

STAFF REPORT

DATE: August 27, 2018

RE: **1005 Seminary Street (permit application # T18-9163)**

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

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

Tree Species: Verawood (Bulnesia sp.)





08/20/2018



08/20/2018



08/20/2018







08/20/2018



08/20/2018



08/20/2018



08/20/2018



Diameter: 12.1"

Location: 70% (front yard tree)

Species: 50% (not on protected or not protected tree list)

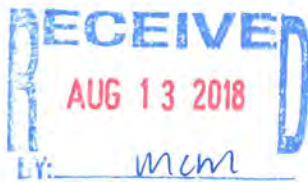
Condition: 30% (poor, tree leaning with decay at base, poor canopy, tree health appears to be struggling)

Total Average Value = 50%

Value x Diameter = 6 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Bulnesia tree at 1005 Seminary Street to be replaced with 6 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



CANOPY REMOVAL

9163

Tree Permit Application

Date: 7/12/18

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1005 Seminary St
 Cross/Corner Street Wharton St
 List Tree Name(s) and Quantity 1 Bulnesia Tree
 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

Additional Information and Explanation _____

Property Owner Name Daryl Rolley
 Property Owner eMail Address drolley@medcat.com
 Property Owner Mailing Address 1005 Seminary St
 Property Owner Mailing City Key West State FL Zip 33040
 Property Owner Phone Number (678) 237-3653
 Property Owner Signature [Signature]

Representative Name John Cole Shade Tree Inc
 Representative eMail Address shadetreeservices@yahoo.com
 Representative Mailing Address PO Box 1341
 Representative Mailing City Key West State FL Zip 33041
 Representative Phone Number (305) 340-8094

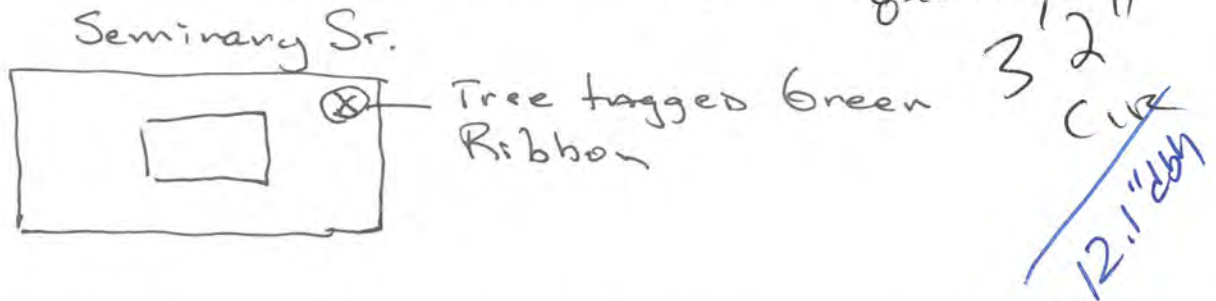
NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

Tree Representation Authorization form attached ()

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

Please identify tree(s) with colored tape

PA ✓
 S ✓



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: 7/12/18

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 1005 Seminary St

Property Owner Name Daryl Rolley
Property Owner eMail Address drolley@medfeat.com
Property Owner Mailing Address 1005 Seminary St
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 237-3653
Property Owner Signature [Signature]

Representative Name John Cole Shade Tree Inc
Representative eMail Address shadetreeservices@yahoo.com
Representative Mailing Address PO Box 1341
Representative Mailing City Key West State FL Zip 33041
Representative Phone Number (305) 340-8094

I DARYL ROLLEY, 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 17th day July, 2018.

By (Print name of Affiant) DARYL ROLLEY who is personally known to me or has produced FLORIDA DRIVERS LICENSE as identification and who did take an oath.

NOTARY PUBLIC
Sign Name: [Signature]
Print Name: Shirleyanna A. Ramba
My Commission Expires: June 2, 2019

