STAFF REPORT

DATE: March 27, 2015

RE: 241 Golf Club Drive (permit application #7336)

FROM: Karen DeMaria
City of Key West Urban Forestry Manager

An application was received for the removal **of (1) Gumbo Limbo tree**. A site inspection was done on March 26, 2015 and documented the following:

Tree Species: Gumbo Limbo (Bursera simaruba)

241

Diameter: 14″
Location: 60% (root issues)
Species: 100% (on protected tree list)
Condition: 40% (poor)
Total Average Value = 66%
Value x Diameter = **9 replacement caliper inches**

Recommendations: Recommend approval of the removal of (1) Gumbo Limbo tree located at 214 Golf Club Drive, to be replaced with 9 caliper inches of FL#1 native dicot or fruit trees to be planted on site.

Application

7336

KEY WEST PLANNING DEPT. MAR 24 2015 MONROE COUNTY

Tree Permit Application

Date: 24 MAR 2015

Please Clearly Print All Information unless indicated otherwise.

Tree Address 241 GOLF CLUB DR. KW, FL 33040
Cross/Corner Street NA
List Tree Name(s) and Quantity GUMBO-LIMBO
Species Type(s) check all that apply ( ) Palm ( ) Flowering ( ) Fruit (X) Shade ( ) Unsure
Reason(s) for Application:
(X) **REMOVE** (X) Tree Health (X) Safety ( ) Other/Explain below
( ) **TRANSPLANT** ( ) New Location ( ) Same Property ( ) Other/Explain below
( ) **HEAVY MAINTENANCE** ( ) Branch Removal ( ) Crown Cleaning/Thinning ( ) Crown Reduction
Other/Explain IMPROPER PRUNING LEFT THE TREE DEFORMED AND NOT GROWING PROPERLY. PLUS THE ROOTS ARE
Reason for Request DAMAGING NEIGHBORING DRIVEWAY AND FOUNDATION AND WATER PIPES FOR SPRINKLERS. WILL REPLACE WITH OTHER TREES ON PROPERTY IF NECESSARY.
Property Owner Name WILLIAM H. ALLEN
Property Owner eMail Address WHALLEN@MAC.COM
Property Owner Mailing Address 241 GOLF CLUB DR
Property Owner Mailing City KEY WEST **State** FL **Zip** 33040
Property Owner Phone Number (410) 207-8633
Property Owner Signature WHALL

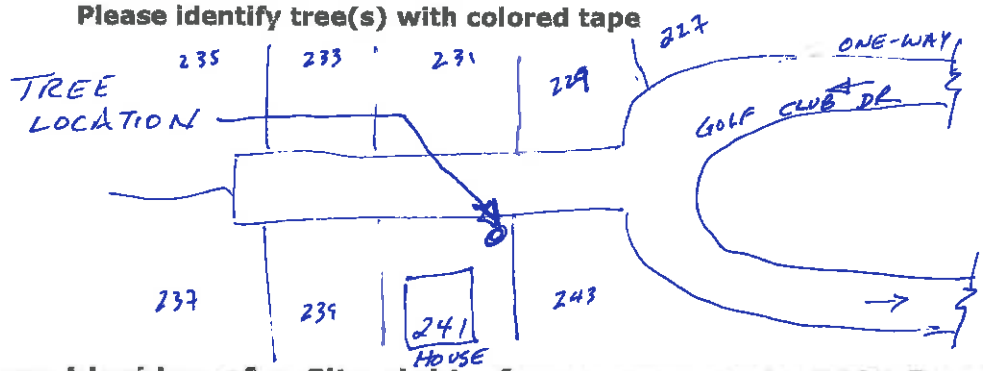
Representative Name _____
Representative eMail Address _____
Representative Mailing Address _____
Representative Mailing City _____ **State** ____ **Zip** ____
Representative Phone Number ( ) ____-____

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

3-26-15
3'9" circ
14" dbh



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

ROOTS
BUCKLING
WALKWAY

TREE TO BE REMOVED.

12" DIAMETER