

STAFF REPORT

DATE: April 25, 2014

RE: 901 Pearl Street (permit application #6857)

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

An application was received for the removal of **(1) Podocarpus tree**. A site inspection was done on April 24, 2014 and documented the following:

Tree Species: Podocarpus (Podocarpus sp.)



Diameter: 11.5"

Location: 70% (side/front of the property, tree being impacted by neighboring fishtail palms, new off-street parking area going into this location)

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

Condition: 50% (fair to poor, top cut off, poor shape)

Total Average Value = 57%

Value x Diameter = **6.5 replacement caliper inches**





Recommendations: Recommend approval of the removal of (1) Podocarpus tree located at 901 Pearl Street, to be replaced with 6.5 caliper inches of FL#1 native dicot or fruit trees.

During inspection, noticed that red stopper tree appeared to be wilting. No sure if it was impacted by the demolition of the old house on the property.



Photos of remaining trees on property after old house demolition (new fence being installed):





Application



6257

Tree Permit Application

Date: 4-21-2014

Please Clearly Print All Information unless indicated otherwise.

Tree Address 901 Pearl St. Key West, FL 33040
 Cross/Corner Street Albany
 List Tree Name(s) and Quantity Poda Carpus
 Species Type(s) check all that apply () Palm () Flowering () Fruit (X) Shade () Unsure
 Reason(s) for Application:

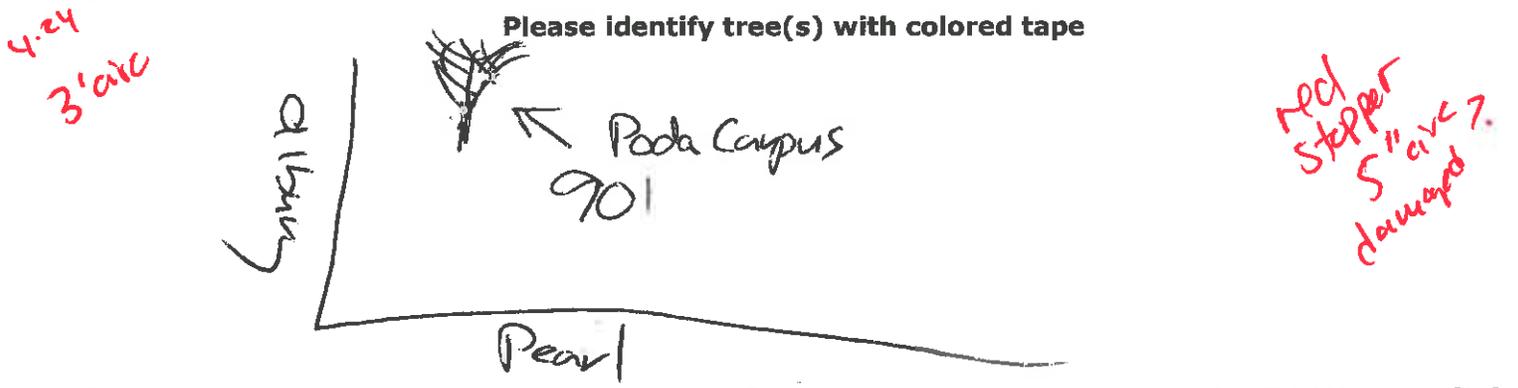
- (X) REMOVE () Tree Health () Safety (X) Other/Explain below
 - () TRANSPLANT () New Location () Same Property () Other/Explain below
 - () HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction
- Additional Information and Explanation Tree is in the way of proposed driveway.

Property Owner Name Tom Cullen
 Property Owner eMail Address _____
 Property Owner Mailing Address 901 Pearl St.
 Property Owner Mailing City Key West State FL Zip 33040
 Property Owner Phone Number (609) 315-4087
 Property Owner Signature _____

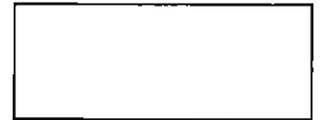
Representative Name Kenneth Kling
 Representative eMail Address _____
 Representative Mailing Address 1802 Laland St.
 Representative Mailing City Key West State FL Zip 33040
 Representative Phone Number (305) 296-3101

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: April 23 2014

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 901 PEARL

Property Owner Name THOMAS G CULLEN

Property Owner eMail Address tc @ newproductsgroup.com

Property Owner Mailing Address 12 MILFORD DRIVE MARLTON NJ

Property Owner Mailing City MARLTON State NJ Zip 08053

Property Owner Phone Number (609) 315-4087

Property Owner Signature [Signature]

Representative Name KENNY KING, GOLDER BOUGH

Representative eMail Address _____

Representative Mailing Address 1602 LAIRD ST

Representative Mailing City KPY WEST State FL. Zip 33040

Representative Phone Number (305) 295-8101

I THOMAS G CULLEN, 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 23rd day April.

By (Print name of Affiant) Thomas Cullen who is personally known to me or has produced Driver License as identification and who did take an oath.

NOTARY PUBLIC

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

Print Name: Jo Bennett

My Commission Expires: May 26, 2015

