

STAFF REPORT

DATE: June 30, 2021

RE: **2904 Staples Avenue (permit application # T2021-0169)**

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

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

Tree Species: Calabash (*Crescentia cujete*)



Photo of whole tree showing location on property, view 1.



Photo of
tree canopy,
view 1.



Photo of tree
trunk and
canopy, view
1.



Photo of whole tree showing location on property, view 2.



Photo of tree canopy, view 2.



Photo of tree trunk and canopy, view 2.



Photo showing base of tree and trunk.

Diameter: 7"

Location: 70% (growing in rear yard area on vacant lot)

Species: 100% (on protected tree list)

Condition: 30% (poor, tree not producing many leaves, hasn't produced fruit in many years)

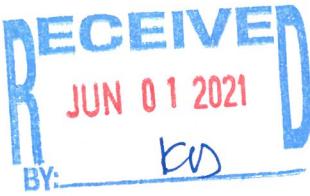
Total Average Value = 66%

Value x Diameter = 4.6 replacement caliper inches

Photo of tree in 2019 when transplant permit issued.



Application



T2021-0169 ✓

Tree Permit Application

Please Clearly Print All Information unless indicated otherwise. Date: 5/31/21

Tree Address 2904 Staples Ave
Cross/Corner Street 11th Street
List Tree Name(s) and Quantity Calabash Tree (1)
Species Type(s) check all that apply () Palm () Flowering () Fruit () Shade () Unsure
Reason(s) for Application:
(X) Remove (X) Tree Health () Safety (X) Other/Explain below
() Transplant () New Location () Same Property () Other/Explain below
() Heavy Maintenance Trim () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

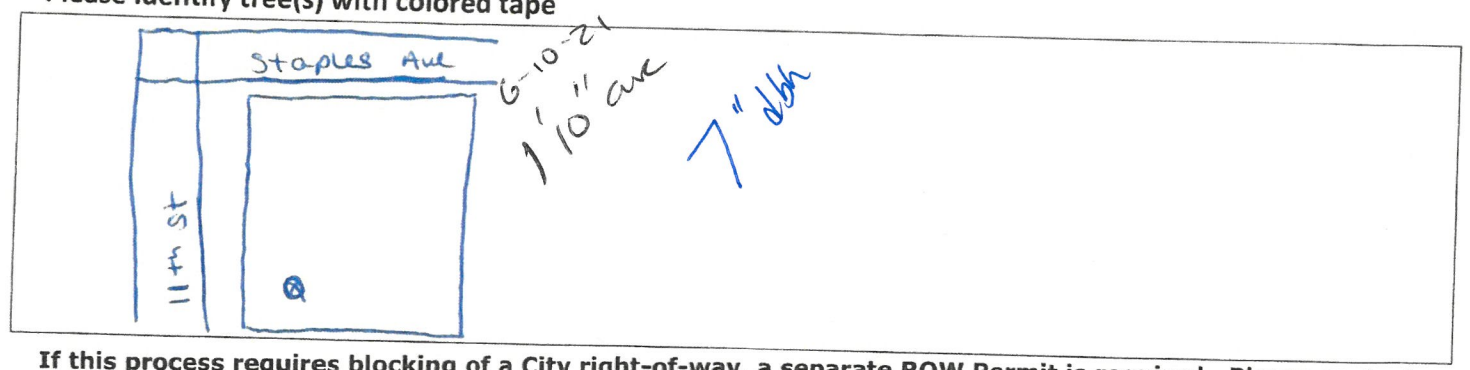
Additional Information and Explanation This tree has a permit for transplantation (2019-05000) won't survive. Hasn't had fruit or even full of leaves in over 20+ years. Need to make room for primary residence

Property Owner Name ERIC BROWN ✓
Property Owner email Address Ericbrownjr14@gmail.com
Property Owner Mailing Address 5000 Robyn Ln Key West FL 33440
Property Owner Phone Number 305-923-0338
Property Owner Signature [Signature]

Representative Name _____
Representative email Address _____
Representative Mailing Address _____
Representative Phone Number _____

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.