

STAFF REPORT

DATE: May 30, 2018

RE: **1610-1612 Dennis Street (permit application # T18-9035)**

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 and documented the following:

Tree Species: Mahogany (Swietenia mahagoni)





05/21/2018



05/21/2018





05/21/2018

Diameter: 14.3"

Location: 60% (growing under utility lines)

Species: 100% (on protected tree list)

Condition: 30% (very poor, major hurricane damage to tree—canopy branches torn and cut, root system uplifted)

Total Average Value = 63%

Value x Diameter = 9 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Mahogany tree at 1610-1612 Dennis Street to be replaced with 9 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



CANOPY REMOVAL - 9035

canopy trim 9040

Tree Permit Application

Date: _____

Please Clearly Print All Information unless indicated otherwise.

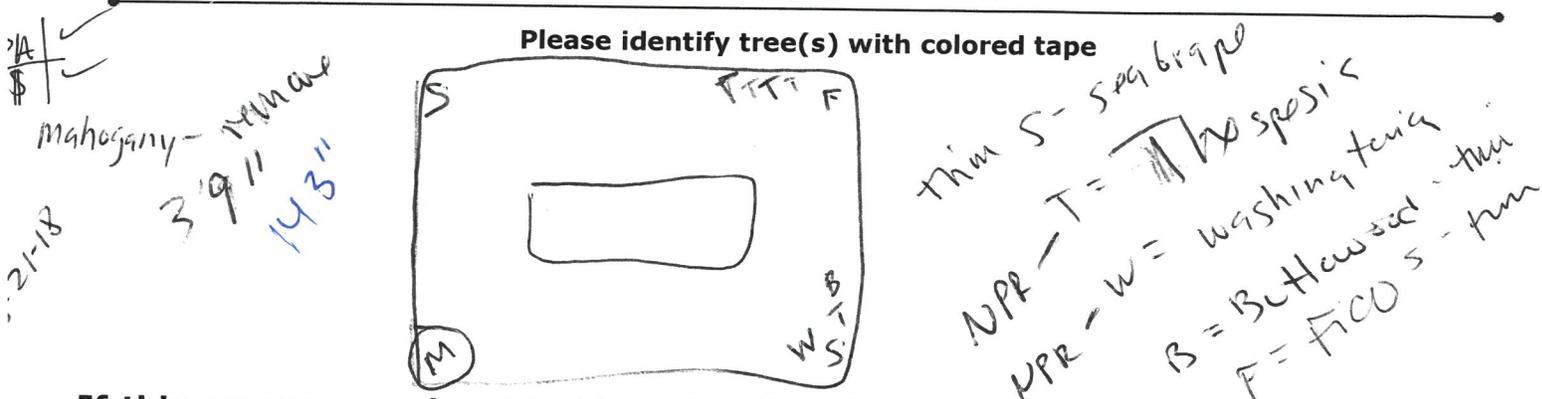
Tree Address 1610-12 Pennis st
Cross/Corner Street 2 Sea Grape
List Tree Name(s) and Quantity 1- Mahogany (remove) trim 1 Green Butterfly
Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade () Unsure
Reason(s) for Application:
 REMOVE () Tree Health () Safety Other/Explain below
 TRANSPLANT () New Location () Same Property () Other/Explain below
 HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction
Other/Explain ON Property line, Remodel from Hurricane Damage
Reason for Request Remodel RUN DOWN Land

Property Owner Name Nicholas O'Bea
Property Owner eMail Address Nick uc f@yahoo.com
Property Owner Mailing Address 200 26th st Apt 47 miami Beach
Property Owner Mailing City _____ **State** FL **Zip** 33141
Property Owner Phone Number (954) 668 - 0249
Property Owner Signature [Signature]

Representative Name _____
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 >>>>>



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