

STAFF REPORT

DATE: August 31, 2016

RE: **41/42 Seaside Court South (permit application # T16-8092)**

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 on August 26, 2016 and documented the following:

Tree Species: Mahogany (Swietenia mahagoni)





08/25/2016





08/25/2016







08/25/2016

Diameter: 11.4"

Location: 60% (close to swale slope, roots impacting concrete pad associated with foundation, canopy impacts to balconies)

Species: 100% (on protected tree list)

Condition: 40% (poor, codominant trunks with included bark, full growth will be impaired due to location)

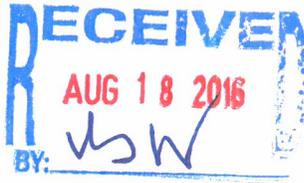
Total Average Value = 66%

Value x Diameter = 7.5 replacement caliper inches

Tree was planted as part of the original landscape for the development plan-wrong tree, wrong place. Tree species is too large that the location.

Recommendation: Recommend approval of the removal of one (1) Mahogany tree at 41/42 Seaside Court South to be replaced with 7.5 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



8092

Tree Permit Application

Date: 8/18/14

Please Clearly Print All Information unless indicated otherwise.

Tree Address 41/42 SEASIDE SOUTH COURT (BEHIND UNITS)
 Cross/Corner Street _____
 List Tree Name(s) and Quantity MAHOGANY - 1
 Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade () Unsure
 Reason(s) for Application:
 () REMOVE () Tree Health () 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 ATTEMPTS AT ROOT PRUNING LED TO ADDITIONAL ISSUES OF EXTREME REMAINING ROOT GROWTH

* Property Owner Name SEASIDE KEY WEST RESIDENCES HOA
 Property Owner eMail Address jennifer@icamco.com
 Property Owner Mailing Address 1 SEASIDE SOUTH COURT
 Property Owner Mailing City KEY WEST State FL Zip 33040
 Property Owner Phone Number (305) 292-9957
 Property Owner Signature Jen

Representative Name Tarzan Tree Care
 Representative eMail Address janesjunglework@gmail.com
 Representative Mailing Address 22976 Bluesill Lane
 Representative Mailing City Cudjoe Key State FL Zip 33042
 Representative Phone Number (305) 304-9303

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.

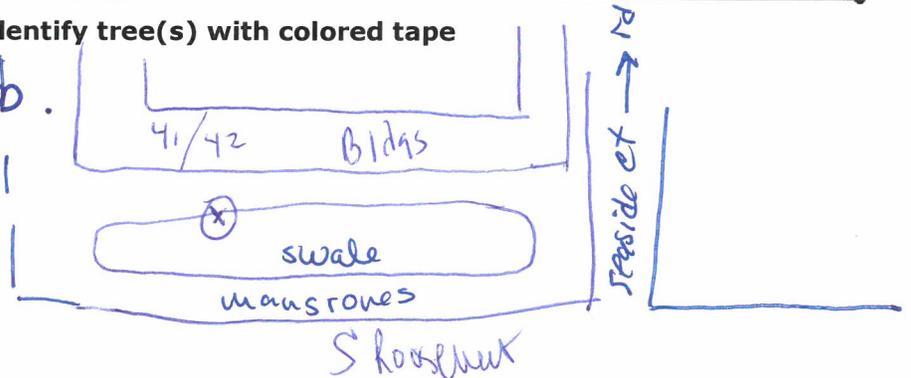
Tree Representation Authorization form attached ()

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

Please identify tree(s) with colored tape

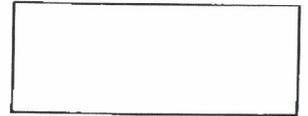
* PLEASE SEE ATTACHED.

3' circ
11.4" dbh



If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.

VPA ✓ \$



Tree Representation Authorization

Date: 8/18/16

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 41/42 SEASIDE SOUTH COURT

* Property Owner Name SEASIDE KEY WEST RESIDENCES HOA
 Property Owner eMail Address jennifer@icamco.com
 Property Owner Mailing Address 1 SEASIDE SOUTH COURT
 Property Owner Mailing City KEY WEST State FL Zip 33040
 Property Owner Phone Number (305) 292 - 9951
 Property Owner Signature [Signature]

Representative Name Tarzan Tree Care
 Representative eMail Address janesjunglework@gmail.com
 Representative Mailing Address 22976 Bluegrass Ln
 Representative Mailing City Cudjoe Key State FL Zip 33042
 Representative Phone Number (305) 304 - 9303

* I JENNIFER SOCHA, 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.

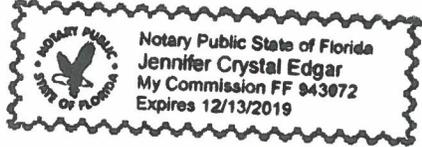
* Property Owner Signature [Signature]

The forgoing instrument was acknowledged before me on this 18 day August 2016

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

NOTARY PUBLIC
 Sign Name: [Signature]
 Print Name: Jennifer Edgar
 My Commission Expires: 12/13/2019

Notary Public - State of Florida (seal)





SeaSide Key West Residences

The Association has a local Certified Arborist perform annual hardwood tree trimming. The Homeowners Association requests work on this one tree based on two recent incidents which have been brought to the Board of Director's attention:

2016 April:

Tarzan Tree Care pruned roots that appeared to be the cause of dislocation and damage to fence on property in rear of unit 41.

2016 July:

Neighboring unit expressed concern about root growth of the tree. While replacing pea rock in back yard, he found the roots were growing dangerously close to the foundation of his unit.

