

STAFF REPORT

DATE: November 28, 2018

RE: **1418 Laird Street (permit application # T2018-0129)**

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

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

Tree Species: Yellow Poinciana (*Peltophorum pterocarpum*)





11/26/2018





11/26/2018





11/26/2018

Diameter: 15.6"

Location: 80% (back/side yard tree-very visible to street, structure nearby recently built)

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

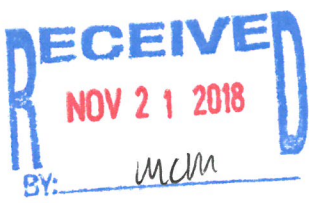
Condition: 60% (fair, needs proper canopy pruning, lot of surface roots but that is typical of the species)

Total Average Value = 63%

Value x Diameter = 9.8 replacement caliper inches

Additional information requested regarding claims of damage to tree and roots uplifting after Hurricane Irma.

Application



Canopy Removal

2018-0129

Tree Permit Application

Date: 11-21-2018

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1418 Laird St
 Cross/Corner Street Leon St.
 List Tree Name(s) and Quantity 1 Yellow Pohokana
 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

Reason for Request This tree lost a big section during Irma and then started to uproot but didn't go over. It's hard to keep an unstable tree so close to the house

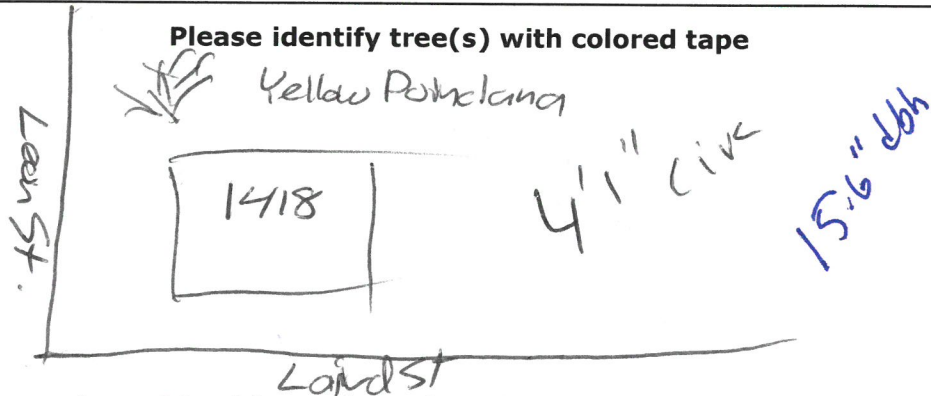
Property Owner Name John Swann
 Property Owner eMail Address jswannie@gmail.com
 Property Owner Mailing Address 1418 Laird St.
 Property Owner Mailing City Key West State FL Zip 33040
 Property Owner Phone Number (410) 924-2817
 Property Owner Signature _____

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 >>>>>



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: 11/20/18

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 1418 LAIRD ST KEY WEST

Property Owner Name JOHN SWANN
Property Owner eMail Address jswswannie@gmail.com
Property Owner Mailing Address 1418 LAIRD ST
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (410) 924-2817
Property Owner Signature [Signature]

Representative Name Kenneth King
Representative eMail Address _____
Representative Mailing Address 1802 Laird St.
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (309) 298-8101

I JOHN SWANN, 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 20th day November 2018

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

NOTARY PUBLIC
Sign Name: [Signature]
Print Name: Marissa Hernandez
My Commission Expires: 04/02/2021

Notary Public - State of Florida (seal)

