

STAFF REPORT

DATE: August 1, 2018

RE: **1215 Truman Avenue (permit application # T18-9133)**

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)



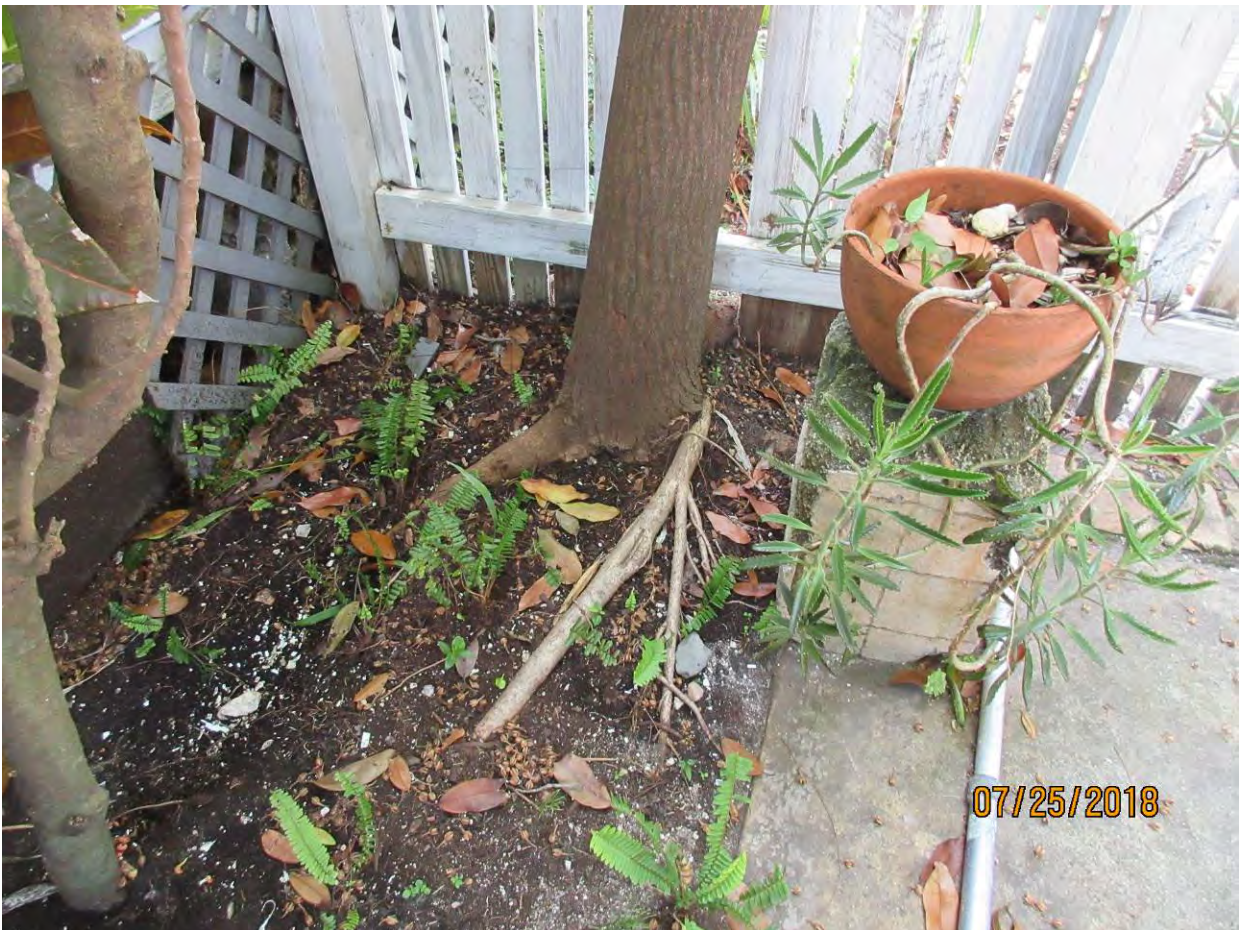






07/25/2018







07/25/2018



Diameter: 7"

Location: 40% (wrong tree-wrong place, growing on a slant toward the light from under a large sapodilla tree, no room for future growth)

Species: 100% (on protected tree list)

Condition: 50% (fair to poor, one sided canopy)

Total Average Value = 63%

Value x Diameter = 4.4 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Mahogany tree at 1215 Truman Avenue to be replaced with 4.4 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



CANOPY
REMOVAL

9133

Tree Permit Application

Date: 7-23-2018

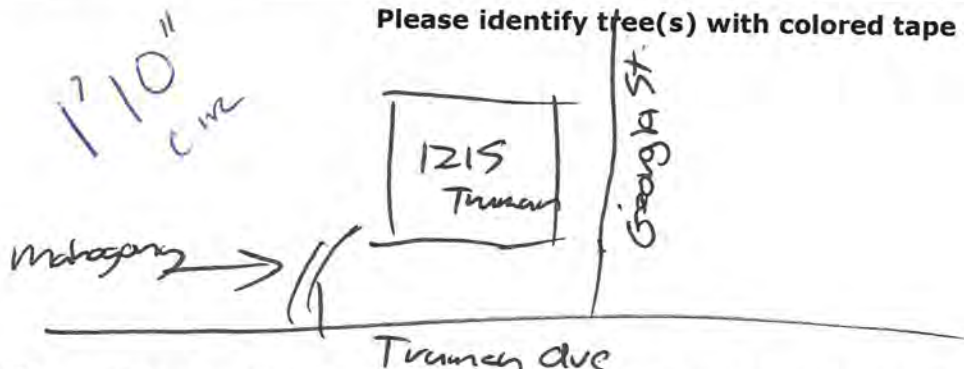
Please Clearly Print All Information unless indicated otherwise.

Tree Address 1215 Truman Ave.
Cross/Corner Street Georgia St.
List Tree Name(s) and Quantity 1 Mahogany
Species Type(s) check all that apply () Palm () Flowering () Fruit (X) 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 The tree is too close to the house and leaning
over to get away from the giant Sargassum tree so
Reason for Request that it will soon knock over the fence
Property Owner Name Robert Yost
Property Owner eMail Address robert-yost@gmail.com
Property Owner Mailing Address 1215 Truman Ave
Property Owner Mailing City Ka West State FL Zip 33040
Property Owner Phone Number (937) 903-7830
Property Owner Signature _____

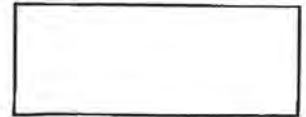
Representative Name Kenneth King
Representative eMail Address _____
Representative Mailing Address 1602 Laurel St.
Representative Mailing City Ka West State FL Zip 33040
Representative Phone Number (305) 296-8101
NOTE: A Tree Representation Authorization form must accompany this application if someone 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.



Tree Representation Authorization

Date: 7-5-18

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 1215 Truman Ave
Property Owner Name Robert Yost
Property Owner eMail Address robert-yost@gmail.com
Property Owner Mailing Address 1215 Truman Ave
Property Owner Mailing City K.W. State FL Zip 33040
Property Owner Phone Number (937) 909-7830
Property Owner Signature [Signature]
Representative Name Kenneth King
Representative eMail Address _____
Representative Mailing Address 1602 Laurel St.
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 296-8101

I Robert Yost, 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 is there is any questions or need access to my property.

Property Owner Signature [Signature]

The forgoing instrument was acknowledged before me on this 5th day July 2018.

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

NOTARY PUBLIC

Sign Name: [Signature]

Notary Public - State of Florida (seal)

Print Name: Veronica Cleare

My Commission Expires: 1/25/21

