

STAFF REPORT

DATE: August 26, 2019

RE: 2404 Seidenberg Avenue (permit application # T2019-0401)

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*)



Photo of whole Strangler Fig tree, street view 1.



Photo of whole tree from front walkway.



Photo of base of tree and trunk view 1.



Photo of tree while standing in back yard looking toward street view 1.



Photo of tree while standing in back yard looking toward street view 2.



Photo of base of tree while standing in back yard looking toward the house view 1.



Photo of base of tree while standing in back yard looking toward the house view 2.



Photo of base of tree while standing in back yard looking toward the neighboring property line.



Close up photo of tree while standing in back yard view 1.



Two
photos of
tree
canopy.





Close up photo of base of tree area view 1.



Close up photo of base of tree area view 2.



Close up photo of base of tree area view 3.

Diameter: 60.5" (multi trunked)

Location: 60% (root issues with yard and pavers-concerned about house foundation, front yard tree very visible)

Species: 100% (on protected tree list)

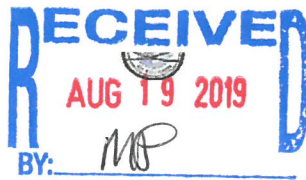
Condition: 40% (fair to poor, multi trunked growing from low main trunk-lots of aerial root growth, large full canopy but something is eating the leaves).

Total Average Value = 66%

Value x Diameter = 39.9 replacement caliper inches

Application

Tree Permit Application



T2019-0401 ✓

Date: 8/16/2019

Please Clearly Print All Information unless indicated otherwise.

Tree Address 2404 SEIDENBERG AVE. KEY WEST
Cross/Corner Street 6th STREET KEY WEST
List Tree Name(s) and Quantity (1) ONE STRANGLER FIG
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

Additional Information and Explanation ROOTS ARE HEAVING STEPPING STONES AND REACHING UNDER HOUSE FOUNDATION.

Property Owner Name Cindi Madiedo
Property Owner eMail Address _____
Property Owner Mailing Address 1075 DUVAL ST., PMB 180 ✓
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (305) 395-1396
Property Owner Signature Cindi Madiedo

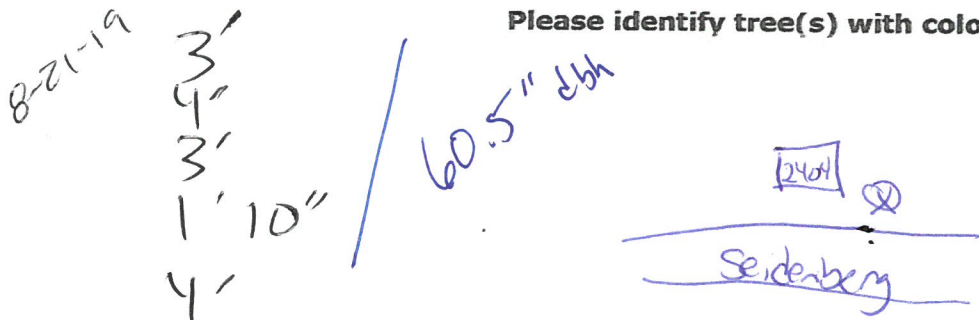
Representative Name TREEMAN, LLC. SEAN CREEDE ✓
Representative eMail Address KEYS TREEMAN @ G-mail.com
Representative Mailing Address P.O. BOX 430204
Representative Mailing City BIG PINE KEY State FL Zip 33043
Representative Phone Number (305) 900-8448

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 (✓)

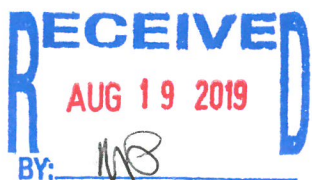
<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

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.

T2019-0401



Tree Representation Authorization

Date: 8/16/2019

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 2404 SEIDENBERG AVE. KEY WEST
Property Owner Name Cindi Madiedo
Property Owner eMail Address _____
Property Owner Mailing Address 1095 DUVAL ST., PMB 180
Property Owner Mailing City KEY WEST State FL Zip 33040
Property Owner Phone Number (305) 395-1396
Property Owner Signature _____
Representative Name TREEMAN, LLC. SEAN CREEDON
Representative eMail Address KEYS+TREEMAN@GMAIL.COM
Representative Mailing Address P.O. Box 430204
Representative Mailing City BIG PINE KEY State FL Zip 33043
Representative Phone Number (305) 900-1848

I Cindi Madiedo, 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 Cindi Madiedo

The forgoing instrument was acknowledged before me on this 16th day August, 2019

By (Print name of Affiant) Cindi Lynn Madiedo who is personally known to me or has produced ADLM 330-112-68-9460 as identification and who did take an oath.

NOTARY PUBLIC
Sign Name: Stephanie Magoufit
Print Name: Stephanie Magoufit
My Commission Expires: April 25 2020

Notary Public - State of Florida (seal)

