

STAFF REPORT

DATE: August 2, 2018

RE: **2932 Seidenberg Avenue (permit application # T18-9130)**

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

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

Tree Species: Pink Tabebuia (*Tabebuia heterophylla*)





07/06/2018









07/06/2018





Diameter: 28" - 24" = 4" regulated

Location: 40% (canopy impacted by utility lines, structural roots impacting driveway/parking area)

Species: 0% (on not protected tree list)

Condition: 40% (poor)

Total Average Value = 26%

Value x Diameter = 1 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Pink Tabebuia tree at 2932 Seidenberg Avenue to be replaced with 1 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



CANOPY REMOVAL

9130

Tree Permit Application

Date: 7-23-2018

Please Clearly Print All Information unless indicated otherwise.

Tree Address 2932 Seidenberg Ave.
 Cross/Corner Street 12th St.
 List Tree Name(s) and Quantity 1 Pink Tabebuia
 Species Type(s) check all that apply () Palm (X) Flowering () Fruit () 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

Other/Explain The tree roots have lifted and cracked the garage concrete pad, the garage door cannot open, and the canopy is in conflict with the utility lines
 Reason for Request

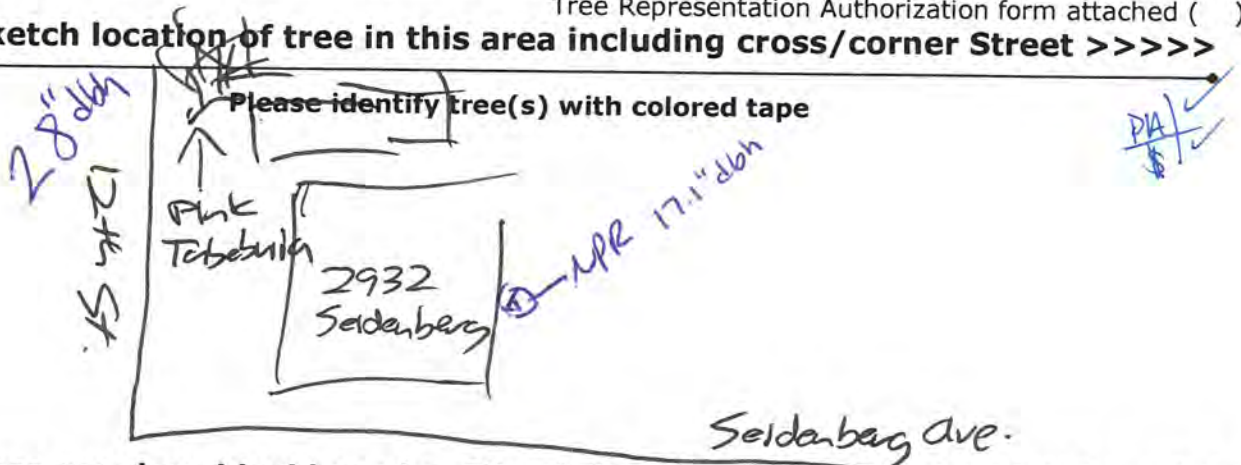
Property Owner Name Monica Geers Dahl
 Property Owner eMail Address gammat@aol.com
 Property Owner Mailing Address 2932 Seidenberg Ave
 Property Owner Mailing City Key West State FL Zip 33040
 Property Owner Phone Number (305) 923-9945
 Property Owner Signature

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

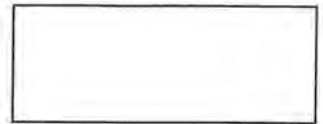
NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

Tree Representation Authorization form attached ()

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



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: July 13, 2018

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 2932 Seidenberg Ave, Key West, FL 33040

Property Owner Name Monica Geers Dahl
Property Owner eMail Address gammat@aol.com
Property Owner Mailing Address same
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (305) 923 - 9945
Property Owner Signature _____

Representative Name Ken King aka Golden Bough
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 Monica Geers Dahl, 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

Monica Geers Dahl

The forgoing instrument was acknowledged before me on this 10 day July, 2018.

By (Print name of Affiant) Monica Geers Dahl who is personally known to me or has produced Dr. License as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: *Arlene Z. Klein* Notary Public - State of Florida (seal)

Print Name: _____

My Commission Expires

