STAFF REPORT

DATE: March 27, 2015

RE: 900 Johnson Street (permit application #7325)

FROM: Karen DeMaria
City of Key West Urban Forestry Manager

An application was received for the removal **of (1) Royal Poinciana tree**. A site inspection was done on March 24, 2015 and documented the following:

Tree Species: Royal Poinciana (Delonix regia)

Diameter: 31.8″
Location: 70%
Species: 100% (on protected tree list)
Condition: 20% (lots of decay, oozing, saplings growing in various places in decayed areas, did not see evidence of termites or insects from the ground)

Total Average Value = 63%
Value x Diameter = **20 replacement caliper inches**

Recommendations: Recommend approval of the removal of (1) Royal Poinciana tree located at 900 Johnson Street, to be replaced with 20 caliper inches of FL#1 native dicot or fruit trees.

Application

7325

KEY WEST PLANNING DEPT. MAR 23

Tree Permit Application

Date: 3-23-2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 900 Johnson St.
Cross/Corner Street Reynolds St.
List Tree Name(s) and Quantity 1 Poinciana
Species Type(s) check all that apply ( ) Palm (X) Flowering ( ) 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 This tree has dropped large limbs in the past, is infested with termites, has oozing wounds and is
Reason for Request a source of anxiety and stress for the owners.

Property Owner Name Richard Buckhelm
Property Owner eMail Address dsjt@bellsouth.net
Property Owner Mailing Address 900 Johnson St.
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (305) 296 - 8101
Property Owner Signature

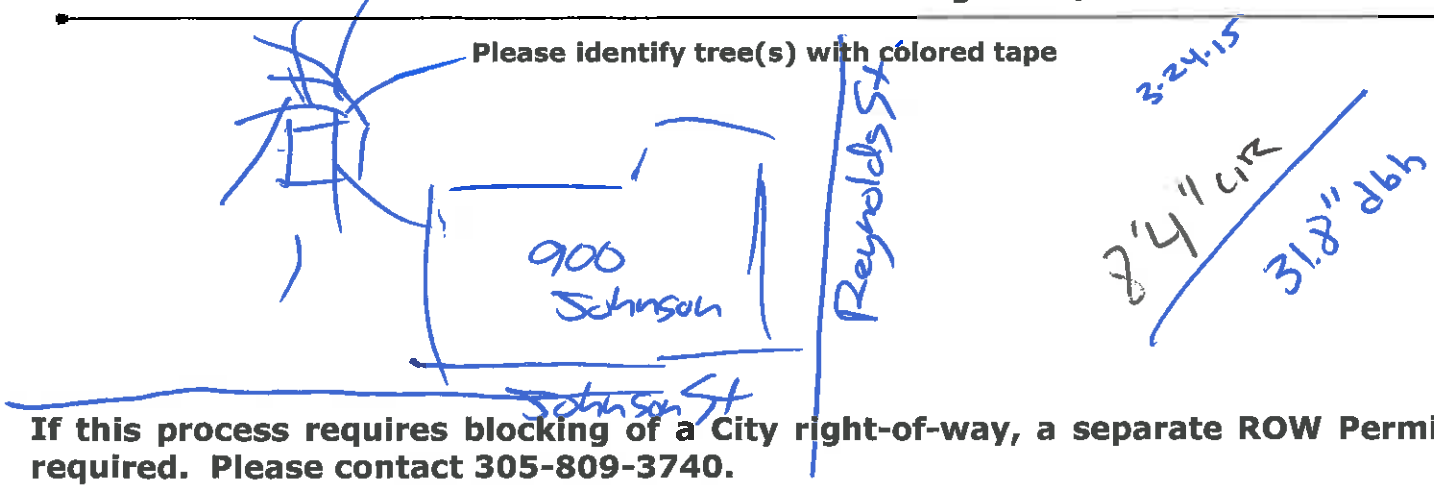
Representative Name Kenneth King
Representative eMail Address
Representative Mailing Address 1602 Laird St.
Representative Mailing City Key West **State** FL **Zip** 33040
Representative Phone Number (305) 296 - 8101

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 >>>>>

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: _____

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 900 JOHNSON ST.

Property Owner Name RICHARD BUCKHEIM
Property Owner eMail Address dsjt@bellsouth.net
Property Owner Mailing Address 900 JOHNSON ST
Property Owner Mailing City KEY WEST **State** FL **Zip** 33040
Property Owner Phone Number (305) 745 - 4775
Property Owner Signature X Richard Buckheim

Representative Name Kenneth King
Representative eMail Address
Representative Mailing Address 1602 Laird St.
Representative Mailing City Key West **State** FL **Zip** 33040
Representative Phone Number (305) 396 - 8101

I RICHARD BUCKHEIM, 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 Richard Buckheim

The forgoing instrument was acknowledged before me on this 17th day March 2015.

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

NOTARY PUBLIC
Sign Name: Theresa Faber Notary Public State of Florida (seal)
Print Name: Theresa Faber
My Commission Expires: 6/13/2016

THERESA FABER NOTARY PUBLIC My Comm. Expires June 13, 2016 No. EE207791 STATE OF FLORIDA

Updated: 02/22/2014