

STAFF REPORT

DATE: February 28, 2018

RE: **1721 Flagler Avenue (permit application # T18-8882)**

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

An application was received requesting the removal of **(1) Mahogany tree**. A site inspection was done on February 23 , 2018 and documented the following:

Tree Species: Mahogany (Swietenia mahagoni)























02/23/2018











Location of entryway to  
old beehive in tree



02/23/2018







Diameter: 39.4"

Location: 30% (major structural roots growing under building-dental offices)

Species: 100% (on protected tree list)

Condition: 60% (fair-hurricane damage to canopy but structure overall still ok. Tree has been maintained by an arborist through the years.)

Total Average Value = 63%

**Value x Diameter = 24.8 replacement caliper inches**

**According to the arborist who has worked on this tree continually in the past, when branches in the upper canopy were removed, they were hollow with a significant amount of decay.**



# **Additional Information**



## Karen DeMaria

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**From:** L Spelios <lspelios@msn.com>  
**Sent:** Friday, March 02, 2018 10:01 AM  
**To:** Karen DeMaria  
**Subject:** Re: 1721 Flagler tree removal application  
**Attachments:** Front Tree.pdf; P3010099.JPG; P3010100.JPG; P3010102.JPG

Karen

Please see the attached. Please let me know if you need anything else

Thank you for all your help

Dr. Lou

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**From:** Karen DeMaria <kdemaria@cityofkeywest-fl.gov>  
**Sent:** Wednesday, February 28, 2018 4:39 PM  
**To:** lspelios@msn.com  
**Subject:** 1721 Flagler tree removal application

Dr. Spelios:

As we discussed when I was onsite last week, I need some additional information for the file that states why you need to remove the mahogany tree closest to Flagler Avenue. We spoke about a map of that side of the building showing the equipment in that area, plumbing issues and copies of receipts, etc. Also, any photos from inside the building that show damage from the tree would be helpful.

Sincerely,

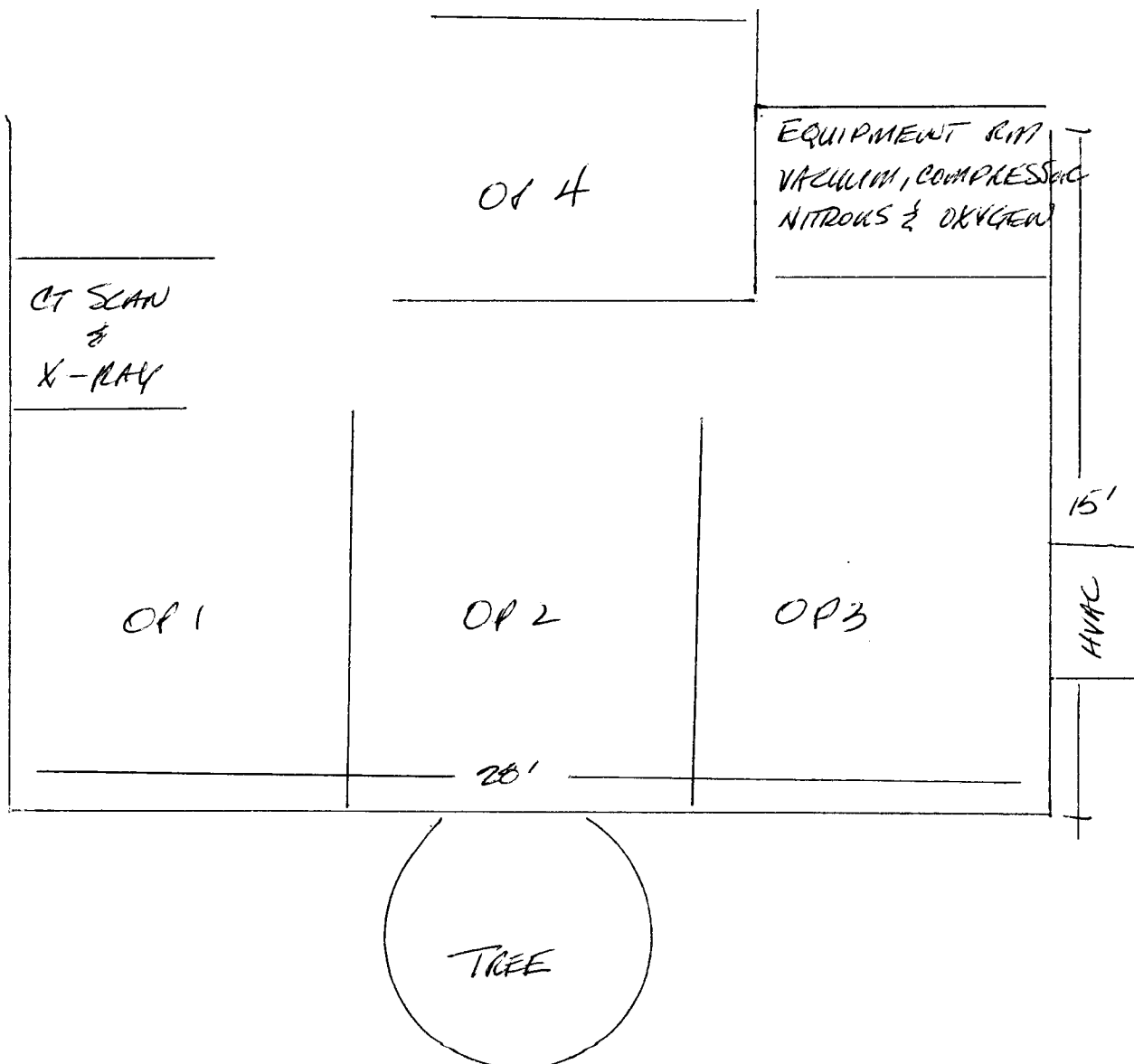
Karen

Karen DeMaria  
Urban Forestry Manager/Tree Commission  
Certified Arborist  
305-809-3768



The tree in question has a great effect on my business. The tree itself along with its root structure could cause my business to shut down our daily operation for a considerable amount of time. Not only causing the business a great financial loss, but also an impact to the community considering the business services between 850-900 patients visits a month.

This tree has a trunk circumference of greater than 15 feet with a great deal of this tree's root system running at least 20 to 25 feet under the building, with the very base of the tree touching and extending under a main framing joist that supports 1/3<sup>rd</sup> of the building. With the root structure extending that far under the building, it would not only affect the building structurally, but all of the plumbing for our compressed air system, suction system, sewer and water systems. In addition, it would be impacting 4 complete operatories, including the equipment in them, also impacting the HVAC system, compressor, vacuum pumps, CT Scan X-Ray machine, nitrous oxide and oxygen system, which is highly explosive and flammable (the value of the equipment that would be impacted is approximately 200K alone). Without any of the above-mentioned systems the business becomes completely unfunctional.













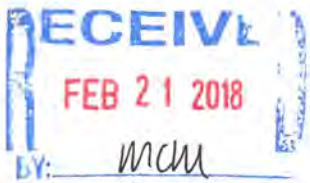


← RECEPTION



# Application





CANOPY  
REMOVAL

8882

## Tree Permit Application

Date: 2-20-2018

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 1721 Flagler Ave,  
**Cross/Corner Street** Ashby St.  
**List Tree Name(s) and Quantity** 1 Mahogany  
**Species Type(s) check all that apply** ( ) Palm ( ) 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

**Additional Information and Explanation** This tree has an unusual amount of decay for a Mahogany tree. It has also been undermining the structure for a long time.

**Property Owner Name** Louis Spelios DMD  
**Property Owner eMail Address** LSPELIOS@MSN.COM  
**Property Owner Mailing Address** 1721 Flagler Ave.  
**Property Owner Mailing City** Key West **State** FL **Zip** 33040  
**Property Owner Phone Number** (305) 321-7701  
**Property Owner Signature**

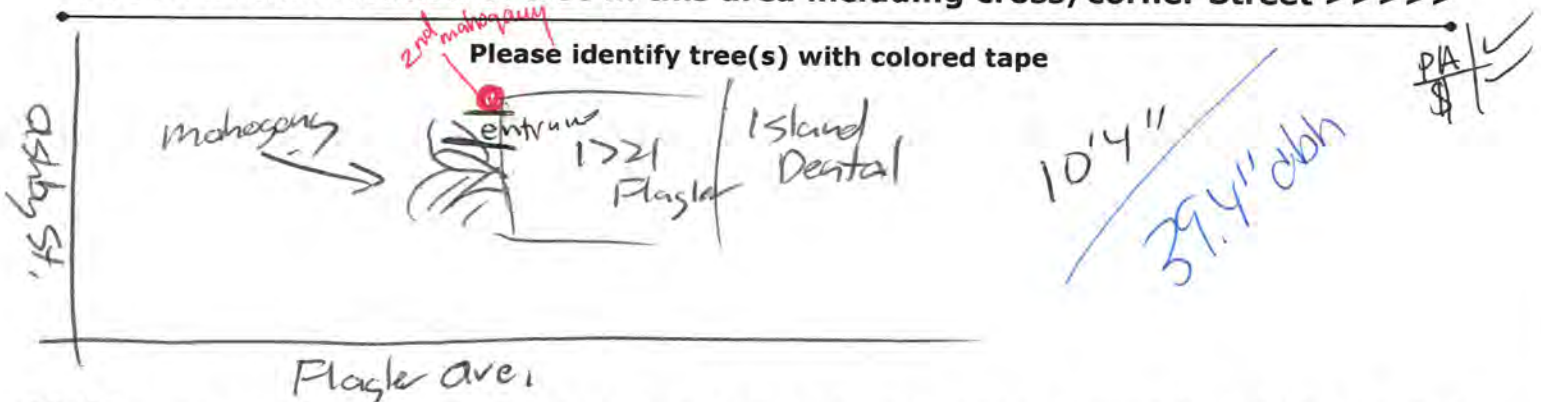
**Representative Name** Kenneth King  
**Representative eMail Address**  
**Representative Mailing Address** 1602 Laird St.  
**Representative Mailing City** Key West **State** FL **Zip** 33040  
**Representative Phone Number** (305) 296-8101

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 ( )

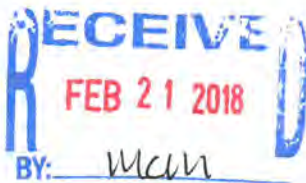
<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

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: 1/29/2018

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 1721 FLAGLER AVE

Property Owner Name LOUIS SPELIOS DMD  
Property Owner eMail Address LSPELIOS@MSN.COM  
Property Owner Mailing Address 1721 FLAGLER AVE  
Property Owner Mailing City KEY WEST State FL Zip 33040  
Property Owner Phone Number (305) 321-7701  
Property Owner Signature [Signature]

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

I LOUIS SPELIOS DMD 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 29 day January.

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

### NOTARY PUBLIC

Sign Name: Kathleen Roberta David Notary Public - State of Florida (seal)

Print Name: Kathleen Roberta David

My Commission Expires: 8-20-21





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## Detail by Entity Name

Florida Profit Corporation

**1721 KEY WEST, INC**

### Filing Information

<b>Document Number</b>	P13000058464
<b>FEI/EIN Number</b>	27-3456278
<b>Date Filed</b>	07/10/2013
<b>Effective Date</b>	07/04/2013
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

1721 FLAGLER AVE  
KEY WEST, FL 33040

### Mailing Address

1721 FLAGLER AVE  
KEY WEST, FL 33040

### Registered Agent Name & Address

**SPELIOS, LOUIS**

1721 FLAGLER AVE  
KEY WEST, FL 33040

### Officer/Director Detail

#### **Name & Address**

Title P

**SPELIOS, LOUIS**

1721 FLAGLER AVE  
KEY WEST, FL 33040

Title VP

SPELIOS, JENNA  
1721 FLAGLER AVE  
KEY WEST, FL 33040

Title Director

Spelios, Gregory