATAWA, 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 David Satawa

The forgoing instrument was acknowledged before me on this 23RD day JULY.

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

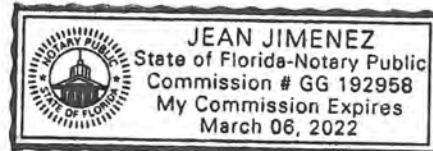
NOTARY PUBLIC

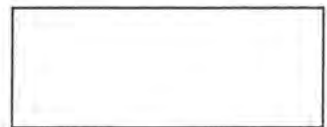
Sign Name: Jean Jimenez

Notary Public - State of Florida (seal)

Print Name: JEAN JIMENEZ

My Commission Expires: 3-6-22





Tree Permit Application

Date: 7/23/18

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1505 PATRICIA
Cross/Corner Street LEON + PATRICIA
List Tree Name(s) and Quantity 2 - 1 GEODICIA, HICKORY
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
Other/Explain _____

Reason for Request TREE IN FRONT IS DAMAGING CAR PORT - TREE 2 IN BACK IS PRESSING ONTO THE HOUSE

Property Owner Name DAVID SATAWA
Property Owner eMail Address MGALLAGHERS@GMAIL
Property Owner Mailing Address 1505 PATRICIA
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (305) 360-5657
Property Owner Signature David Satawa

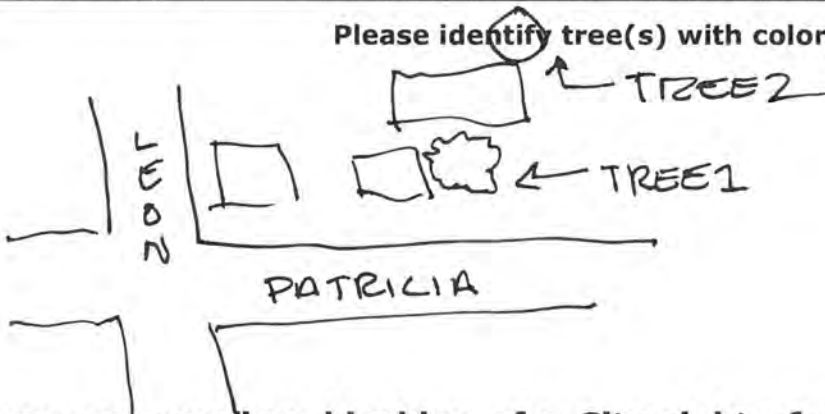
Representative Name ANDREW HARSHMAN
Representative eMail Address MGALLAGHERS@GMAIL
Representative Mailing Address 3740 DUCK AVE
Representative Mailing City KEY WEST State FL Zip 33040
Representative Phone Number (305) 360-5657

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.



Tree Representation Authorization

Date: 7/23/18

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 1505 PATRICIA

Property Owner Name DAVID SATAWA
Property Owner eMail Address MGALLAGHER5@GMAIL
Property Owner Mailing Address 1505 PATRICIA
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (305) 360-5657
Property Owner Signature David Satawa

Representative Name CHARLES HARSHMAN
Representative eMail Address MGALLAGHER5@GMAIL.COM
Representative Mailing Address 3740 DUCK
Representative Mailing City KEY WEST State FL Zip 33040
Representative Phone Number (305) 360-5657

I DAVID SATAWA, 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 if there is any questions or need access to my property.

Property Owner Signature David Satawa

The forgoing instrument was acknowledged before me on this 23 day JULY.

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

NOTARY PUBLIC

Sign Name: Jean Jimenez

Notary Public - State of Florida (seal)

Print Name: JEAN JIMENEZ

My Commission Expires: 3-6-22

