STAFF REPORT

DATE: March 27, 2015

RE: 709 Truman Avenue (permit application #7328)

FROM: Karen DeMaria
City of Key West Urban Forestry Manager

An application was received for the removal of **(1) Royal Poinciana tree**. A site inspection was done on March 24, 2015 and documented the following:

Tree Species: Royal Poinciana (Delonix regia)

Diameter: 21″
Location: 20% (becoming part of building)
Species: 100% (on protected tree list)
Condition: 40%
Total Average Value = 53%
Value x Diameter = 11 replacement caliper inches

Recommendations: Recommend approval of the removal of (1) Royal Poinciana tree located at 709 Truman Avenue, to be replaced with 11 caliper inches of FL#1 native dicot or fruit trees.

Application

7328

City of Key West Tree Commission

KEY WEST PLANNING DEPT. MAR 23 2015 MONROE COUNTY

Tree Permit Application

Date: 3-23-2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address Chelsea House 709 Truman Ave.
Cross/Corner Street Elizabeth St.
List Tree Name(s) and Quantity 1 Poinciana
Species Type(s) check all that apply ( ) Palm (X) Flowering ( ) Fruit ( ) Shade ( ) Unsure
Reason(s) for Application:
(X) **REMOVE** ( ) Tree Health (X) 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 This tree is completely one sided, growing away from the two other Poinciana's grown right next to it. It's also doing a great deal of damage to the structure which houses the laundry.
Property Owner Name 709 Truman Inc.
Property Owner eMail Address jf@nkwi.net
Property Owner Mailing Address 525 Truman Ave
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (305) 587-4208
Property Owner Signature

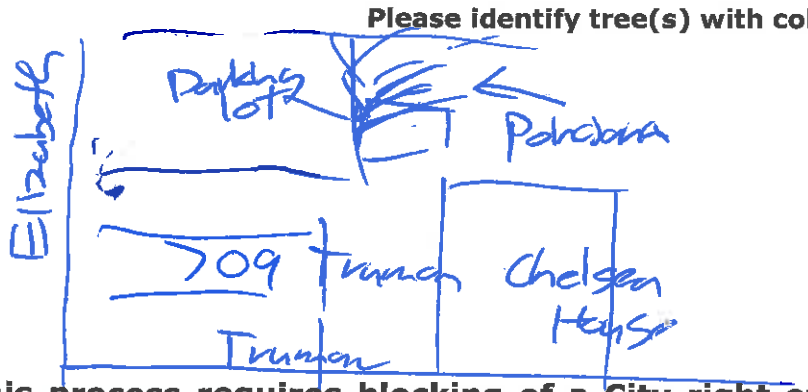
Representative Name Kenneth King
Representative eMail Address
Representative Mailing Address 1602 Laird
Representative Mailing City Key West **State** FL **Zip** 33040
Representative Phone Number (305) 296-8101

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



3.24.15 remove the one on the bldg.

5'7" circ

21" dbh

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: 10-27-2014

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 709 Truman Ave Chelsea House

Property Owner Name 709 Truman Inc.
Property Owner eMail Address jf@hkwi.net
Property Owner Mailing Address 725 Truman Ave, Key West
Property Owner Mailing City Key West **State** ____ **Zip** ____
Property Owner Phone Number (305) 587 - 4208
Property Owner Signature Julia Fondriest, President

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 Julia Fondriest, hearby 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 Julia Fondriest

The forgoing instrument was acknowledged before me on this 27th day October 2014.

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

NOTARY PUBLIC
Sign Name: ____ Notary Public - State of Florida (Seal)

Print Name: ABERNICKER LEAMARD

My Commission Expires: 2-24-16

ABERNICKER LEAMARD
Notary Public - State of Florida
My Comm. Expires Feb 24, 2016
Commission # EE 149513

Updated: 02/22/2014