

# STAFF REPORT

DATE: May 22, 2015

RE: **108 Geraldine Street (permit application # T15-7420)**

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

An application was received for the removal **of (1) Strangler Fig tree**. A site inspection was done on May 20, 2015 and documented the following:

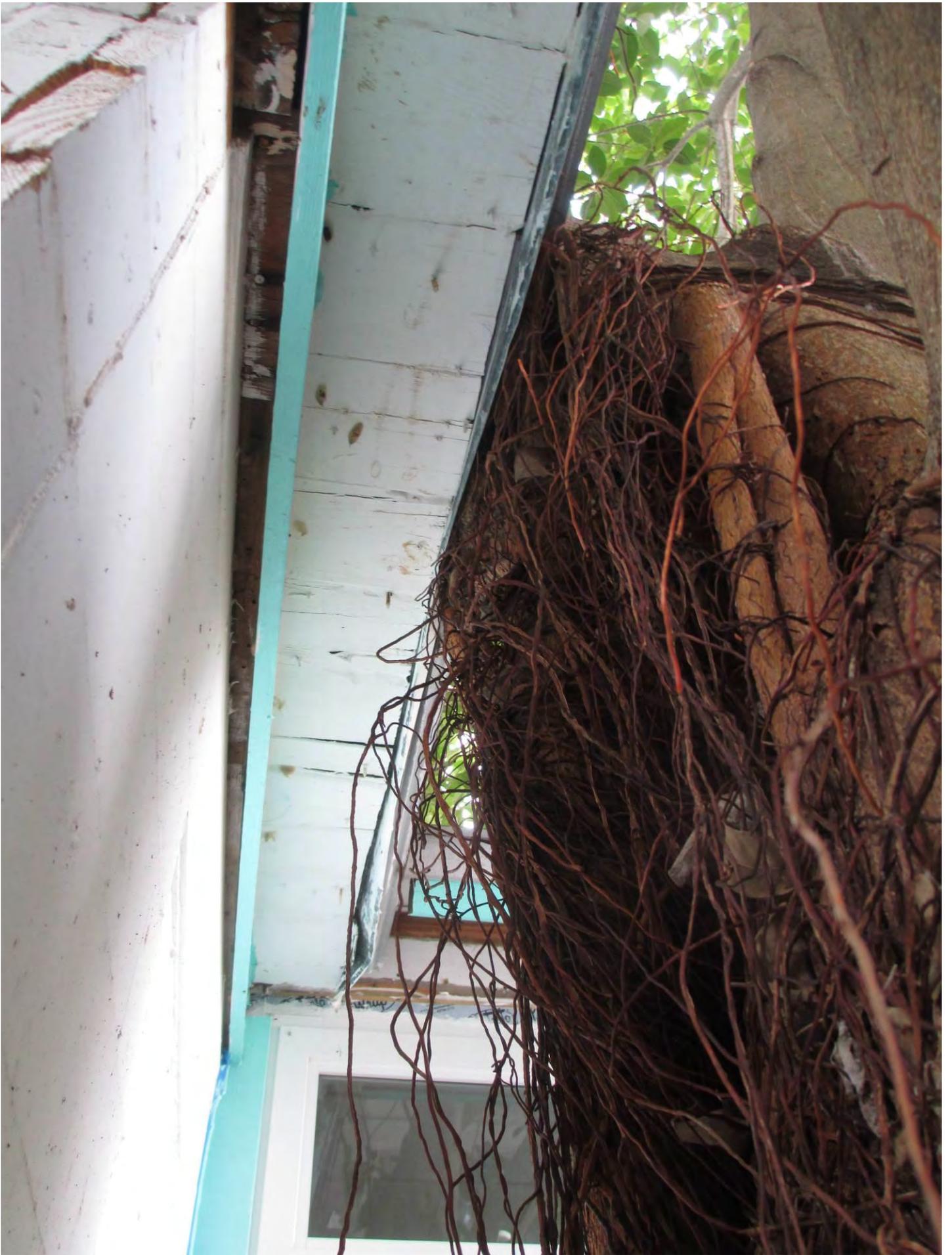
Tree Species: Strangler Fig (*Ficus aurea*)













Diameter: 21.9"

Location: 20% (tree is merging with the house, impacting foundation and walls)

Species: 100% (on protected tree list)

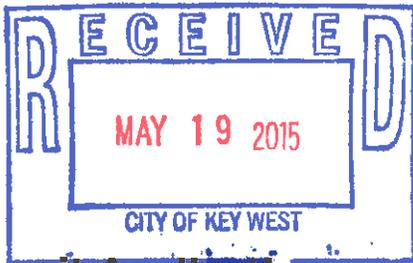
Condition: 60% (fair health)

Total Average Value = 60%

**Value x Diameter = 13.1 replacement caliper inches**

**Recommendations: Recommend approval of the removal of (1) Strangler Fig tree located at 108 Geraldine Street, to be replaced with 13.1 caliper inches of FL#1 native dicot or fruit trees to be planted on site.**

# Application



7420

# Tree Permit Application

Date: 18 May 2015

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 108 GERALDINE  
**Cross/Corner Street** FORT  
**List Tree Name(s) and Quantity** 1 - Strangler Fig  
**Species Type(s) check all that apply** ( ) Palm ( ) Flowering (X) Fruit (X) Shade ( ) Unsure  
**Reason(s) for Application:**

( ) REMOVE (X) Tree Health ( ) Safety (X) Other/Explain below  
 ( ) TRANSPLANT ( ) New Location ( ) Same Property ( ) Other/Explain below  
 ( ) HEAVY MAINTENANCE ( ) Branch Removal ( ) Crown Cleaning/Thinning ( ) Crown Reduction  
**Other/Explain** TREE HAS DAMAGED WALLS + LIFTED PORCH  
+ ITS JUST A BABY P  
**Reason for Request** PROPERTY DAMAGE NOW + FUTURE

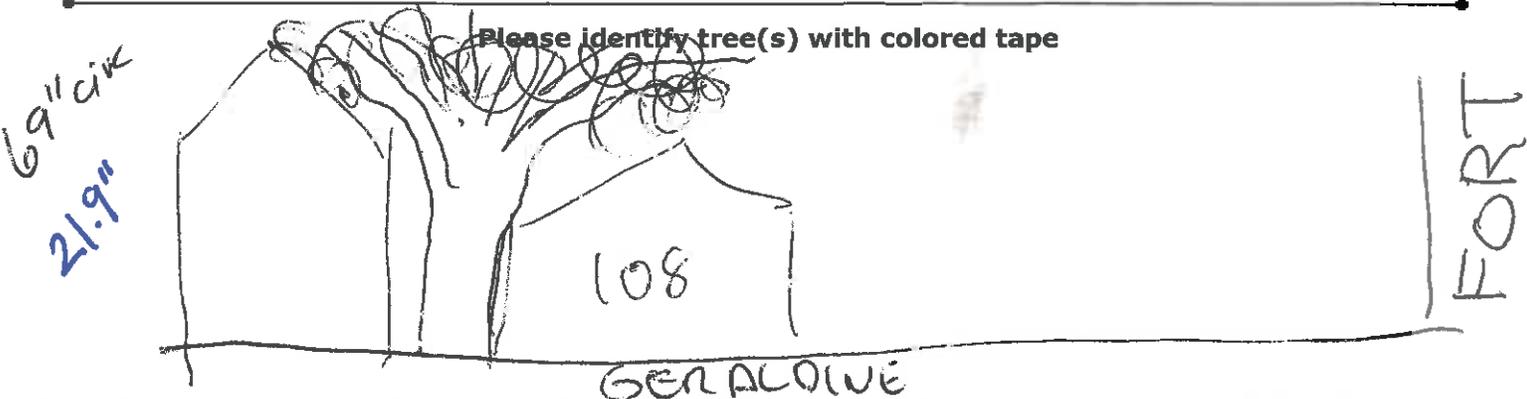
**Property Owner Name** Nancy A. Moulton  
**Property Owner eMail Address** moultonn@cox.net  
**Property Owner Mailing Address** 108 Geraldine St  
**Property Owner Mailing City** Key West **State** FL **Zip** 33090  
**Property Owner Phone Number** (703) 626-0600  
**Property Owner Signature** Nancy A. Moulton

**Representative Name** LARUE BOSLOFF  
**Representative eMail Address** " " @ YAMOO.COM  
**Representative Mailing Address** 410 AVE C  
**Representative Mailing City** KEY WEST **State** FL **Zip** \_\_\_\_\_  
**Representative Phone Number** (305) 304-1581

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: 18 May 2015

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 108 GERALDINE

Property Owner Name Nancy A. Moulton

Property Owner eMail Address moultonnacox.net

Property Owner Mailing Address 108 Geraldine St

Property Owner Mailing City Key West State FL Zip 33040

Property Owner Phone Number (703) 686-0600

Property Owner Signature Nancy A. Moulton

Representative Name LARUE BUSLOFF

Representative eMail Address " " @ YAHOO.COM

Representative Mailing Address 410 AUC

Representative Mailing City KW State FL Zip 33040

Representative Phone Number ( ) 304 1581

I Nancy A. Moulton, 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 if there is any questions or need access to my property.

Property Owner Signature Nancy A. Moulton

The forgoing instrument was acknowledged before me on this 19 day May 2015.

By (Print name of Affiant) Nancy Moulton who is personally known to me or has produced A ID M435-64 DS-553-0 as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Carlene Smith

Print Name: Carlene Smith

My Commission Expires: 2/22/17

Notary Public - State of Florida (seal)

CARLENE SMITH  
 Notary Public - State of Florida  
 My Comm. Expires Feb 22, 2017  
 Commission # EE 851013  
 Bonded Through National Notary Assn.