

STAFF REPORT

DATE: June 29, 2018

RE: **1307-1309 Whitehead Street (permit application # T18-9075)**

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

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

Tree Species: Strangler Fig (*Ficus aurea*)





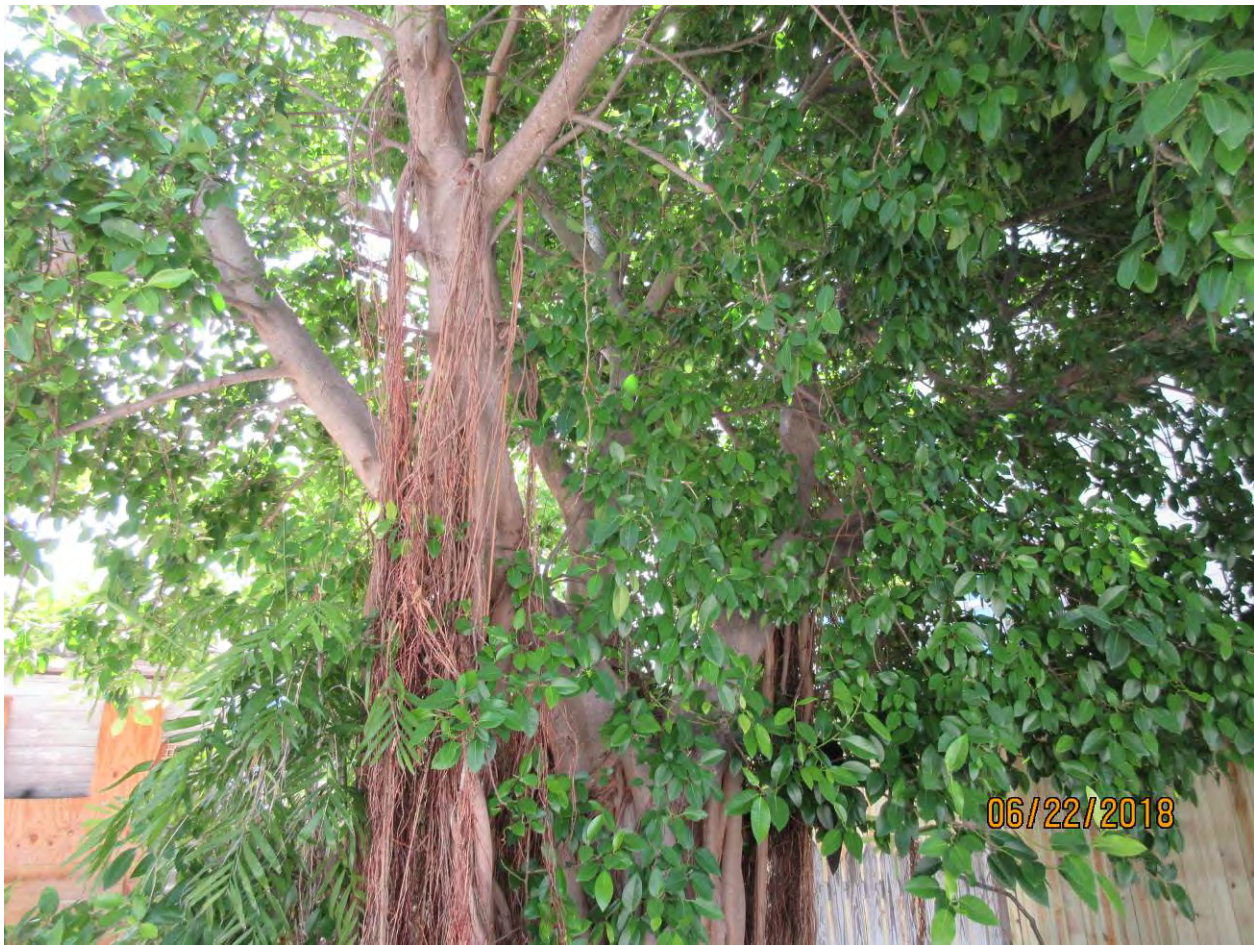


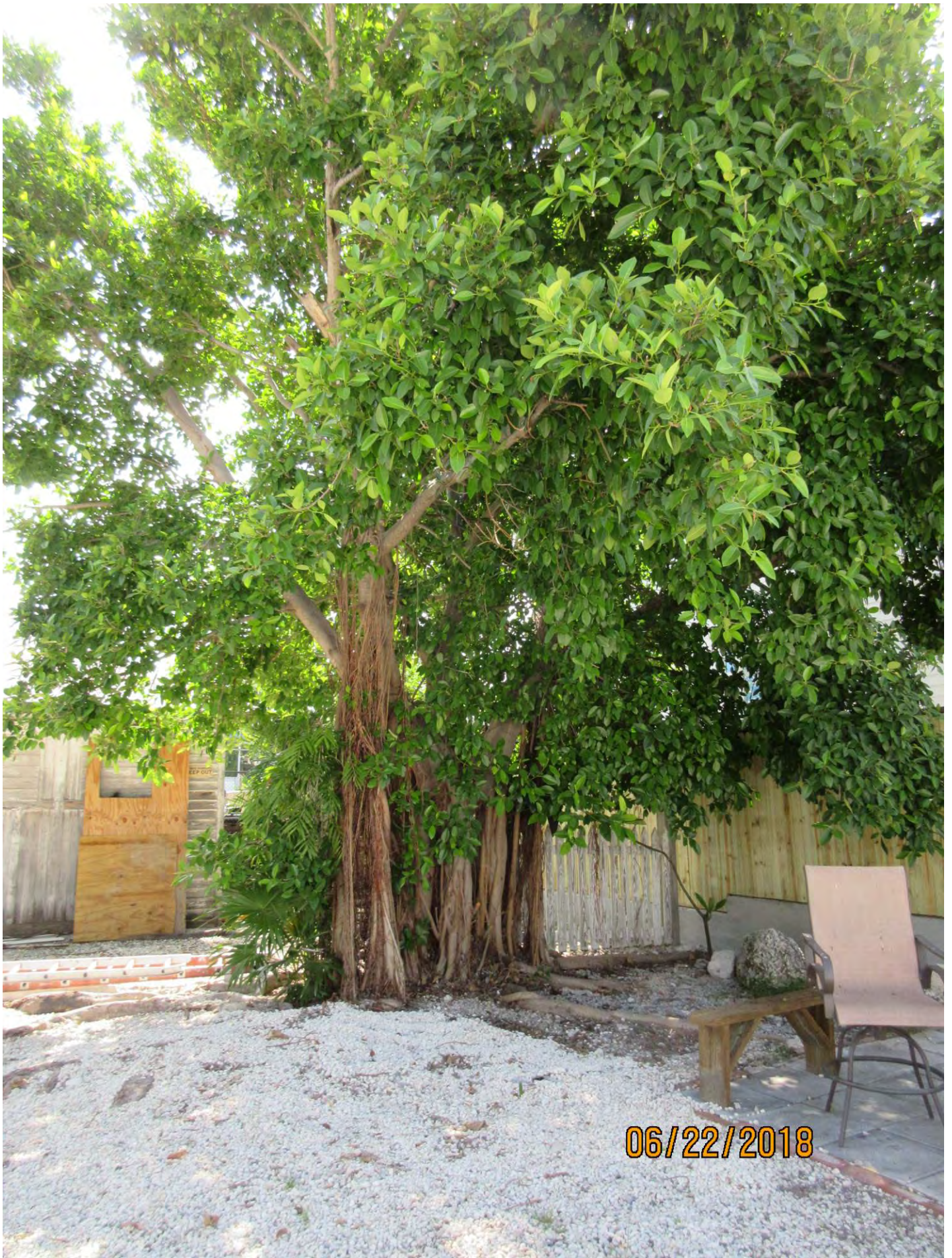






06/22/2018





06/22/2018



Diameter: 43.3"

Location: 70% (tree taking over wooden fence, roots extending put toward structure)

Species: 100% (on protected tree list)

Condition: 60% (fair-needs a proper trim)

Total Average Value = 76%

Value x Diameter = 32.9 replacement caliper inches

Recommendation: Recommend denial of removal permit, Sec 110-328 (1). Some roots beyond the critical root zone could be cut and the canopy trimmed.



Application



CANOPY
REMOVAL

9675

Tree Permit Application

Date: 6-20-2018

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1307-1309 Whitehead St.
Cross/Corner Street South St.
List Tree Name(s) and Quantity 1 Strangler Fig Ficus
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

Species
or trunk

Other/Explain This tree planted itself after Hurricane Wilma and is trying to cover the whole property. It's already growing into 2 structures and wants to keep going.

Reason for Request

Property Owner Name MNR Properties
Property Owner eMail Address
Property Owner Mailing Address P.O. Box 4125
Property Owner Mailing City Key West **State** FL **Zip** 33041
Property Owner Phone Number (305) 393-6573
Property Owner Signature

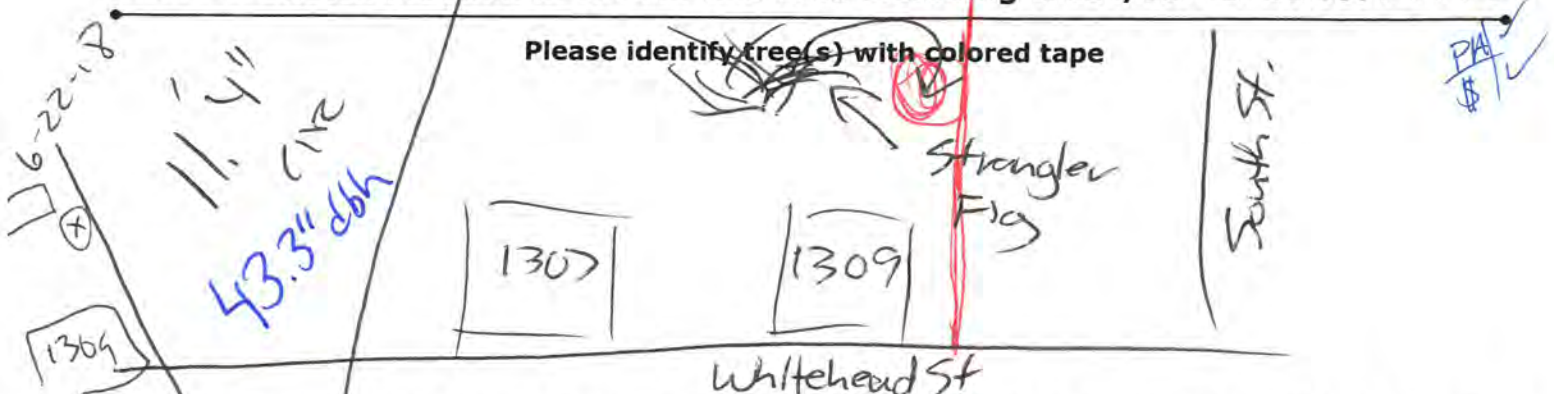
Representative Name Kenneth Khay
Representative eMail Address
Representative Mailing Address 1602 Laurel St.
Representative Mailing City Key West **State** FL **Zip** 33040
Representative Phone Number (305) 296-8101

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 >>>>>

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: 6/19/2018

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 1307 - 1309 WHITEHEAD STREET

Property Owner Name MMR PROPERTIES OF KEY WEST LLC

Property Owner eMail Address FKWINC@COMCAST.NET

Property Owner Mailing Address PO BOX 4125

Property Owner Mailing City KEY WEST State FL Zip 33041

Property Owner Phone Number (305) 731 - 9453

Property Owner Signature _____

Representative Name KEN KING - GOLDEN BOUGH

Representative eMail Address _____

Representative Mailing Address 1602 LAIRD STREET

Representative Mailing City KEY WEST State FL Zip 33040

Representative Phone Number (305) 296 - 8101

I CURRY BLACKWELL, 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

The forgoing instrument was acknowledged before me on this 20 day JUNE.

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

NOTARY PUBLIC

Sign Name:

Notary Public - State of Florida (seal)

Print Name:

BRIAN PERRY

My Commission Expires:

22 NOV 2019

