

STAFF REPORT

DATE: May 29, 2019

RE: **325 Duval Street (permit application # T2019-0216)**

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

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

Tree Species: Tamarind (*Tamarindus indica*)





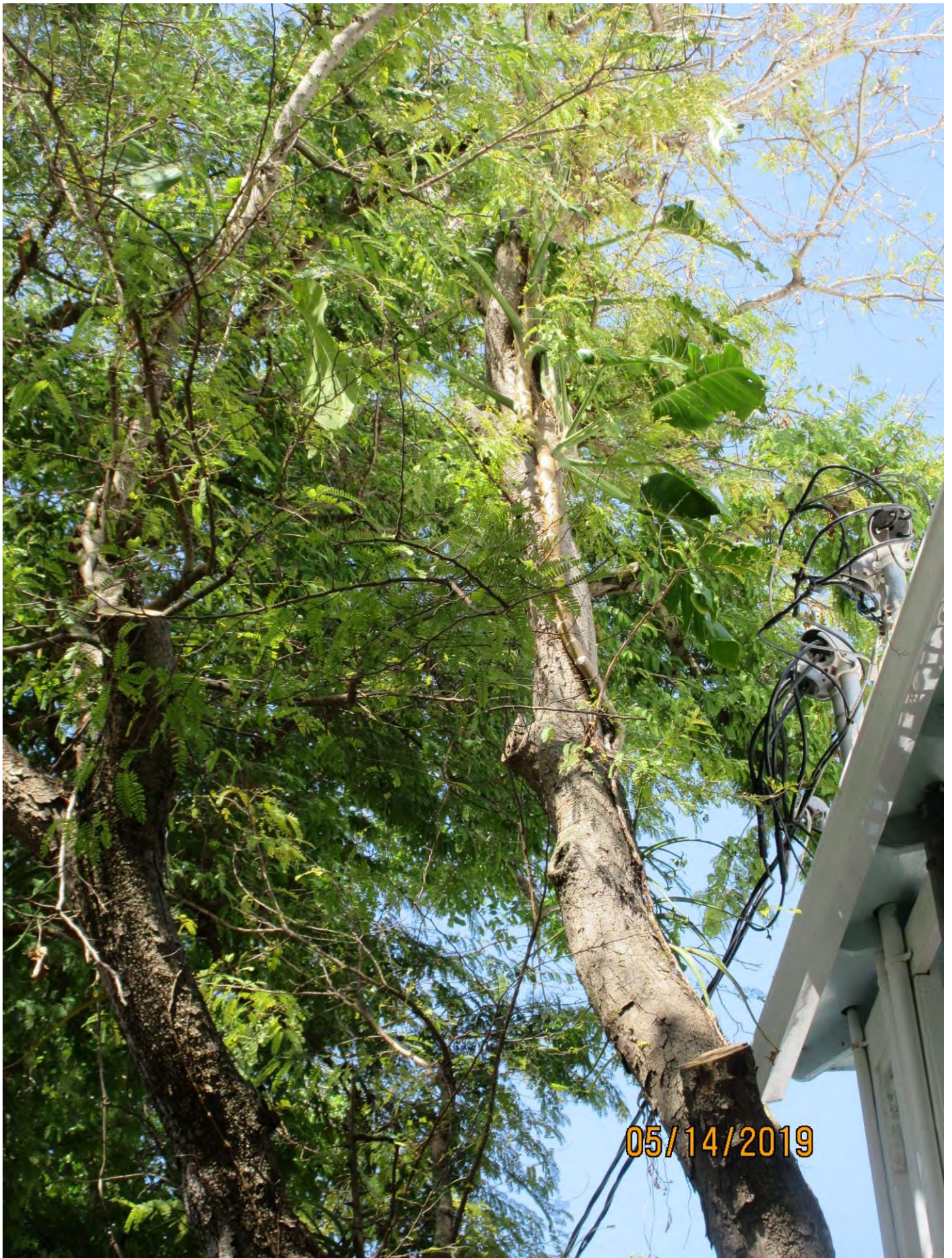








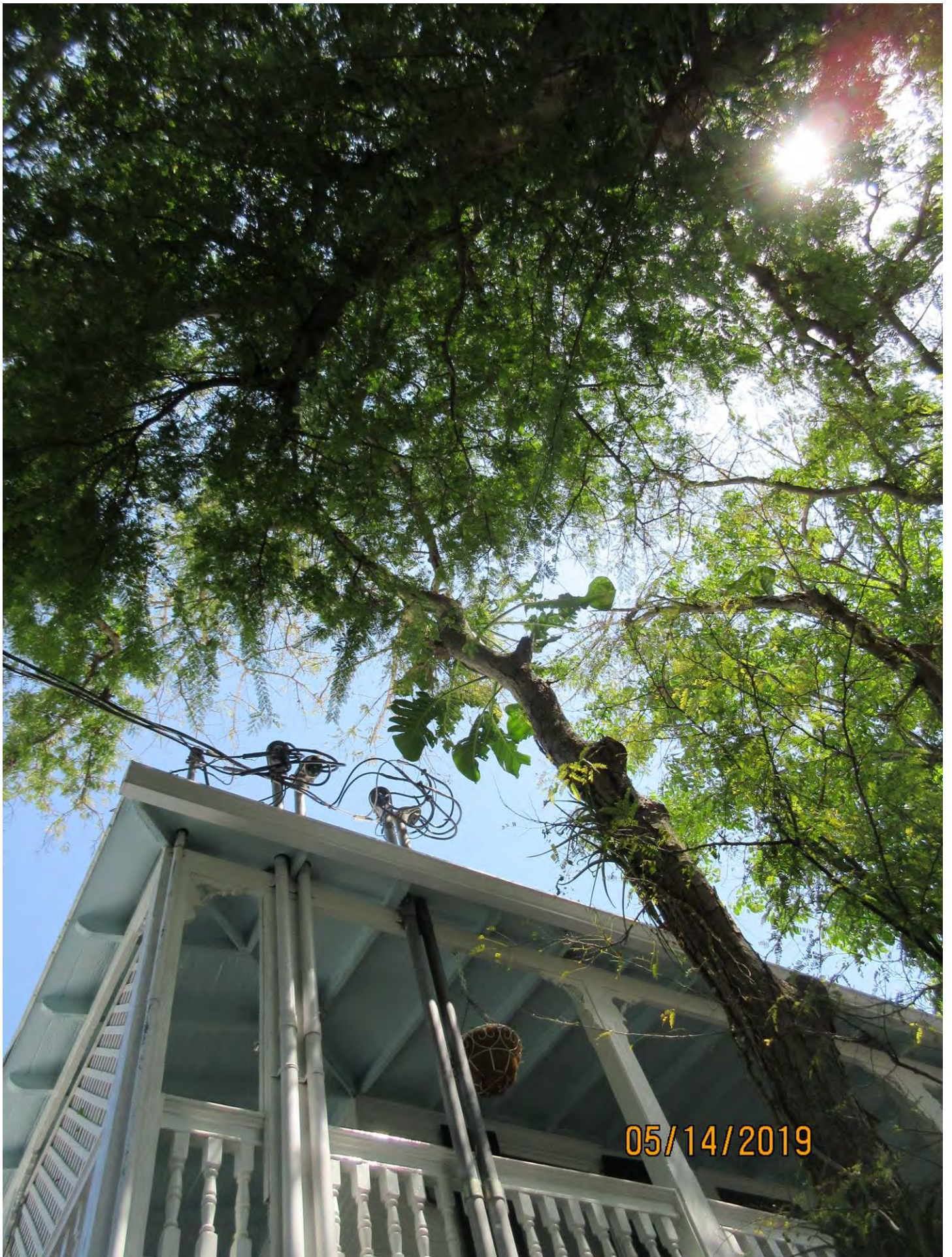


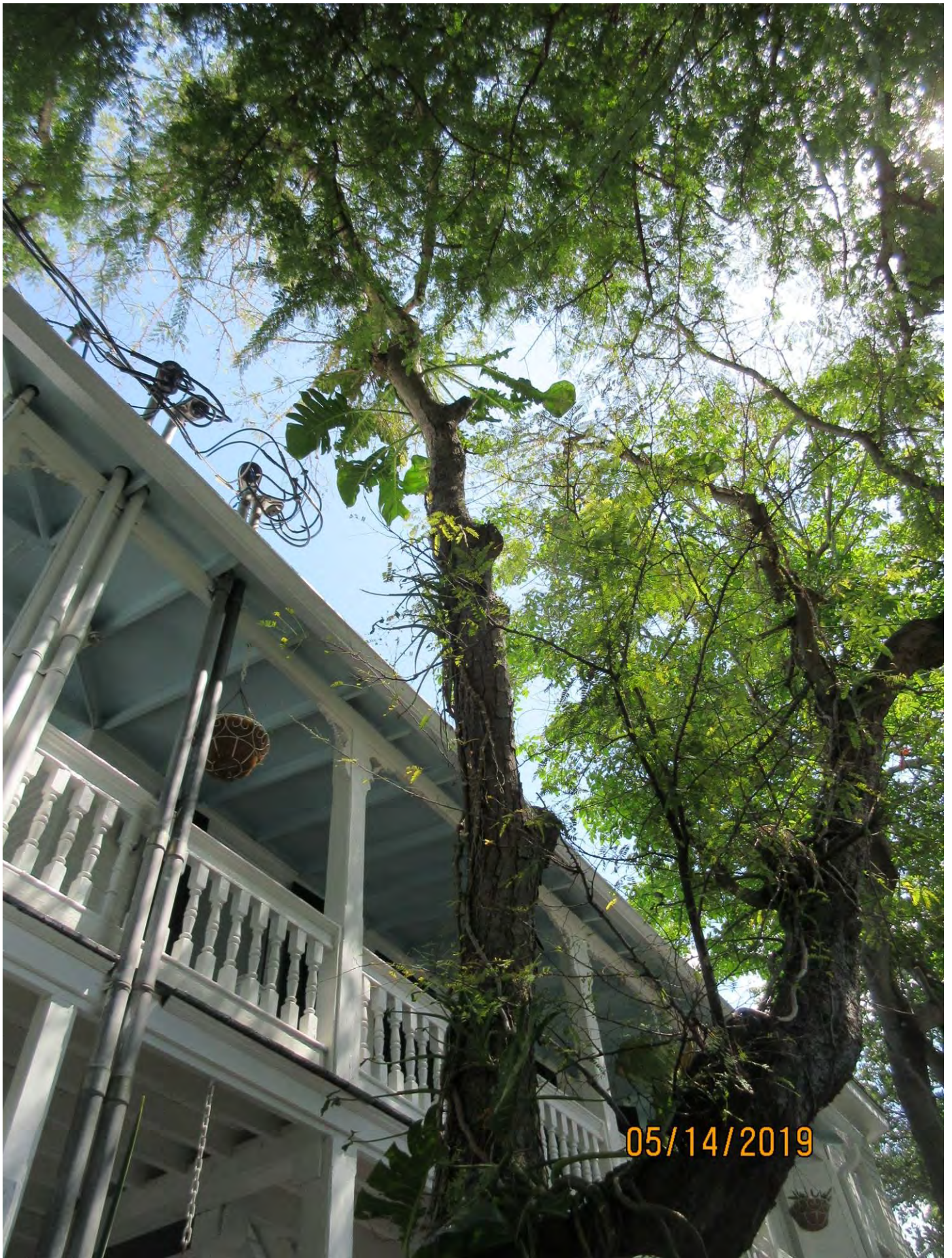






05/14/2019





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Limbs have been dropping from this area

05/14/2019





Diameter: 19.7"

Location: 40% (base next to electrical conduit and structure, canopy close to electric lines, one of two main trunks close to structure. Growth of canopy also impacted by canopies of adjacent large trees.)

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

Condition: 40% (poor, appears to be a decline area at the crotch of the two trunks. One side of tree is failing and dropping limbs.)

Total Average Value = 43%

Value x Diameter = 8.4 replacement caliper inches

Application



2019-0216

Tree Permit Application

Date: 5/7/19

Please Clearly Print All Information unless indicated otherwise.

Tree Address 325 Duval
Cross/Corner Street Eaton street
List Tree Name(s) and Quantity fruiting hammock tree
Species Type(s) check all that apply () Palm () Flowering (x) 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 Tree location / Dangerous limbs / dead falling
no canopy, fighting other trees
Reason for Request

Property Owner Name GEORGIA FAVELLI
Property Owner eMail Address gfaurella@gmail.com
Property Owner Mailing Address 1523 Patricia St
Property Owner Mailing City K.W State FL Zip 33040
Property Owner Phone Number (305) 394-3056
Property Owner Signature [Signature]

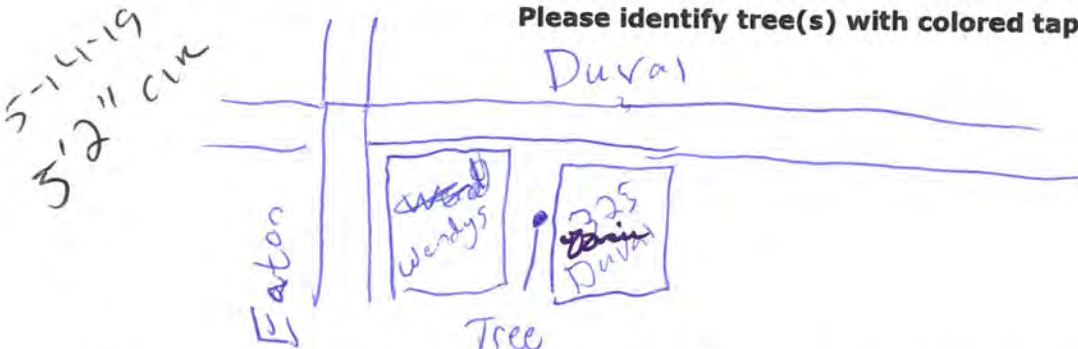
Representative Name John Hartman
Representative eMail Address jhartman90@gmail.com
Representative Mailing Address 23027 Bluegill Ln
Representative Mailing City Cudjoe Key State FL Zip 33042
Representative Phone Number (305) 582-4834

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



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: 5/7/19

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 325 Dural
Property Owner Name Georgia Favelli
Property Owner eMail Address gfavelli@comcast-net
Property Owner Mailing Address 101523 Putnam St
Property Owner Mailing City K.W. State FL Zip 33040
Property Owner Phone Number (305) 394-3056
Property Owner Signature _____
Representative Name John Hartman
Representative eMail Address Jhartman90@gmail.com
Representative Mailing Address 23027 Bluegill Ln
Representative Mailing City Indice Key State FL Zip 33042
Representative Phone Number (305) 587-4834

I Georgia Favelli, 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 _____

The forgoing instrument was acknowledged before me on this 7th day May 2019.

By (Print name of Affiant) Georgia Favelli who is personally known to me or has produced Drivers license as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Joelle Y. Deese Notary Public - State of Florida (seal)

Print Name: Joelle Y. Deese

My Commission Expires: October 31, 2022

