

STAFF REPORT

DATE: February 28, 2018

RE: **519 Frances Street (permit application # T18-8880)**

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

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

Tree Species: Mahogany (Swietenia mahagoni)



















Diameter: 23.2"

Location: 70% (back yard tree)

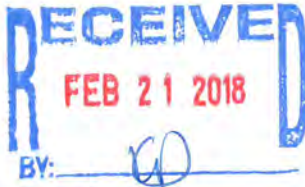
Species: 100% (on protected tree list)

Condition: 60% (fair, lots of surface roots, elongated tree structure, hurricane damage-canopy one sided)

Total Average Value = 76%

Value x Diameter = 17.6 replacement caliper inches

Application



CANOPY
REMOVAL

8880

Tree Permit Application

Date: 1/24/19

Please Clearly Print All Information unless indicated otherwise.

Tree Address 519 FRANCES STREET
Cross/Corner Street _____
List Tree Name(s) and Quantity 1 MAHONEY
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 DAMAGE DURING HURRICANE IRMA, TOP SIDE
TIP TOWARDS BACK OF HOUSE TOWARDS KITCHEN

Property Owner Name ELEANOR BAILER
Property Owner eMail Address EBAILER@CITYOFKEYWEST-FL.GOV
Property Owner Mailing Address 519 FRANCES ST
Property Owner Mailing City _____ State _____ Zip _____
Property Owner Phone Number (305) 394-4066
Property Owner Signature _____

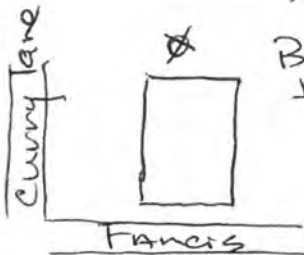
Representative Name JOHN COLE / Carl Gilley
Representative eMail Address SHADETREE SERVICES@yahoo.com
Representative Mailing Address P.O. BOX 1341 R.W. FL 33000
Representative Mailing City KEY WEST State FL Zip 33000
Representative Phone Number (305) 390-8054

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



Back of home
tagged with Green Ribbon

6' 1" circ / 23.2" dbh

PIA ✓

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: 1/24/18

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 519 FRANCES STREET
Property Owner Name ELEANOR BARKER
Property Owner eMail Address EBARKER@CityofKeyWest-FL.GOV
Property Owner Mailing Address 519 FRANCES ST, RW FL 3304
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (305) 394-4066
Property Owner Signature _____

Representative Name JOHN COLE / Carl billey
Representative eMail Address SHADE TREESERVICES@YAHOO.COM
Representative Mailing Address P O BOX 841
Representative Mailing City KEY WEST State FL Zip 33040
Representative Phone Number (305) 340-8096

I ELEANOR BARKER, 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 Eleanor Barker

The forgoing instrument was acknowledged before me on this 29th day 2018 Jan.

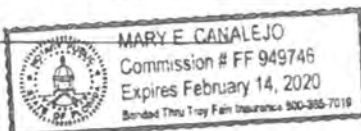
By (Print name of Affiant) Eleanor BARKER who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Mary E Canalejo Notary Public - State of Florida (seal)

Print Name: MARY E CANALEJO

My Commission Expires: _____



Barker Res.

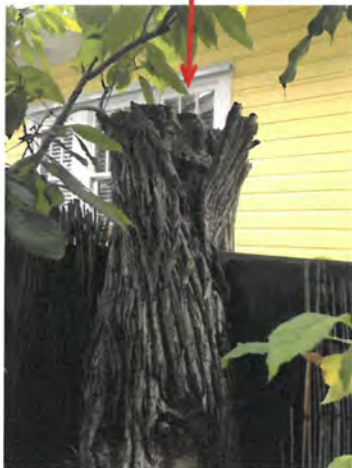
519 Frances Street

Key West, Florida 33040



Remove storm damaged Mahogany Tree

Remove storm damaged Tabebuia Tree



Karen DeMaria

From: Karen DeMaria
Sent: Thursday, March 01, 2018 1:19 PM
To: Karen DeMaria
Subject: FW: 519 Frances Street tree removal permit

From: John Cole [mailto:shadetreeservices@yahoo.com]
Sent: Thursday, March 01, 2018 8:44 AM
To: Karen DeMaria <kdemaria@cityofkeywest-fl.gov>; THRINAX1 . <thrinxinc@gmail.com>
Subject: Re: 519 Frances Street tree removal permit

Karen, The Tree is so one sided with a slight lean towards the home. My concerns with heavy maintenance pruning is that the has been over thinned in the past and there really isn't any suitable laterals in the interior to reduce to. The tree would have to be hat raked and I don't feel like that's a great option to preserve the tree. The only lateral opposite side of the house(see attached photos) is also damaged in the crown and would also have to be cut back beyond any laterals which also is detrimental to the tree.

Respectively

John Cole

[Sent from Yahoo Mail for iPhone](#)

On Wednesday, February 28, 2018, 4:13 PM, Karen DeMaria <kdemaria@cityofkeywest-fl.gov> wrote:

Carl/John:

Can you give me more information as to why the mahogany tree at 519 Frances Street must be removed and not heavily trimmed? I would recommend a heavy maintenance trim before seeking removal. Is there additional damage in the canopy that I can not see from the ground? Structural damage to the house?

Sincerely,

Karen

Karen DeMaria

