## STAFF REPORT

DATE: December 26, 2018

RE: 1409 White Street (permit application # T2018-0131)

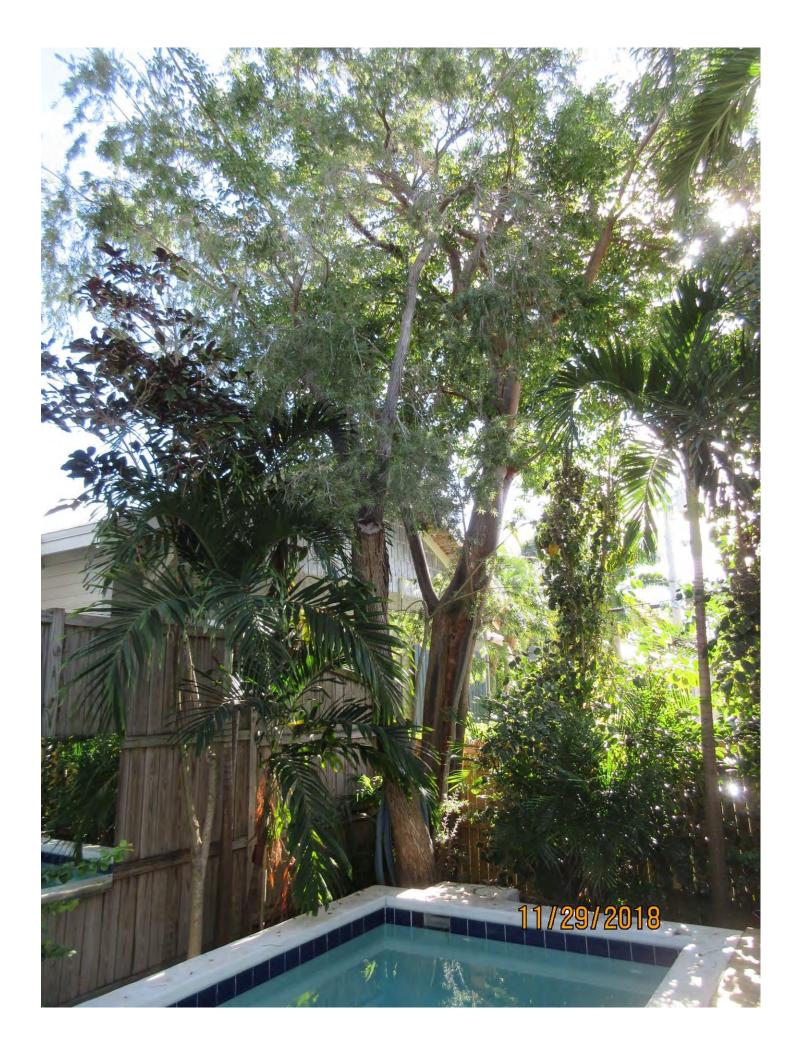
FROM: Karen DeMaria, City of Key West Urban Forestry Manager

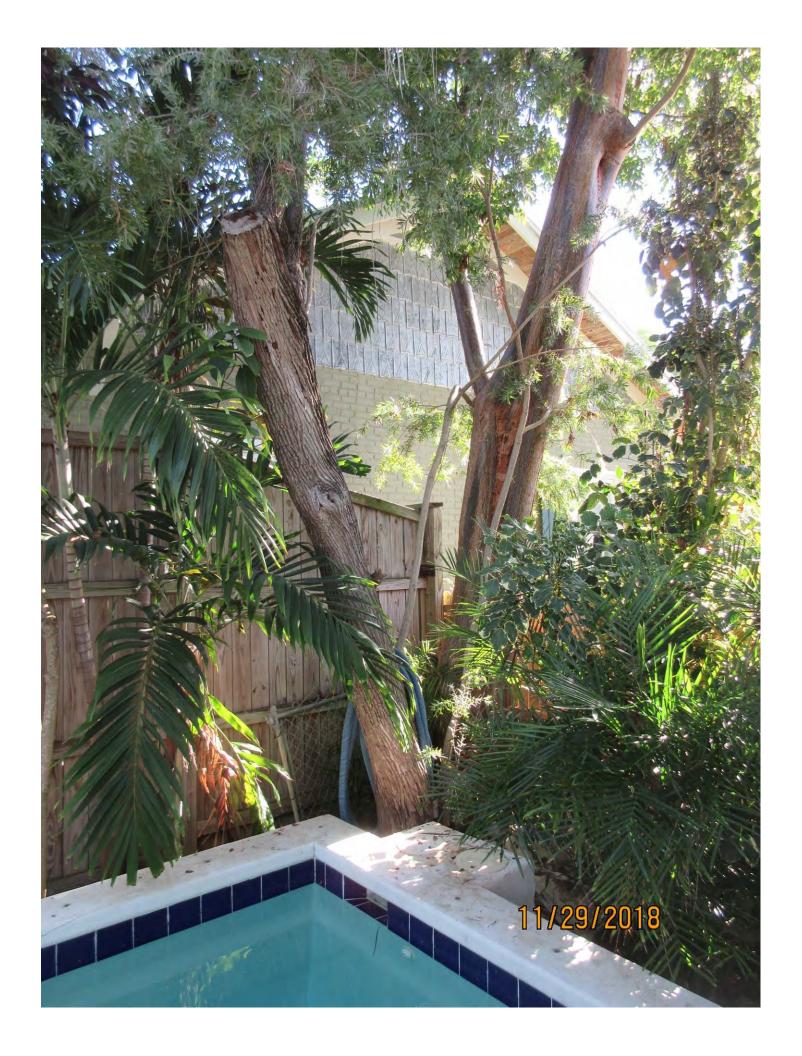
An application was received requesting the removal of **(1) Bottlebrush tree**. A site inspection was done and documented the following:

Tree Species: Bottlebrush (Callistemon sp.)



Gumbo Limbo to remain

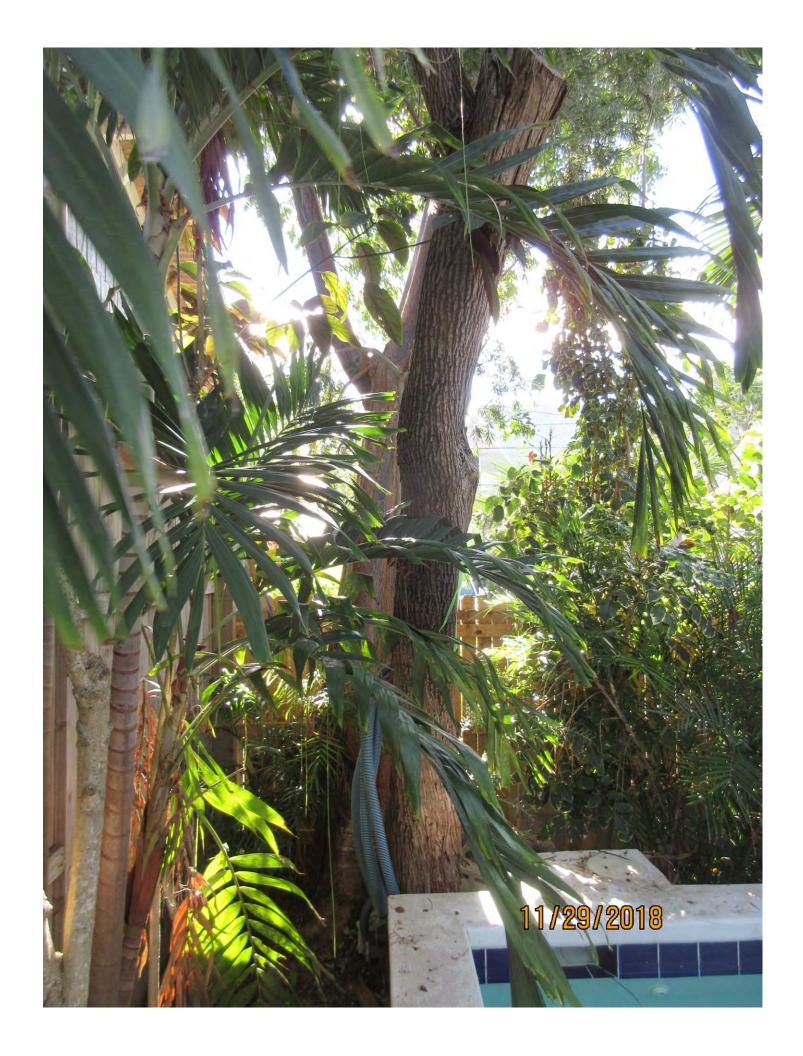


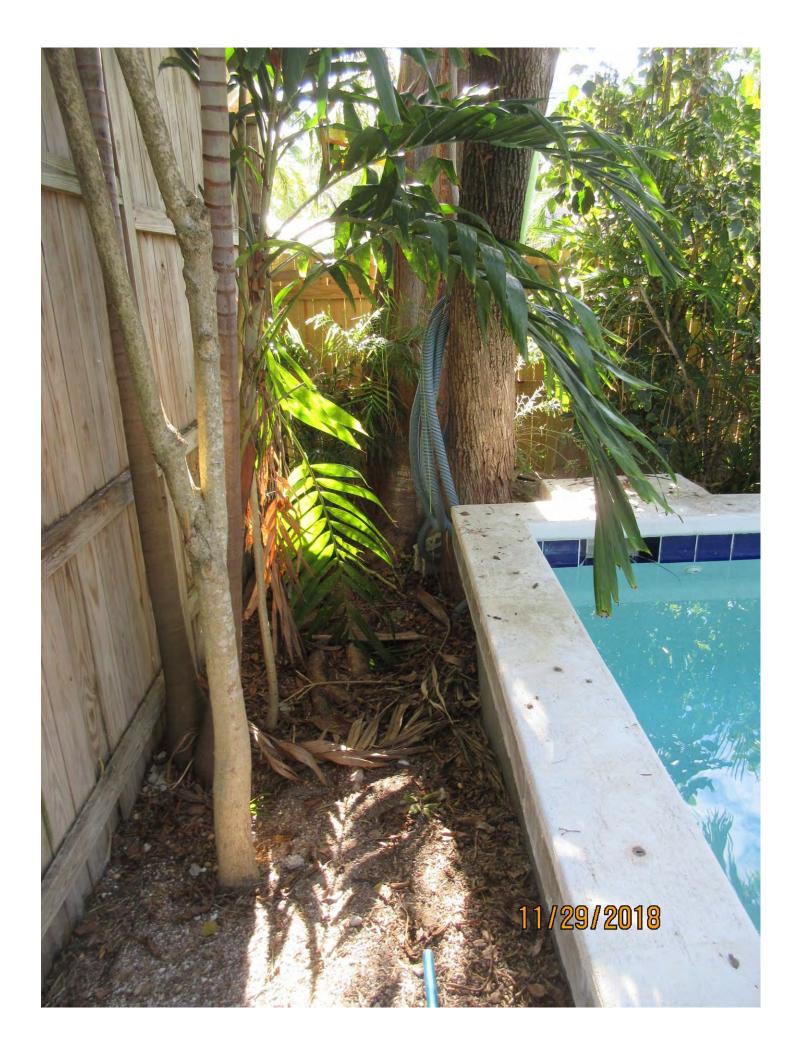














Diameter: 13.3"

Location: 40% (growing close to pool foundation and in root system of

Gumbo limbo tree)

Species: 50% (not on protected or not protected tree list)

Condition: 40% (poor, poor structure-half of canopy gone, insects in main

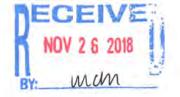
trunk system)

Total Average Value = 43%

Value x Diameter = 5.7 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Bottlebrush tree at 1409 White Street to be replaced with 5.7 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

## Application





CANOPY

2018-0131

## **Tree Permit Application**

	Date:	11-26-2018
Please Clearly Print	All Information unless indicate	1
Tree Address Cross/Corner Street	1909 white St.	
List Tree Name(s) and Quantity	1 Battle Brush tree	2
Species Type(s) check all that apply	() Palm (x) Flowering () Fruit	
Reason(s) for Application:	( ) , a 🙌 ,	( ) = ( ) =
(X) REMOVE (X) Tree Heal	th (X) Safety ( ) Other/Explain bel	ow
( ) TRANSPLANT ( ) New Loca	tion ( ) Same Property ( ) Other/E	explain below
( ) HEAVY MAINTENANCE ( ) Branch Re	emoval ( ) Crown Cleaning/Thinning	( ) Crown Reduction
Other/Explain	ee is infested with tem	ites, too dose
Reason for Request a nke	Gumbolinso tree light	next to it.
<b>Property Owner Name</b>	Vatish C Goral	
Property Owner eMail Address	Katish-Goval 3) Yo	haso Com
<b>Property Owner Mailing Address</b>	1401 White St	
<b>Property Owner Mailing City</b>	Key West State	FL Zip 33040
Property Owner Phone Number	(305) 296-810]	
Property Owner Signature		
Representative Name	Kenneth King	
Representative eMail Address		
Representative Mailing Address	1602 Land St.	E/ =: \30/40
Representative Mailing City		FZ Zip 33040
Representative Phone Number NOTE: A Tree Representation Authorization		ion if someone other than the
owner will be representing the owner at a Tre		
		uthorization form attached (
<<<< Sketch location of tree i	n this area including cross/	corner Street >>>>
Please ide	ntify tree(s) with colored tape	The state of the s
20 30 11 860	Bottle Buch	to the
J. 0. 1. 90.		3,
1 / 2 / 1509		N
1 2: West		2
/ Contest		3
10 21		
whites		

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

Updated: 02/22/2014



## **Tree Representation Authorization**

	Date: 11-26-2018
discussed is necessary in order to Tree Representation Authorization	ion meeting on the date when your request will be co expedite the resolution of your application. This on form must accompany the application if the property e someone else pick up the Tree Permit once issued.
Please Clearly Print A	Il Information unless indicated otherwise.
Tree Address	1409 white St.
Property Owner Name Property Owner eMail Address Property Owner Mailing Address Property Owner Mailing City Property Owner Phone Number Property Owner Signature	YATISH C GOYAL  YATISH- Goyal @ Yahoo. Com  1401 White ST  Key west State FL Zip 33040  (315) 682-6502
Representative Name Representative eMail Address Representative Mailing Address Representative Mailing City Representative Phone Number	Kenneth King   1602 Laird St.   1602 Laird St.   1602 Laird St.   1603   1604
I YAFISH C GOYAL to represent me in the matter of obt	, hearby authorize the above listed agent(s) aining a Tree Permit from the City of Key West for my sted. You may contact me at the telephone listed above ss to my property.
<b>Property Owner Signature</b>	Vatiol C Goyl
The forgoing instrument was acknowled	edged before me on this 20 day November 2018
By (Print name of Affiant) Yatsh produced Florida Driverslice	C. Goyal who is personally known to me or has new as identification and who did take an oath.

Updated: 02/22/2014

Sign Name:

Print Name:\_

**NOTARY PUBLIC** 

My Commission Expires:

MARCIA SHORT
Notary Public, State of New York
Oualified in Onondege County
Reg. No. 01SH0195235
My Commission Expires Oct. 20, 20

Notary Public - State of Florida (seal)