

STAFF REPORT

DATE: January 30, 2018

RE: **1103 Florida Street (permit application # T18-8832)**

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 24, 2018 and documented the following:

Tree Species: Spanish Lime (*Melicoccus bijugatus*)





01/24/2018















bark
issue

01/24/2018



decay



01/24/2018



01/24/2018









Diameter: 30.5"

Location: 20% (growing into foundation of house)

Species: 100% (on protected tree list)

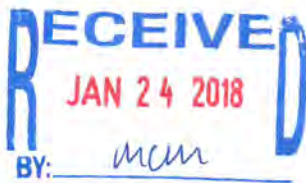
Condition: 40% (poor, lots of decay throughout tree, especially in main trunks areas)

Total Average Value = 53%

Value x Diameter = 16.1 replacement caliper inches

Additional information regarding damage to the interior of the structure has been requested.

Application



CANOPY
REMOVAL

8832

Tree Permit Application

Date: 1.23.18

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1103 Florida street
Cross/Corner Street Virginia street
List Tree Name(s) and Quantity Spanish lime (1)
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 Tree damaged during hurricane, tree root undermining foundation of house. Tree removal began immediately after hurricane, contractor abandoned job.

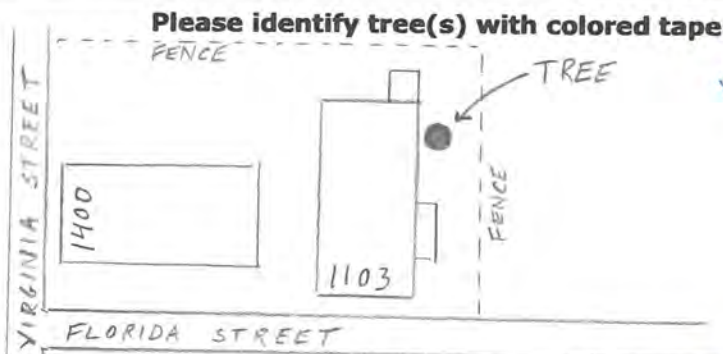
Property Owner Name Patrick South
Property Owner eMail Address scman111@yahoo.com
Property Owner Mailing Address 118 Lucerne street
Property Owner Mailing City Decatur State GA. Zip 30030
Property Owner Phone Number (770) 617-2181
Property Owner Signature [Signature]

Representative Name LARUE BUSLOFF - LEAPING LIZARD
Representative eMail Address " @ TAWCO.COM
Representative Mailing Address 410 AVE C
Representative Mailing City KW State FL Zip 33040
Representative Phone Number (305) 930-9964

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.

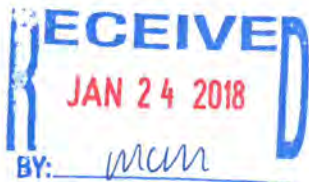
Tree Representation Authorization form attached ☐

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



1-24-18
8' circ
decay
30.5" dbh
PA ✓
\$10 ✓

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



8832

Tree Representation Authorization

Date: 1.23.18

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 1103 FLORIDA ST.

Property Owner Name PATRICK SOUTH

Property Owner eMail Address scman111@yahoo.com

Property Owner Mailing Address 118 Lucerne St.

Property Owner Mailing City Decatur State GA Zip 30030

Property Owner Phone Number (770) 617-2181

Property Owner Signature [Signature]

Representative Name LARRIE BUSCOFF - LEAH'S LIZARD

Representative eMail Address " @ YAHOO.COM

Representative Mailing Address 410 AVE C, K.W.

Representative Mailing City K.W. State FL Zip 33040

Representative Phone Number (305) 930-9964

I Patrick South, 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 are any questions or need access to my property.

Property Owner Signature [Signature]

The forgoing instrument was acknowledged before me on this 24 day January 2018.

By (Print name of Affiant) _____ who is personally known to me or has produced GA Driver License as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Nicole Rouse-Culver

Print Name: Nicole Rouse-Culver

My Commission Expires: July 17, 2018

Notary Public, State of Florida (seal)

