

STAFF REPORT

DATE: April 25, 2014

RE: 1125 Duval Street (permit application #6861)

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

An application was received for the removal of **(1) Sea Grape tree**. A site inspection was done on April 24, 2014 and documented the following:

Tree Species: Sea Grape (*Cocoloba uvifera*)



Diameter: 19.4" (3 trunks)

Location: 30% (branches impacting buildings, roots and trunk impacting pipes and structures)

Species: 100% (on protected tree list)

Condition: 40% (poor-decay in trunks)

Total Average Value = 56%

Value x Diameter = **11 replacement caliper inches**











Recommendations: Recommend approval of the removal of (1) Sea Grape tree located at 1125 Duval Street, to be replaced with 11 caliper inches of FL#1 native dicot or fruit tree.

Application



6861

Tree Permit Application

Date: 4/23/2014

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1125 Duval St. (La Te Da)
Cross/Corner Street Catherine St.
List Tree Name(s) and Quantity Sea Grape 1
Species Type(s) check all that apply () Palm () Flowering (X) 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

Additional Information and Explanation Tree is growing into and causing damage to the building

Property Owner Name Christopher Rounds
Property Owner eMail Address _____
Property Owner Mailing Address 1125 Duval St.
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (305) 942-9677
Property Owner Signature _____

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

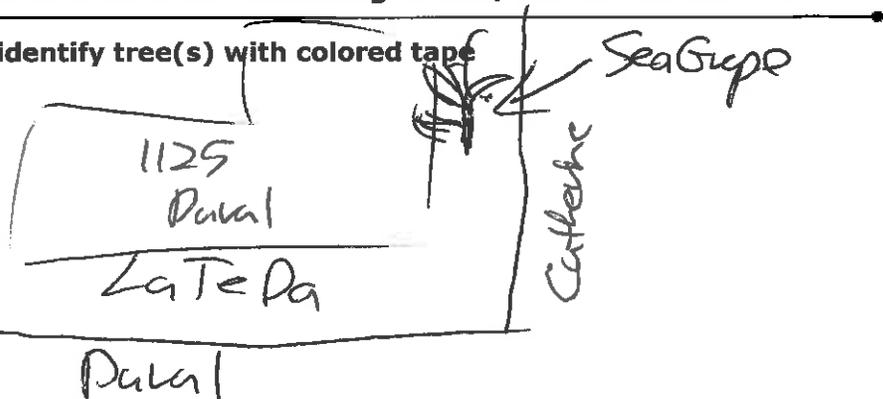
NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

Tree Representation Authorization form attached ()

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

4/24/14
5'1" total circ
3 trunks

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.



6861

Tree Representation Authorization

Date: 4-20-14

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 1125 Duval Street

Property Owner Name Christopher Rounds

Property Owner eMail Address hatede1@aol.com

Property Owner Mailing Address 1125 Duval Street

Property Owner Mailing City Key West State FL Zip 33040

Property Owner Phone Number (305) 942-9677

Property Owner Signature [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

I Christopher Rounds, 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 21 day APRIL.

By (Print name of Affiant) CHRISTOPHER ROUNDS who is personally known to me or has produced FL DR LIC as identification and who did take an oath.

NOTARY PUBLIC
Sign Name: [Signature]
Print Name: JOHN C. MCMAHON III
My Commission Expires: 3/15/2017

