

STAFF REPORT

DATE: January 29, 2018

RE: **709 Chapman Lane (permit application # T18-8807)**

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

An application was received requesting the removal of **(1) Spanish Lime tree**. A site inspection was done on January 19, 2018 and documented the following:

Tree Species: Spanish Lime (*Melicoccus bijugatus*)







01/19/2018





01/19/2018

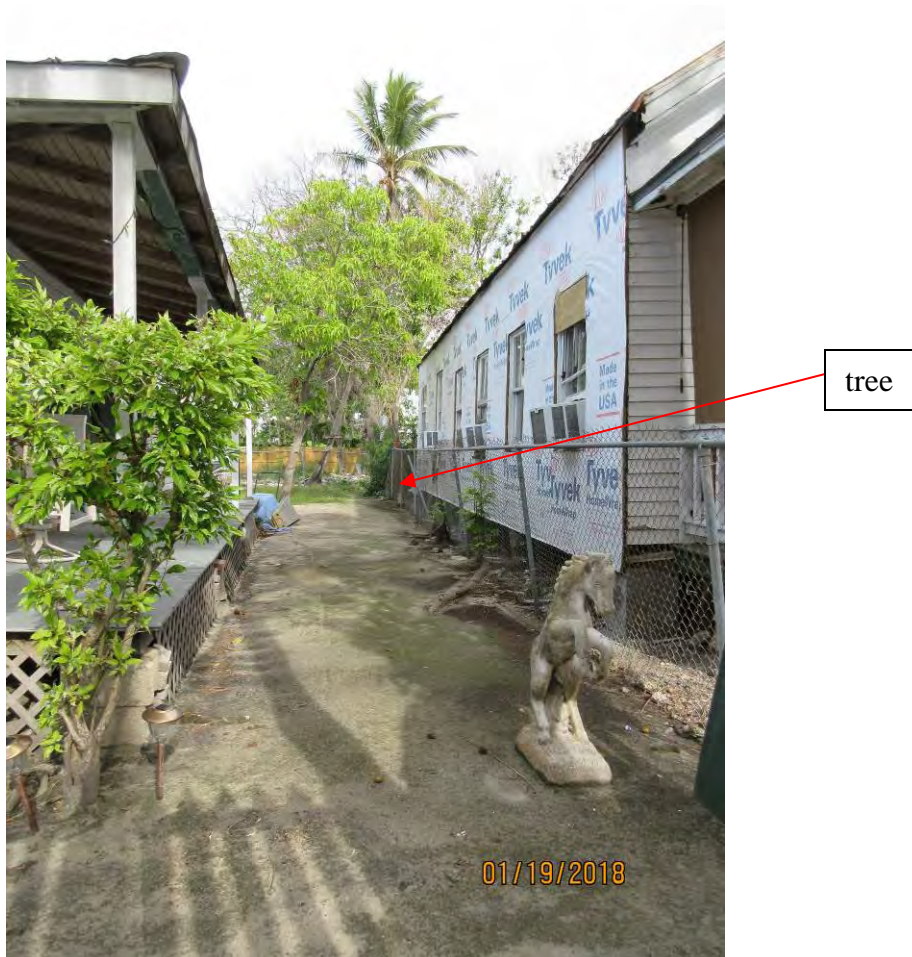


01/19/2018









Diameter: 12.1"

Location: 60% (young tree growing in fence on property line)

Species: 100% (on protected tree list)

Condition: 50% (fair to poor, main trunk has damage from growing into wire fence, canopy damage from hurricane)

Total Average Value = 70%

Value x Diameter = 8.4 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Spanish Lime tree at 709 Chapman Lane to be replaced with 8.4 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



CANOPY
REMOVAL

88007

Tree Permit Application

Date: 1-16-18

Please Clearly Print All Information unless indicated otherwise.

Tree Address 709 Chapman Ln
Cross/Corner Street (between Angela + Petronia)
List Tree Name(s) and Quantity 1 Spanish Lime 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 Volunteer grown into fence, unhealthy

Property Owner Name Marybeth DiCori
Property Owner eMail Address relishwriting@aol.com
Property Owner Mailing Address 709 Chapman Lane
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (727) 804-8451
Property Owner Signature M. DiCori

Representative Name Treeman, LLC - Sean Creedon
Representative eMail Address keystreeman@gmail.com
Representative Mailing Address P.O. Box 430209
Representative Mailing City Big Pine Key State FL Zip 33043
Representative Phone Number (305) 908-8448

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

1-19-18
312" circ
in fence
property line
12.1" dbh



PAI ✓
\$ ✓

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: 1-16-18

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 709 Chapman Ln

Property Owner Name Marybeth Di Cori

Property Owner eMail Address relishwriting@aol.com

Property Owner Mailing Address 709 Chapman Lane

Property Owner Mailing City Key West State FL Zip 33040

Property Owner Phone Number (727) 804-8451

Property Owner Signature MDC

Representative Name Treeman, LLC - Sean Creedon

Representative eMail Address keystreeman@gmail.com

Representative Mailing Address P.O. Box 430204

Representative Mailing City Big Pine Key State FL Zip 33043

Representative Phone Number (305) 900-8448

I Mary E. Di Cori, 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 MDC

The forgoing instrument was acknowledged before me on this _____ day _____.

By (Print name of Affiant) Mary Di Cori who is personally known to me or has produced FL DL as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Jacqueline Yingling

Notary Public - State of Florida (seal)

Print Name: Jacqueline Yingling

My Commission Expires: 10/29/21

