

STAFF REPORT

DATE: May 2, 2019

RE: **711 South Street (permit application # T2019-0175)**

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

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

Tree Species: Mastwood (*Calophyllum inophyllum*)

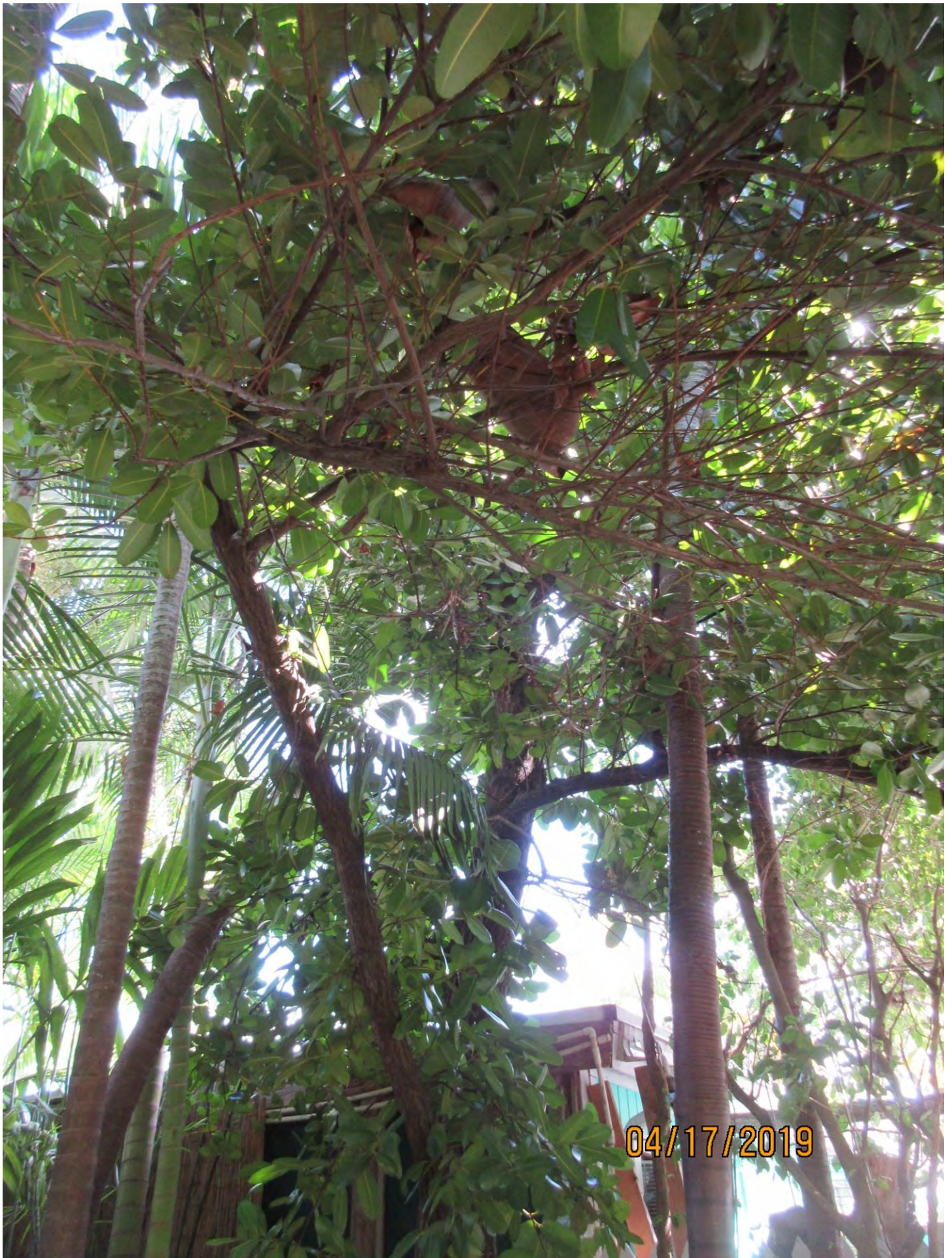


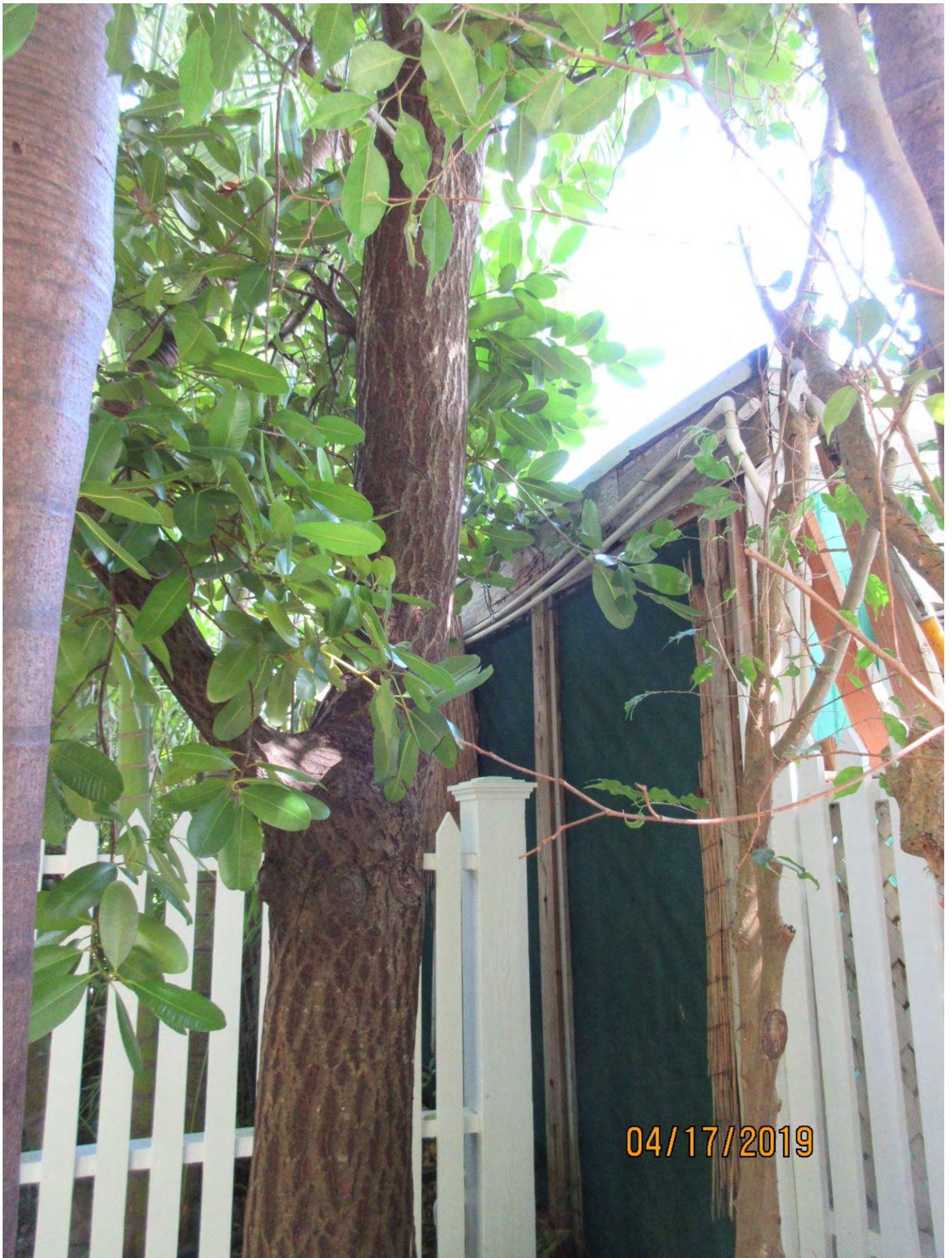


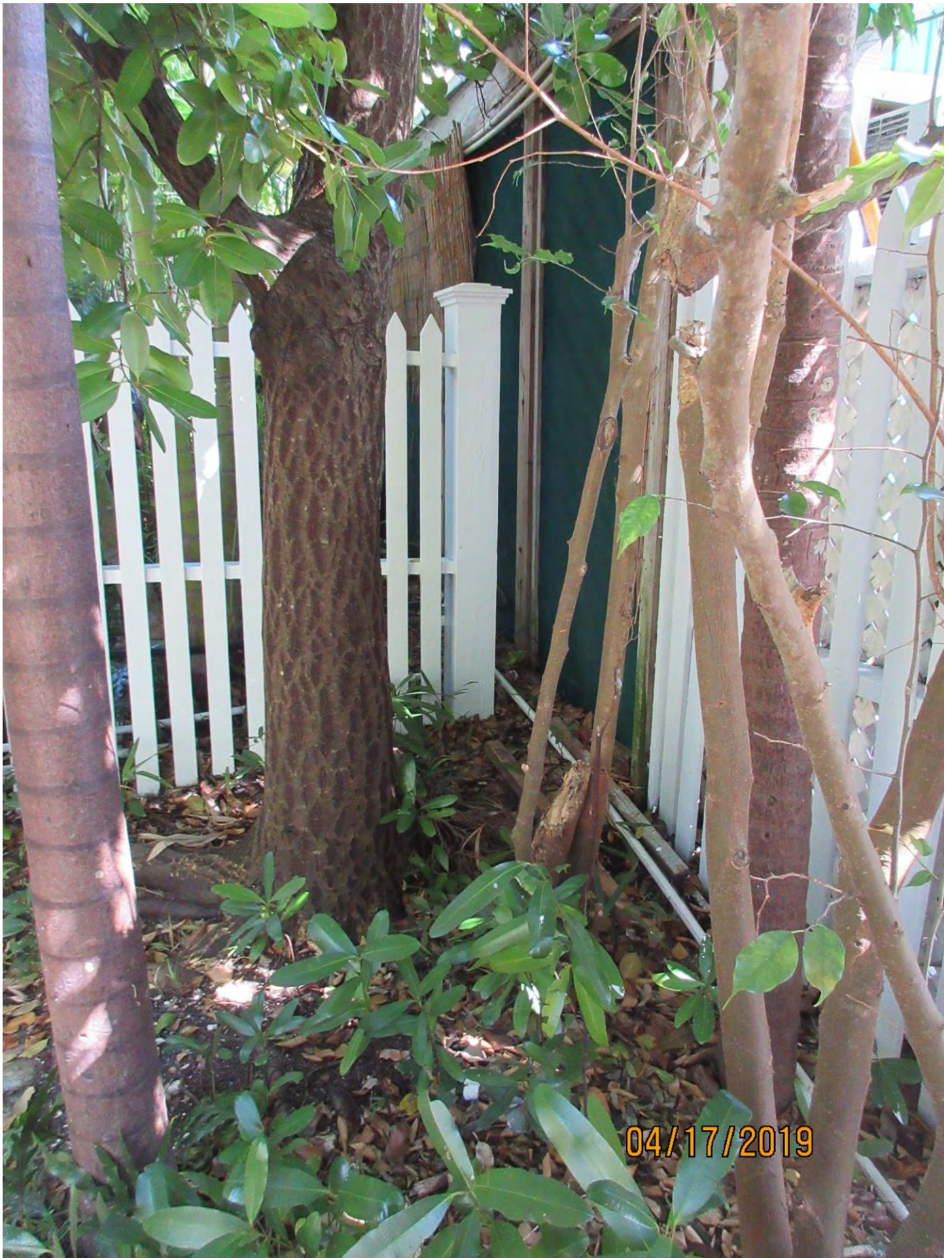
These trees
are Ficus
benjaminia-
not regulated













04/17/2019





04/17/2019



Diameter: 10.8"

Location: 60% (tree very close to property line-potential issues with neighboring property)

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

Condition: 70% (fair to good, healthy tree, crazy, dense canopy growth)

Total Average Value = 60%

Value x Diameter = 6.4 replacement caliper inches

Application



4-17-19



canopy removal

2019-0175

Tree Permit Application

Date: 4-15-19

Please Clearly Print All Information unless indicated otherwise.

Tree Address 711 South St.
Cross/Corner Street William St.
List Tree Name(s) and Quantity 1 mastwood tree
Species Type(s) check all that apply () Palm () Flowering () Fruit (X) Shade () Unsure
Reason(s) for Application:

(X) REMOVE () Tree Health () Safety (X) Other/Explain below
() TRANSPLANT () New Location () Same Property () Other/Explain below
() HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

Other/Explain When this tree was planted the intention was to maintain it as a bush so that it could be part of the hedge. Instead it has grown into a tree. The roots have grown into the sewer line next door.
Reason for Request

Property Owner Name H. Douglas + Jeannine Schrak
Property Owner eMail Address jeannine.stcroix@yahoo.com
Property Owner Mailing Address 711 South St.
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (574) 536-4763
Property Owner Signature 574 536 9135

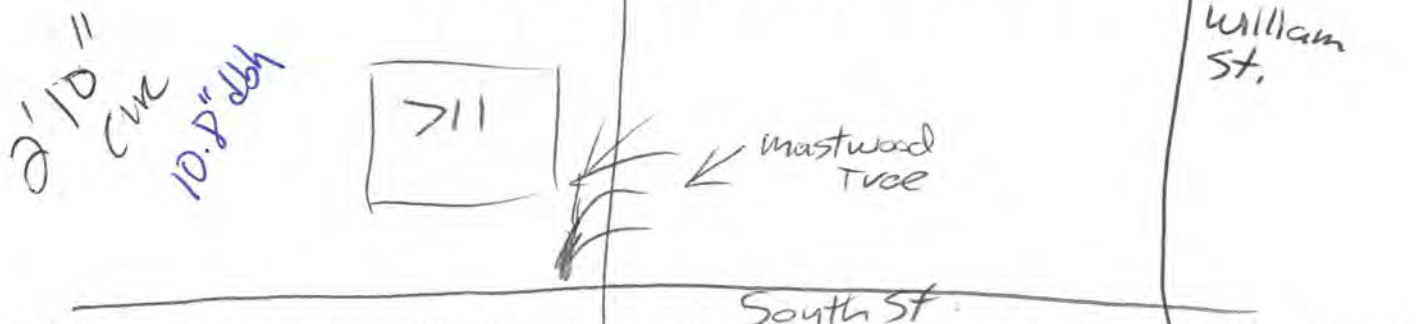
Representative Name Kenneth King
Representative eMail Address
Representative Mailing Address 1602 Land St.
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 296-8101

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: April 12, 2019

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 711 SOUTH STREET
Property Owner Name H. Douglas & Jeannine Schrock
Property Owner eMail Address jeannine.stcroix@aol.com
Property Owner Mailing Address 711 SOUTH STREET
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (574) 536-4163
Property Owner Signature [Signature]
Representative Name Kenneth King
Representative eMail Address _____
Representative Mailing Address 1605 LIND ST.
Representative Mailing City KEY WEST State FL Zip 33040
Representative Phone Number (305) 296-8101

I JEANNINE & HAROLD D. SCHRICK, 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 is any questions or need access to my property.

Property Owner Signature [Signature]

The forgoing instrument was acknowledged before me on this 12 day April 2019.

By (Print name of Affiant) Jeannine & Harold D Schrock who is personally known to me or has produced FL DI & FL DI as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: [Signature]

Notary Public - State of Florida (seal)

Print Name: Jesenia Valero

My Commission Expires: July 13, 2020

