## STAFF REPORT

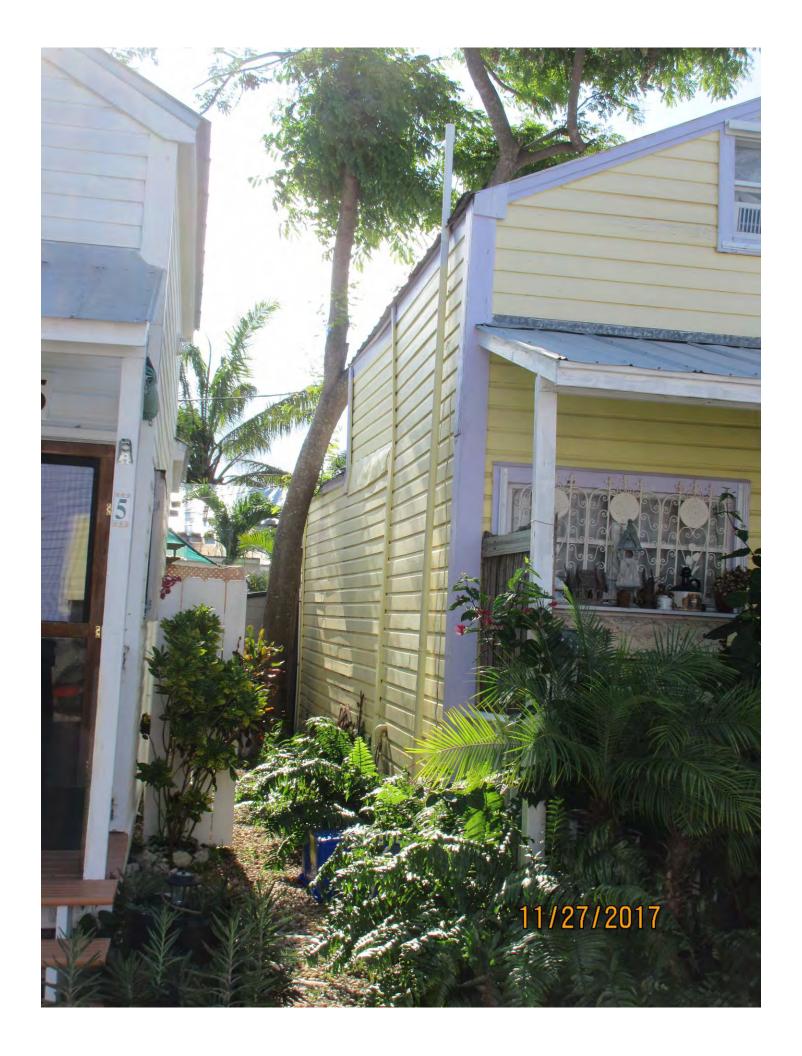
DATE: November 29, 2017

RE: 825 Baptist Lane #4 (permit application # T17-8725)

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

An application was received requesting the removal of (1) Red Sandalwood tree. A site inspection was done on November 29, 2017 and documented the following:



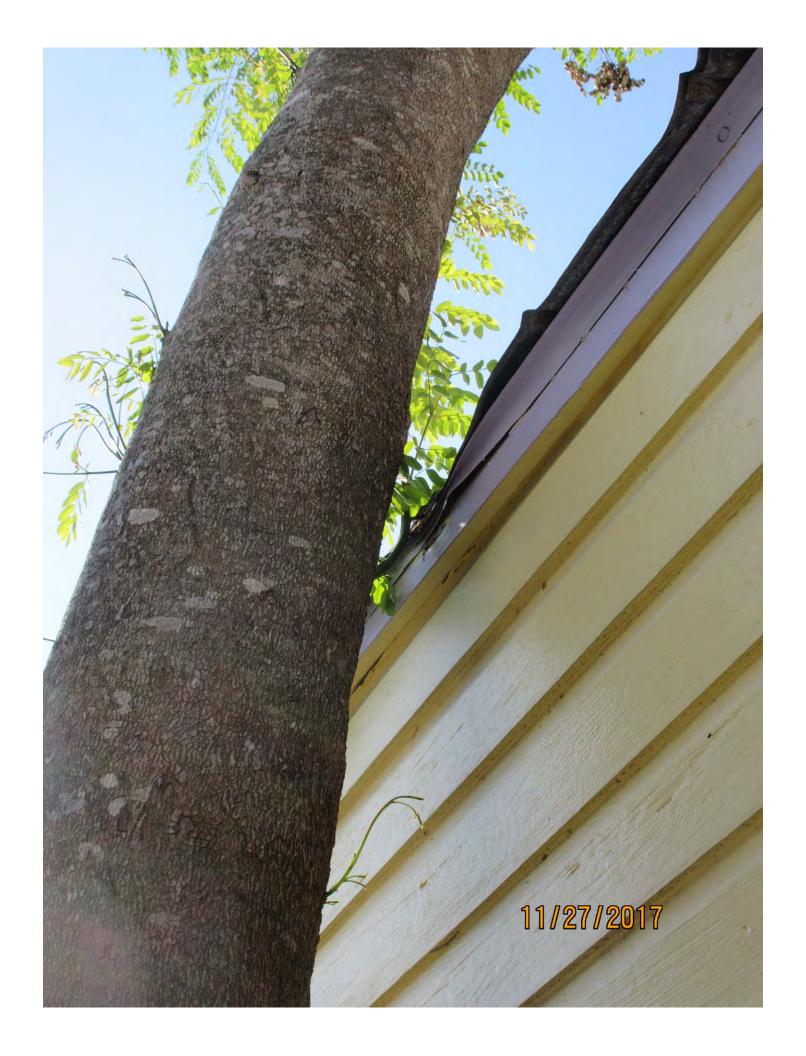














Diameter: 12.4"

Location: 20% (trunk causing damage to roof and side of building-growing

too close to house)

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

Condition: 50% (fair to poor structure, lots of storm damage to canopy,

trunk appears to be solid) Total Average Value = 40%

Value x Diameter = 4.9 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Red Sandalwood tree at 825 Baptist Lane #4 to be replaced with 4.9 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

## Application



required. Please contact 305-809-3740.

Updated: 02/22/2014



8725

Page 1

## **Tree Permit Application**

	Date: Nov 6, 2017
Please Clearly Print	All Information unless indicated otherwise.
Tree Address Cross/Corner Street	825 Baptist Ln #4/4 Baptist Lame
List Tree Name(s) and Quantity	Adenanthera pavonina
pecies Type(s) check all that apply	( ) Palm ( ) Flowering ( ) Fruit ( ) Shade ( ) Unsure
eason(s) for Application:	Red Sandalword
( ) REMOVE ( ) Tree Heal	Ith ( Safety ( Other/Explain below
( ) TRANSPLANT ( ) New Loca	ition ( ) Same Property ( ) Other/Explain below
) HEAVY MAINTENANCE ( ) Branch Re	emoval ( ) Crown Cleaning/Thinning ( ) Crown Reduction
Additional tree 5	prung up right by side of home
Information + are	w rapidly willifted roots now
and Explanation	atening to start lifting bottom
	John home no possibility of tra
Property Owner Name	SARA VITA Planting, ma
Property Owner eMail Address roperty Owner Mailing Address	825 BAPTIST LA. #4 260
Property Owner Mailing City	Key West State FL Zip33040 NO
Property Owner Phone Number	(305) 294 - 6587
<b>Property Owner Signature</b>	Sara Vita
	To To
Representative Name	larzan Tree Care
Representative eMail Address	janesjunglework@ amail.com
Representative Mailing Address Representative Mailing City	Cupiel Key State FL Zip 33042
Representative Phone Number	Cucyce Key State FL Zip 33042
	form must accompany this application if someone other than the
mer will be representing the owner at a Tre	ee Commission meeting or picking up an issued Tree Permit.
<	Tree Representation Authorization form attached ( in this area including cross/corner Street >>>>
Sketch location of tree i	this area including cross/corner street >>>>
Please ide	entify tree(s) with colored tape
33 7. 1 day	# 4   # 2   # 2   # 2   # 3   # 4   # 2   # 3   # 4   # 3   # 3   # 4   # 3   # 3   # 4   # 3
	Baptist Lane 3
this process requires blacking	-6 - City winds -6
uns process requires blocking	of a City right-of-way, a separate ROW Permit

Date: Nov 6,2017



## **Tree Representation Authorization**

Tree Representation Authorization	ion meeting on the date when your request will be to expedite the resolution of your application. This on form must accompany the application if the property a someone else pick up the Tree Permit once issued.
Please Clearly Print	III Information unless indicated otherwise.
Tree Address	825 Baptist Ln #4 (4 Baptist cane
Property Owner Name Property Owner eMail Address Property Owner Mailing Address Property Owner Mailing City Property Owner Phone Number Property Owner Signature	825 Baptist LANG #4 Key Wost State El Zin BROKEN
Representative Name Representative eMail Address Representative Mailing Address Representative Mailing City Representative Phone Number  I SARA VITA  to represent me in the matter of obt property at the tree address above lis is there is any questions or need acces	, hearby authorize the above listed agent(s) raining a Tree Permit from the City of Key West for my sted. You may contact me at the telephone listed above
Property Owner Signature	Sara Vita
The forgoing instrument was acknowled	edged before me on this 27 day November 2017
By (Print name of Affiant) Sara Viproduced DL- V300-793-40-963	who is personally known to me or has as identification and who did take an oath.
NOTARY PUBLIC Sign Name: 1 atali X Hill	Notary Public - State of Florida (seal)
Print Name: Natalie Hill	
My Commission Expires: 11 29 202	NATALIE L. HILL Commission # GG 051262 Expires November 29, 2020 Bended Thru Troy Fain Insurance 800-385-7019