

# STAFF REPORT

DATE: February 28, 2018

RE: **522 Simonton Street (permit application # T18-8865)**

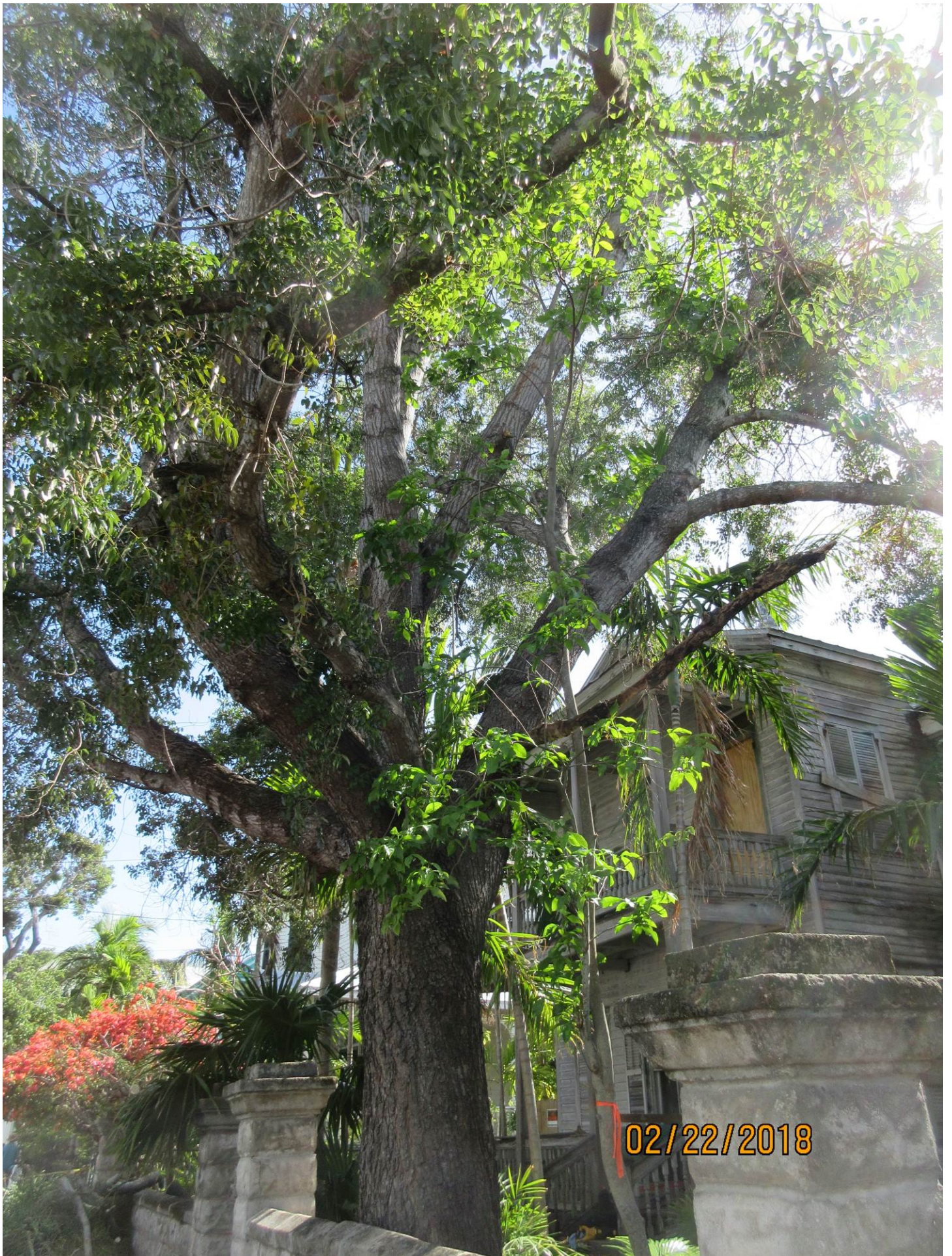
FROM: Karen DeMaria, City of Key West Urban Forestry Manager

An application was received requesting the removal of **(1) Spanish Lime tree**. A site inspection was done on February 22, 2018 and documented the following:

Tree Species: Spanish Lime (*Melicoccus bijugatus*)











02/22/2018

















Diameter: 3.1"

Location: 50% (growing in root zone of old established mahogany tree)

Species: 100% (on protected tree list)

Condition: 60% (fair)

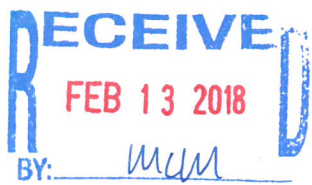
Total Average Value = 70%

**Value x Diameter = 2.1 replacement caliper inches**

**Recommendation: Recommend approval of the removal of one (1) Spanish Lime tree at 522 Simonton Street to be replaced with 2.1 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.**

# Application





CANOPY  
REMARKS

8865

## Tree Permit Application

Date: 2/13/2018

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 522 Simonton  
**Cross/Corner Street** Southard  
**List Tree Name(s) and Quantity** 1 x Spanish Lime  
**Species Type(s) check all that apply** ( ) Palm ( ) Flowering ( ) Fruit (X) Shade ( ) Unsure  
**Reason(s) for Application:**

(X) REMOVE (X) 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**  
"Remove one Spanish Lime sapling that is growing against trunk of established Mahogany"  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owner Name** Glenn Anderson  
**Property Owner eMail Address** 522 Simonton St  
**Property Owner Mailing Address** 522 Simonton St  
**Property Owner Mailing City** Key West **State** FL **Zip** 33040  
**Property Owner Phone Number** ( 571 ) 213 - 1760  
**Property Owner Signature**

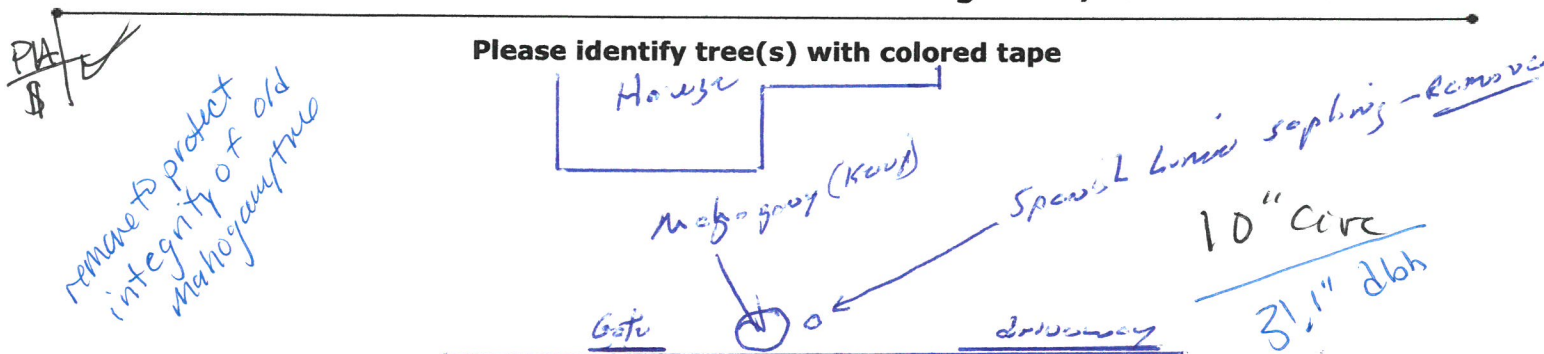
**Representative Name** Self  
**Representative eMail Address** \_\_\_\_\_  
**Representative Mailing Address** \_\_\_\_\_  
**Representative Mailing City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Representative Phone Number** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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



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