

STAFF REPORT

DATE: January 28, 2019

RE: **205 & 207 Virginia Street (permit application # T2018-0169)**

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

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

Tree Species: Strangler Fig (*Ficus aurea*)















Diameter: 16.8" (multi trunked)

Location: 50% (growing against fence on rubble pile)

Species: 100% (on protected tree list)

Condition: 40% (fair to poor, poor structure, no main leader-more like an overgrown shrub)

Total Average Value = 63%

Value x Diameter = 10.5 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Strangler Fig tree at 205 & 207 Virginia Street to be replaced with 10.5 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



issued ✓ PALM
REMOVAL
CANOPY
REMOVAL

2018-0168

2018-0169

Tree Permit Application

Date: 12-27-2018

Please Clearly Print All Information unless indicated otherwise.

Tree Address 205 & 207 Virginia Street
Cross/Corner Street Emma Street
List Tree Name(s) and Quantity (1) Coconut Palm & (1) Strangler Fig Tree
Species Type(s) check all that apply (x) Palm () Flowering () Fruit (x) Shade () Unsure
Reason(s) for Application:

(x) 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
Strangler Fig is a self seeded volunteer that has enveloped the existing fence.
5' thick no main leader

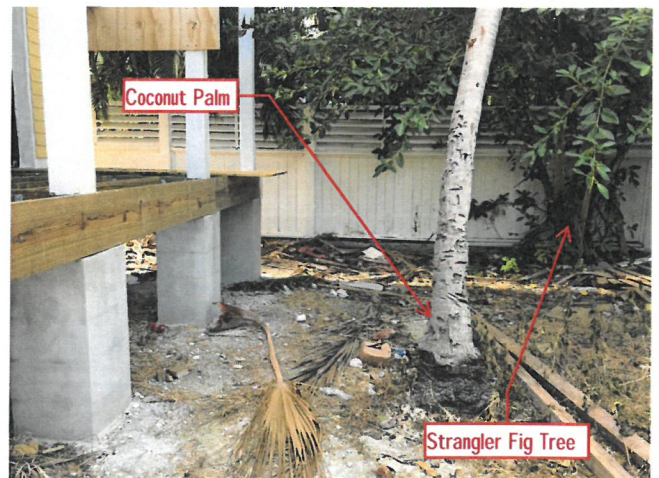
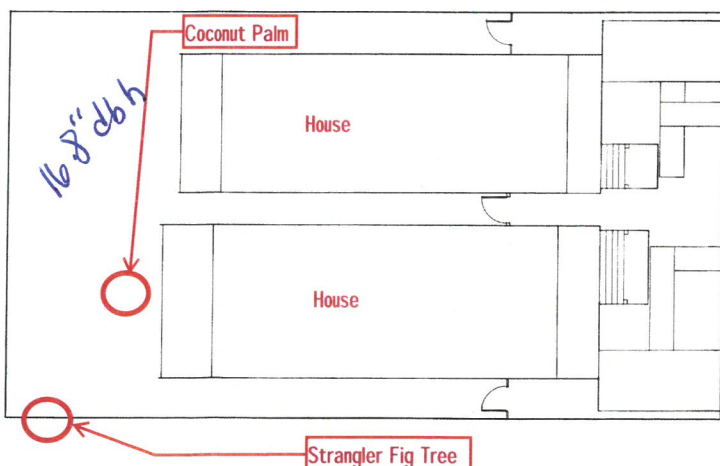
Property Owner Name Saddlebunch Investments, LLC
Property Owner eMail Address Dean@icamco.com
Property Owner Mailing Address 36 Evergreen Ave.
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (305) 923 - 5348
Property Owner Signature

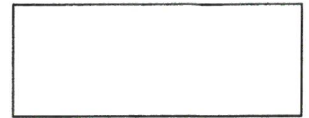
Representative Name Carl Gilley Landscape Design
Representative eMail Address thrinaxinc@gmail.com
Representative Mailing Address 1207 Grinnell Street
Representative Mailing City Key West **State** FL **Zip** 33040
Representative Phone Number (305) 304 - 1032

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 >>>>>





Tree Representation Authorization

Date: 8-27-2018

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 205 & 207 Virginia Street

Property Owner Name Saddlebunch Investments, LLC
Property Owner eMail Address Dean@icamco.com
Property Owner Mailing Address 36 Evergreen Ave.
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 923 - 5348
Property Owner Signature _____

Representative Name Carl Gilley Landscape Design
Representative eMail Address thrinaxinc@gmail.com
Representative Mailing Address 1207 Grinnell Street
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 304 - 1032

I Dean Thompson, 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 27th day August.

By (Print name of Affiant) Dean Thompson who is personally known to me or has produced N/A as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Mary P. Alley-Draper
Print Name: MARY P. ALLEY-DRAPER
My Commission Expires: 9/3/18

Notary Public - State of Florida (seal)

