

# STAFF REPORT

DATE: May 2, 2019

RE: **906 Johnson Street (permit application # T2019-0187)**

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

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

**Tree Species: Black Olive (Bucidia beceras)**

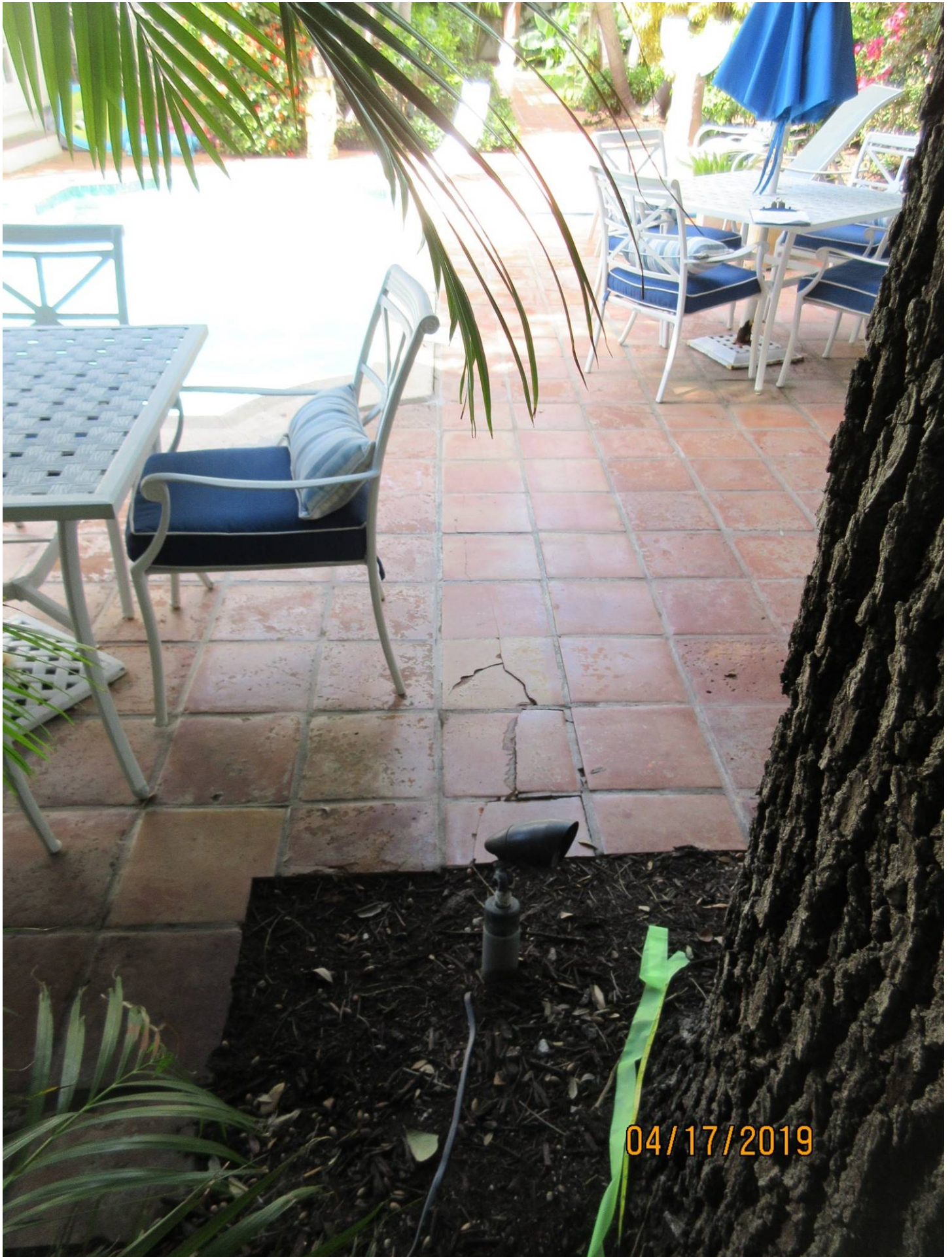














04/17/2019







Diameter:  $29.9'' - 24'' = 5.9''$

Location: 40% (tree close to property line with a large canopy branch very close to neighbor's roof, roots impacting tile deck and pool)

Species: 0% (not on protected or not protected tree list)

Condition: 80% (good, large healthy tree, canopy storm damage)

Total Average Value = 40%

**Value x Diameter = 2.3 replacement caliper inches**

Additional information from property owner requested regarding root damage to pool.

## Karen DeMaria

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**From:** Karen DeMaria  
**Sent:** Thursday, May 2, 2019 5:32 PM  
**To:** 'tbray@brayco.com'  
**Cc:** 'Sean C'  
**Subject:** 906 Johnson Street tree removal application

Thomas:

Just a reminder that I need additional information regarding the repairs to the pool in relation to the Black Olive tree, for the tree removal application file. I need this information by May 9 in order to be able to send it to the Tree Commissioners for their review.

Sincerely,

Karen

*Karen DeMaria*  
Urban Forestry Manager  
Certified Arborist  
City of Key West Planning Department  
1300 White Street, Key West, FL 33040  
305-809-3768



# Application



CANOPY REMOVAL

2019-0187

# Tree Permit Application

Date: 4/16/19

Please Clearly Print All Information unless indicated otherwise.

Tree Address 906 Johnson  
 Cross/Corner Street Reynolds  
 List Tree Name(s) and Quantity (1) Black Olive  
 Species Type(s) check all that apply ( ) Palm (X) Flowering ( ) Fruit (X) Shade ( ) Unsure  
 Reason(s) for Application:

(X) REMOVE (X) Tree Health (X) Safety (X) Other/Explain below  
 ( ) TRANSPLANT ( ) New Location ( ) Same Property ( ) Other/Explain below  
 ( ) HEAVY MAINTENANCE ( ) Branch Removal ( ) Crown Cleaning/Thinning ( ) Crown Reduction  
 Other/Explain More info to follow  
 Reason for Request \_\_\_\_\_

Property Owner Name Bray Family Trust  
 Property Owner eMail Address tbray@braytrust.org  
 Property Owner Mailing Address 906 Johnson  
 Property Owner Mailing City Key West State FL Zip 33040  
 Property Owner Phone Number (614) 206-2643  
 Property Owner Signature \_\_\_\_\_

Representative Name Treeman, LLC Sean Creeden  
 Representative eMail Address Keystreeman@gmail.com  
 Representative Mailing Address P.O. Box 430204  
 Representative Mailing City Big Pine Key State FL Zip 33043  
 Representative Phone Number (305) 900-8448

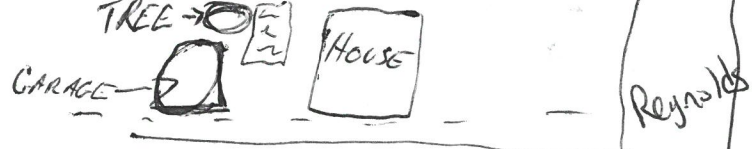
NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

Tree Representation Authorization form attached ( )

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

7' 10"  
 29.9" dbh  
 - 24.0  
 5.9" dbh  
 regulated

Please identify tree(s) with colored tape



Casa Marina

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: 4/16/19

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 906 Johnson

Property Owner Name Bray Family Trust dated 10/10/12

Property Owner eMail Address tbray@brayco.org

Property Owner Mailing Address same State FL Zip 33043

Property Owner Mailing City same

Property Owner Phone Number (614) 206-2643

Property Owner Signature [Signature]

Representative Name Treeman, LLC Sean Creedon

Representative eMail Address Keystreeman@gmail.com

Representative Mailing Address P.O. Box 430204

Representative Mailing City Big Pine Key State FL Zip 33043

Representative Phone Number (305) 900-8448

I Thomas P Bray, 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 16th day April 2019

By (Print name of Affiant) Thomas P Bray who is personally known to me or has produced FL DL as identification and who did take an oath.

#### NOTARY PUBLIC

Sign Name: Mia Castillo

Print Name: Mia Castillo

My Commission Expires: June 12, 2022

Notary Public - State of Florida (seal)

