STAFF REPORT

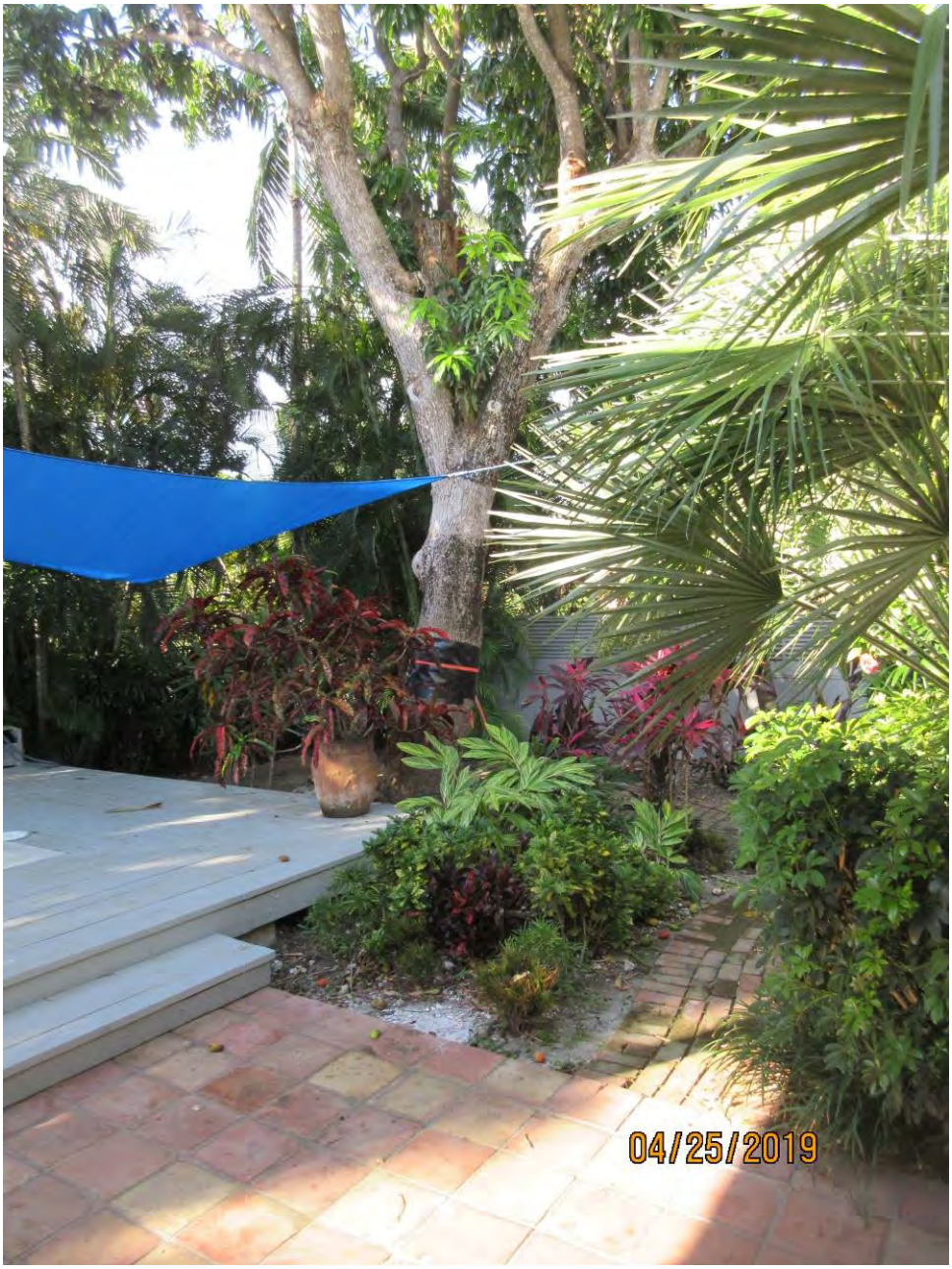
DATE: May 3, 2019

RE: **1400 Washington Street** (**permit application # T2019-0200)**

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

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

Tree Species: Mango (Mangifera indica)

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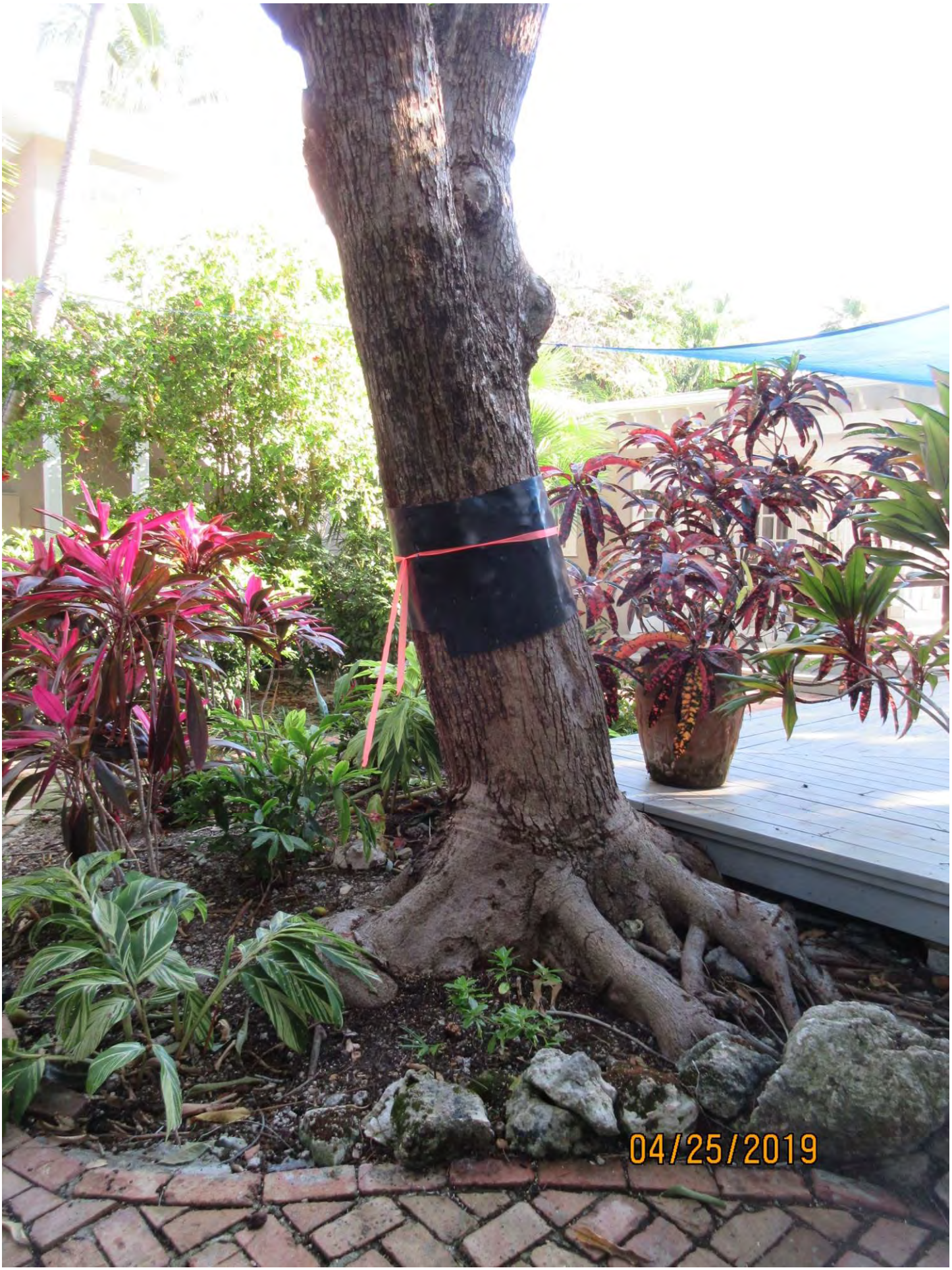
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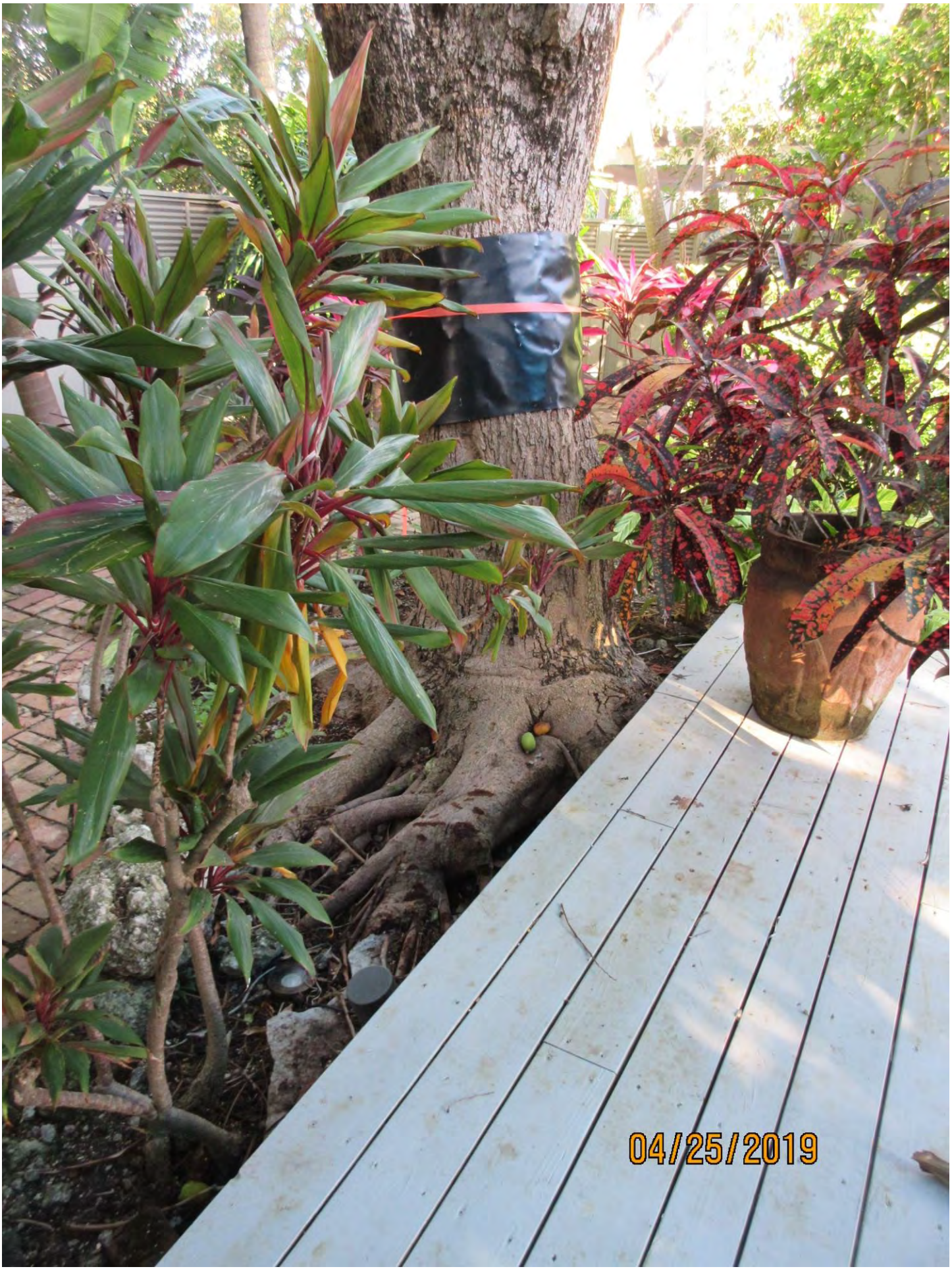
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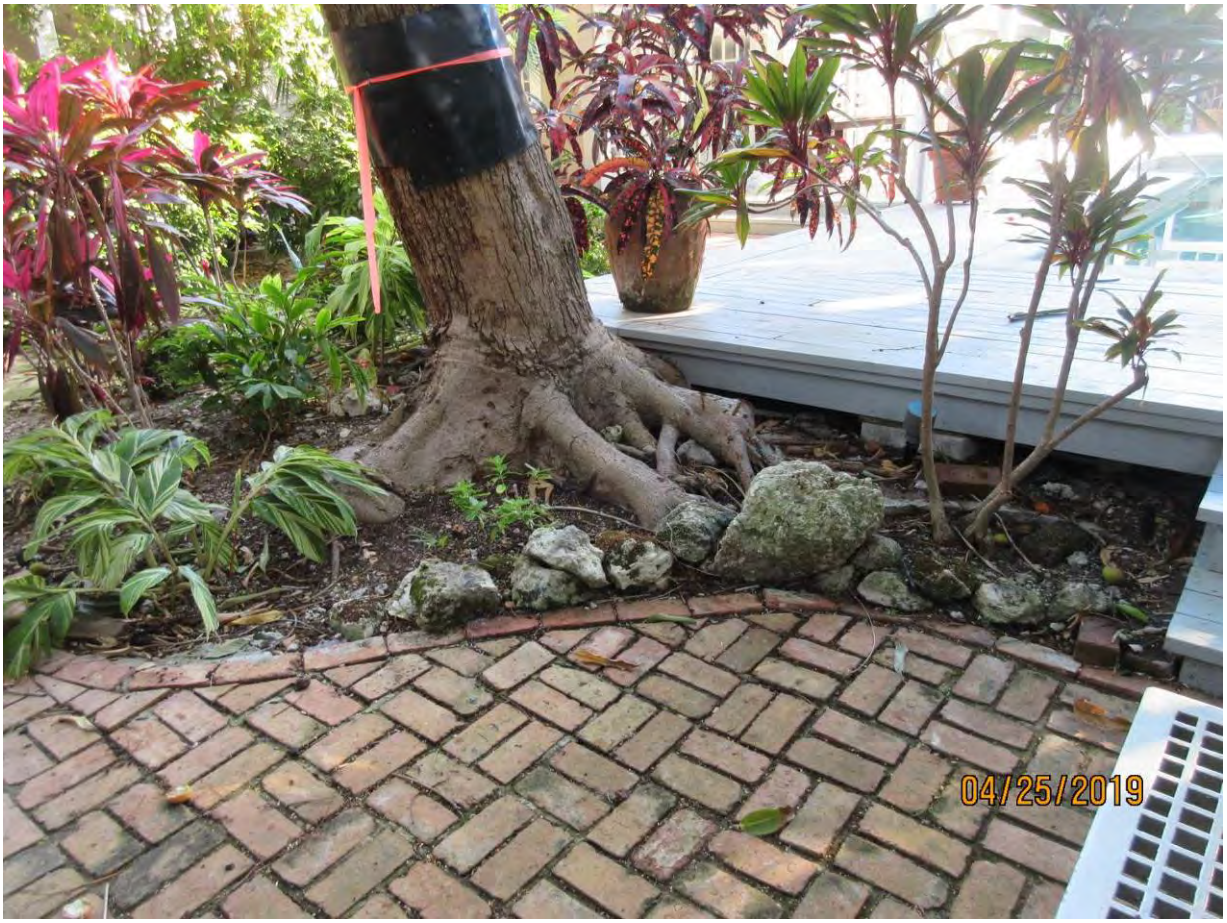
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Diameter: 23.8””
Location: 80% (rear/side yard tree-visible from street, pool deck built up to base of tree)
Species: 100% (on protected tree list)
Condition: 80% (good overall, base of tree-roots could use some care)
Total Average Value = 86%
Value x Diameter = 20.4 replacement caliper inches

Application states new owners have a serious allergic reaction to mangos. A request for documentation (ie: doctor’s note) has been made to the property owner.

Questions: Why would someone buy a property knowing they were allergic to a large, protected tree on the property? Were they informed about the tree prior to purchase? If so, were they informed about the City Tree Ordinance?

Additional Information

BRAD KREMER MD PLLC
2195 Spring Arbor Rd
Jackson MI 49203-2748
Phone: 517-539-6111
Fax: 517-539-6110

5/6/2019

Dear Denise A. Ganton
2140 Robinson Rd
Jackson MI 49203
VIA Mail,

To whom it concerns:

Denise is allergic to Mango plant/pollens. She has severe reactions, that will worsen with increased exposure. Every intervention should be employed to avoid exposure to Mango plants and fruit as feasible.

Sincerely,

LEAH H WHITE, FNP
5/6/2019

Application

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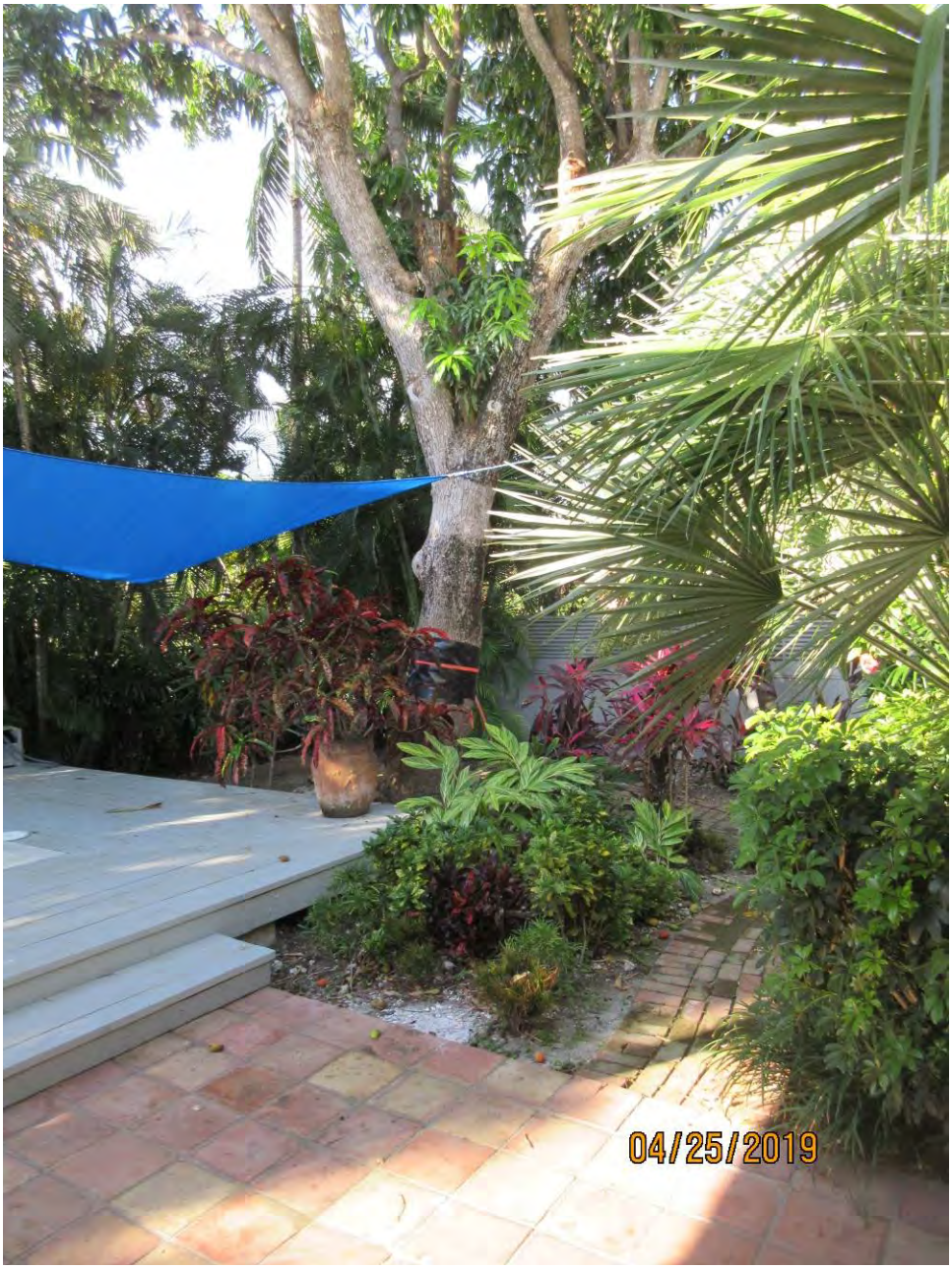


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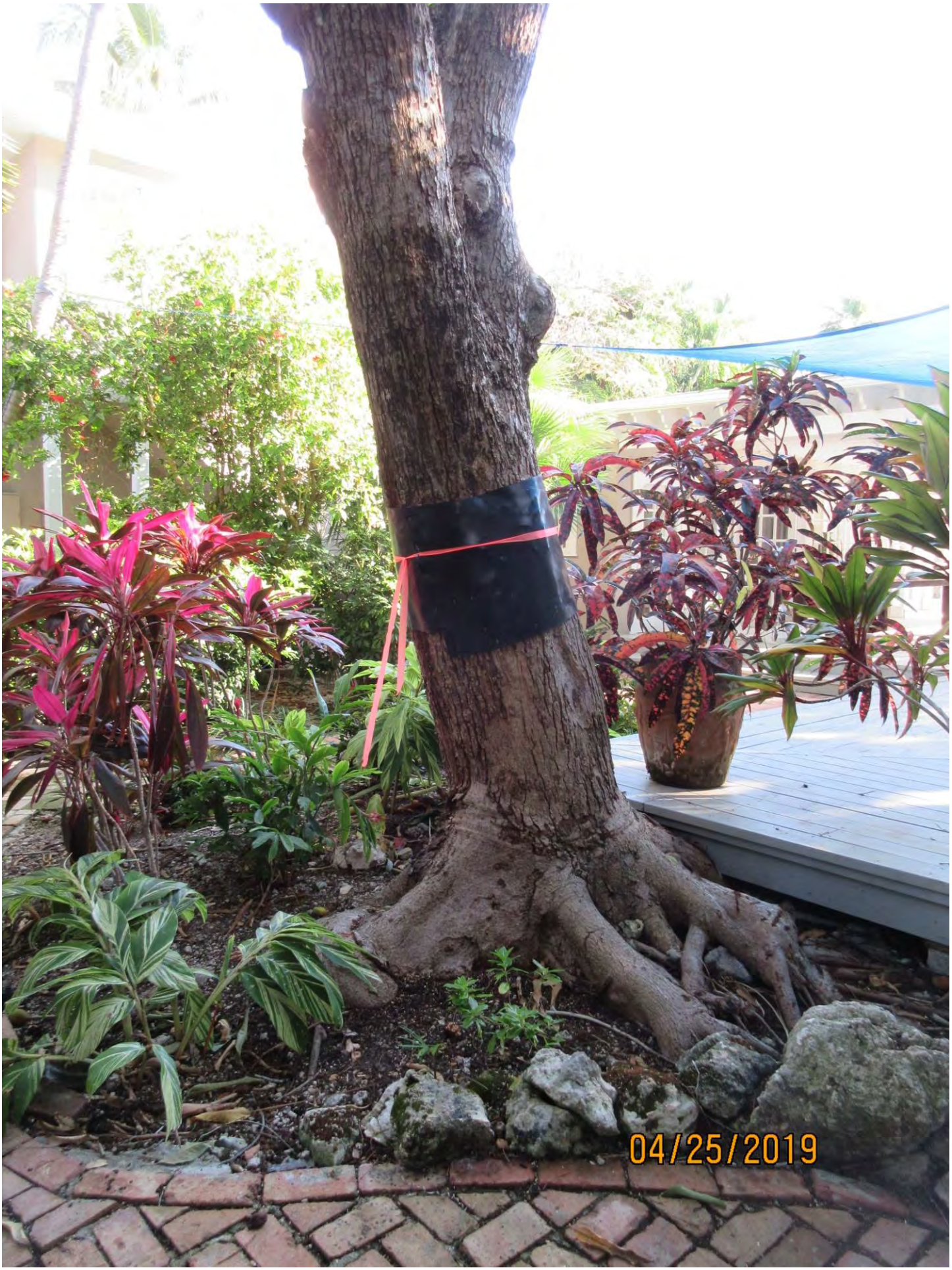
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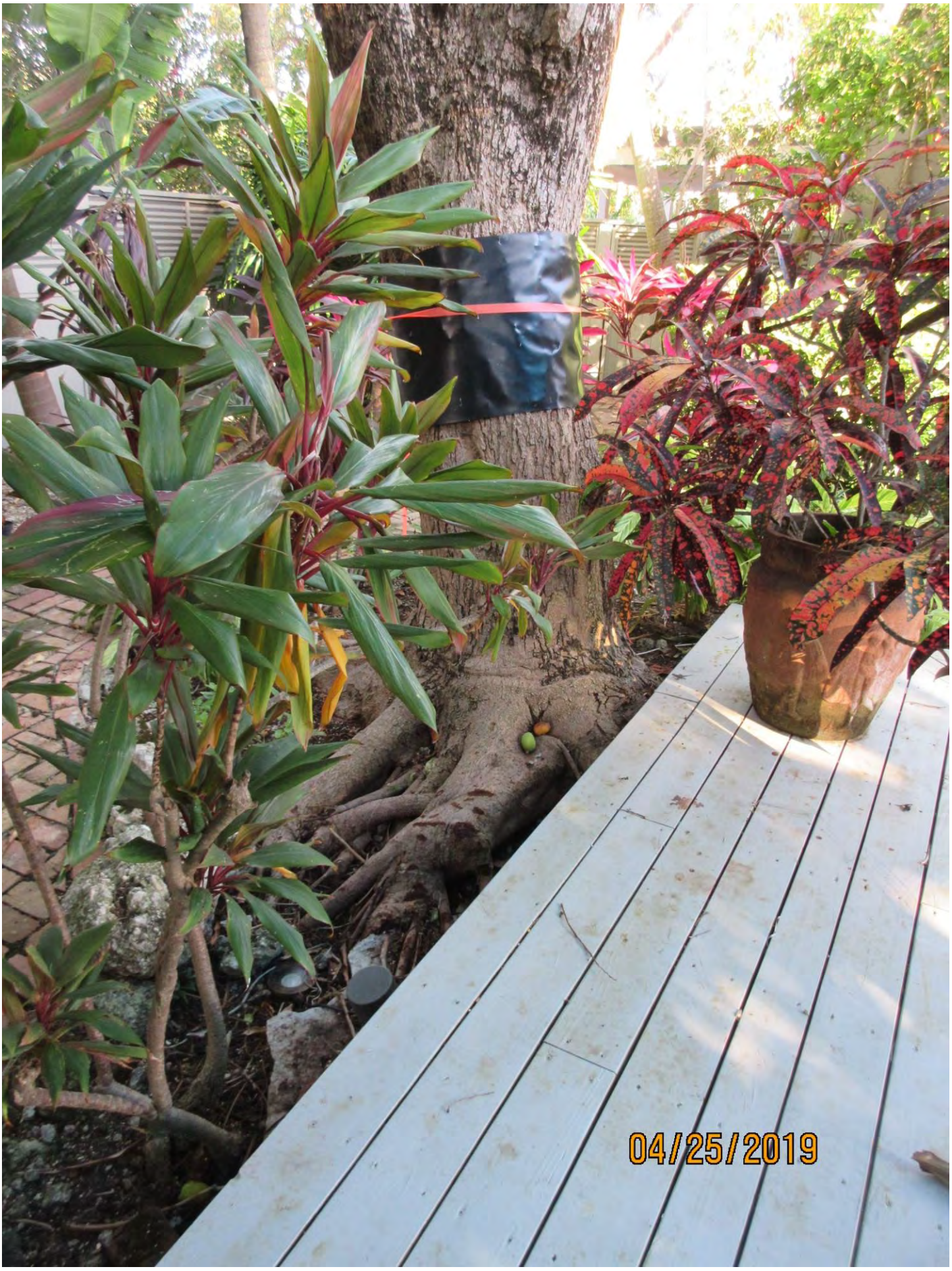
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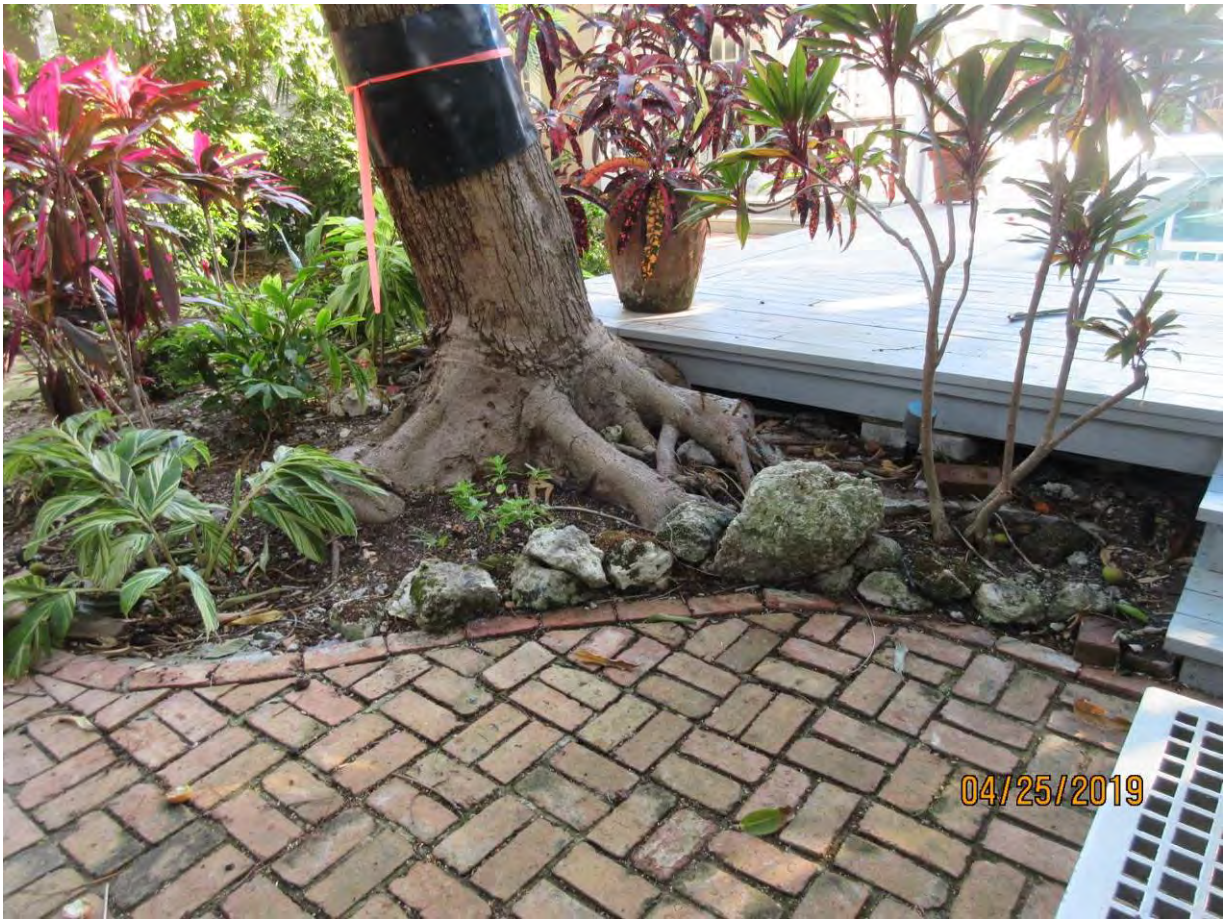
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Additional Information

Application

Karen DeMaria

From: Karen DeMaria
Sent: Wednesday, April 24, 2019 3:48 PM
To: jmg@gantons.com
Cc: Sandra Downs
Subject: 1400 Washington St tree removal application

My office has received an application to remove a mango tree from 1400 Washington Street. The reason stated on the application says members of the family are allergic to mangos. I will need documentation that states there is a serious allergy to this tree species, for the file. Can you please provide documentation (doctors note, etc) that describes the issue so the Tree Commission can make an informed and proper decision.

Sincerely,

Karen

Karen DeMaria
Urban Forestry Manager
Certified Arborist
City of Key West Planning Department
1300 White Street, Key West, FL 33040
305-809-3768

RECEIVED
APR 23 2019
BY: mm

City of Key West Tree Commission

FRUIT REMOVAL

2019-0200

Tree Permit Application

Date: April 9th, 2019

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1400 Washington, KW
Cross/Corner Street Tropical
List Tree Name(s) and Quantity Mango 1
Species Type(s) check all that apply ( ) Palm ( ) Flowering (X) Fruit ( ) 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 new owners of home, wife + wife's family serious allergic reaction to mangoes
health reasons for removal, will comply w/ mitigation asap

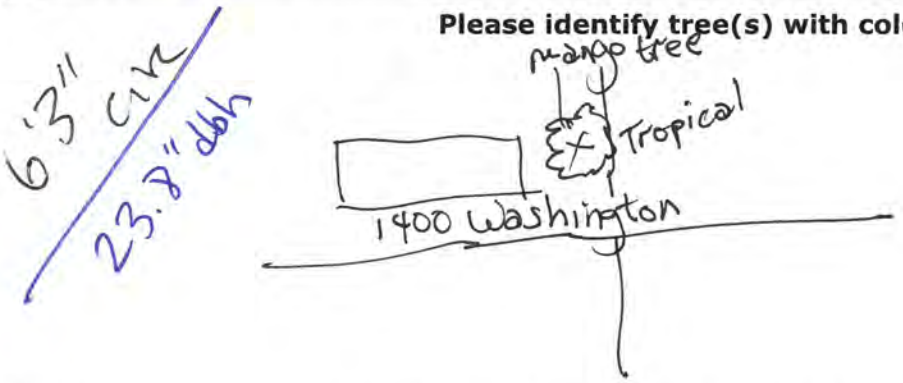
Property Owner Name Denise A. Ganton
Property Owner eMail Address jmg@gantons.com
Property Owner Mailing Address 2140 Robinson Rd.
Property Owner Mailing City Jackson **State** MI **Zip** 49203
Property Owner Phone Number (517) 206-0744
Property Owner Signature Denise A Ganton

Representative Name Tarzan Tree Care
Representative eMail Address janesjunglework@gmail.com
Representative Mailing Address 28976 Bluegill Lane
Representative Mailing City Cudjoe Key **State** FL **Zip** 33042
Representative Phone Number (305) 304-9303

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: April 9TH 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.

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I Denise A. Ganton, hearby 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 Denise A. Ganton

The forgoing instrument was acknowledged before me on this 9TH day April 2019.

By (Print name of Affiant) DENISE A. GANTON who is personally known to me or has produced DRIVER'S LICENSE as identification and who did take an oath.

NOTARY PUBLIC
Sign Name: Crystal L Caldwell Notary Public - State of Florida (seal)
Print Name: CRYSTAL L. CALDWELL
My Commission Expires: 8/22/2024

CRYSTAL L. CALDWELL NOTARY PUBLIC STATE OF MICHIGAN County of Jackson My Commission Expires Acting in the County of JACKSON

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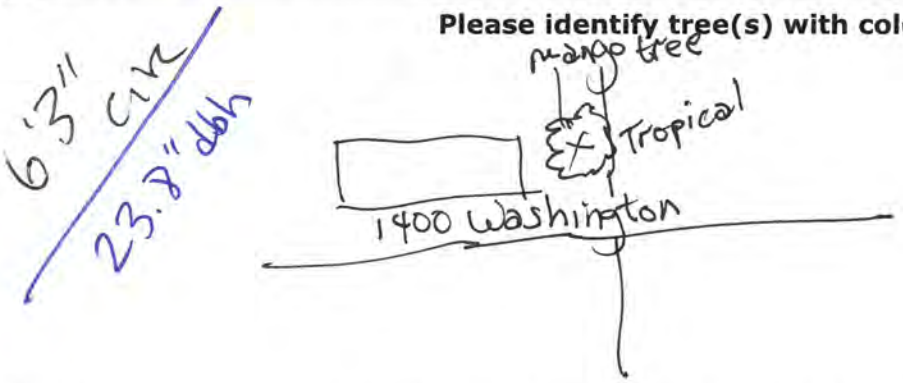

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