

# STAFF REPORT

DATE: August 1, 2018

RE: **1215 Truman Avenue (permit application # T18-9133)**

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

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

Tree Species: Mahogany (Swietenia mahagoni)







07/25/2018



07/25/2018



07/25/2018





07/25/2018



Diameter: 7"

Location: 40% (wrong tree-wrong place, growing on a slant toward the light from under a large sapodilla tree, no room for future growth)

Species: 100% (on protected tree list)

Condition: 50% (fair to poor, one sided canopy)

Total Average Value = 63%

**Value x Diameter = 4.4 replacement caliper inches**

**Recommendation: Recommend approval of the removal of one (1) Mahogany tree at 1215 Truman Avenue to be replaced with 4.4 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.**



# Application

RECEIVED  
JUL 23 2018  
BY: MEM



CANOPY  
REMOVAL

9133

### Tree Permit Application

Date: 7-23-2018

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1215 Truman Ave.  
Cross/Corner Street Georgia St.  
List Tree Name(s) and Quantity 1 Mahogany  
Species Type(s) check all that apply ( ) Palm ( ) Flowering ( ) Fruit (X) Shade ( ) Unsure  
Reason(s) for Application:

- (X) REMOVE ( ) 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

The tree is too close to the house and leaning over to get away from the giant Sycamore tree so that it will soon knock over the fence

Reason for Request

Property Owner Name Robert Kost  
Property Owner eMail Address robert-kost@gmail.com  
Property Owner Mailing Address 1215 Truman Ave  
Property Owner Mailing City Key West State FL Zip 33040  
Property Owner Phone Number (937) 903-7830  
Property Owner Signature \_\_\_\_\_

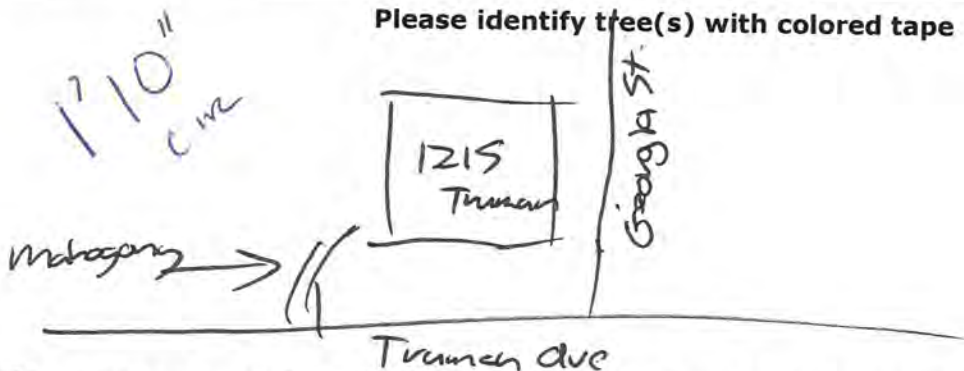
Representative Name Kenneth King  
Representative eMail Address \_\_\_\_\_  
Representative Mailing Address 1602 Laurel St.  
Representative Mailing City Key West State FL Zip 33040  
Representative Phone Number (305) 296-8101

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 ( )

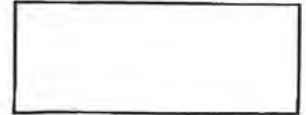
<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

Please identify tree(s) with colored tape



PA/ [initials]

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: 7-5-18

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 1215 Truman Ave  
 Property Owner Name Robert Yost  
 Property Owner eMail Address robert-yost@gmail.com  
 Property Owner Mailing Address 1215 Truman Ave  
 Property Owner Mailing City K.W. State FL Zip 33040  
 Property Owner Phone Number (937) 909-7830  
 Property Owner Signature [Signature]

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

I Robert Yost, 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 5<sup>th</sup> day July 2018.

By (Print name of Affiant) Robert Yost who is personally known to me or has produced FL, DL as identification and who did take an oath.

NOTARY PUBLIC  
Sign Name: [Signature]  
Print Name: Veronica Cleare  
My Commission Expires: 1/25/21

Notary Public - State of Florida (seal)

