

# STAFF REPORT

DATE: September 24, 2014

**RE: 819 Elizabeth Street (permit application #7099)**

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

An application was received for the removal of **(1) Avocado tree**. A site inspection was done on September 19, 2014 and documented the following:

Tree Species: Avocado (*Persea americana*)



























Diameter: 21"

Location: 80%

Species: 100% (on protected tree list)

Condition: 20% (very poor)

Total Average Value = 66%

Value x Diameter = **13.8 replacement caliper inches**

**Recommendations: Recommend approval of the removal of (1)  
Avocado tree located at 819 Elizabeth Street, to be replaced with 13.8  
caliper inches of FL#1 native dicot or fruit trees.**



# Application





7099-C  
7100-P

## Tree Permit Application

Date: 9/11/14

Please Clearly Print All Information unless indicated otherwise.

Tree Address 819 Elizabeth  
Cross/Corner Street Olivia St.  
List Tree Name(s) and Quantity Avocado Tree & 1 Veitchia Montgomeriana  
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 Large decay in Main Stems is very advanced and is a structural concern. Veitchia Palm can be Relocated on Site

Property Owner Name NESBITT TNN LLC - JOANNE MARCOUX - MANAGER  
Property Owner eMail Address NESBITT TNN LLC COMMERCIAL  
Property Owner Mailing Address PO Box 299  
Property Owner Mailing City NEW TUCKER State GA Zip 02554  
Property Owner Phone Number (615) 899-1401  
Property Owner Signature

Representative Name John Cole Shade Tree Inc.  
Representative eMail Address shadetreeservices@yahoo.com  
Representative Mailing Address PO Box 1341  
Representative Mailing City Key West State FL Zip 33041  
Representative Phone Number (305) 340-8094

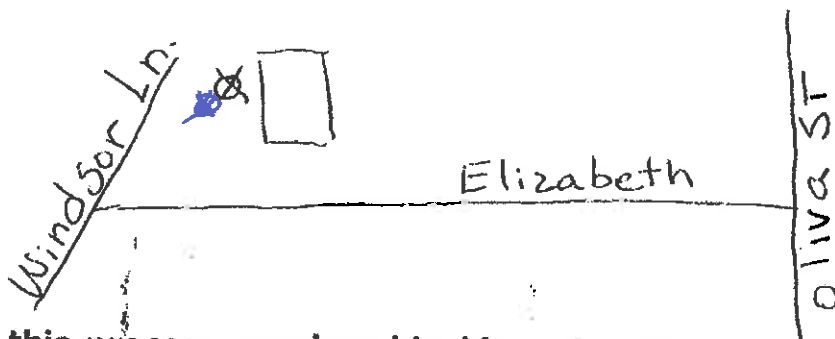
NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

Tree Representation Authorization form attached ( )

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

Please identify tree(s) with colored tape

orange tagging  
Tape



5'6" circ

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: 9/17/14

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 819 Elizabeth

Property Owner Name Westcott Inn LLC <sup>Shade Tree Inc</sup>  
 Property Owner eMail Address WESLITTINN@COMCAST.NET  
 Property Owner Mailing Address WESLITTINN PO Box 299  
 Property Owner Mailing City WANTUCKE State MA Zip 02554  
 Property Owner Phone Number (617) 899-1401  
 Property Owner Signature \_\_\_\_\_

Representative Name John Cole Shade Tree Inc.  
 Representative eMail Address Shadetreeservices@yahoo.com  
 Representative Mailing Address PO Box 1341  
 Representative Mailing City Key West State FL Zip 33041  
 Representative Phone Number (305) 340-8094

I Joanne Marcoux, 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

Joanne Marcoux

The forgoing instrument was acknowledged before me on this 17th day September, 2014

By (Print name of Affiant) Joanne Marcoux who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

### NOTARY PUBLIC

Sign Name: Bonnie A Sylvia

Massachusetts  
 Notary Public - State of Florida (seal)

Print Name: Bonnie A Sylvia

My Commission Expires:

