

# STAFF REPORT

DATE: April 22, 2016

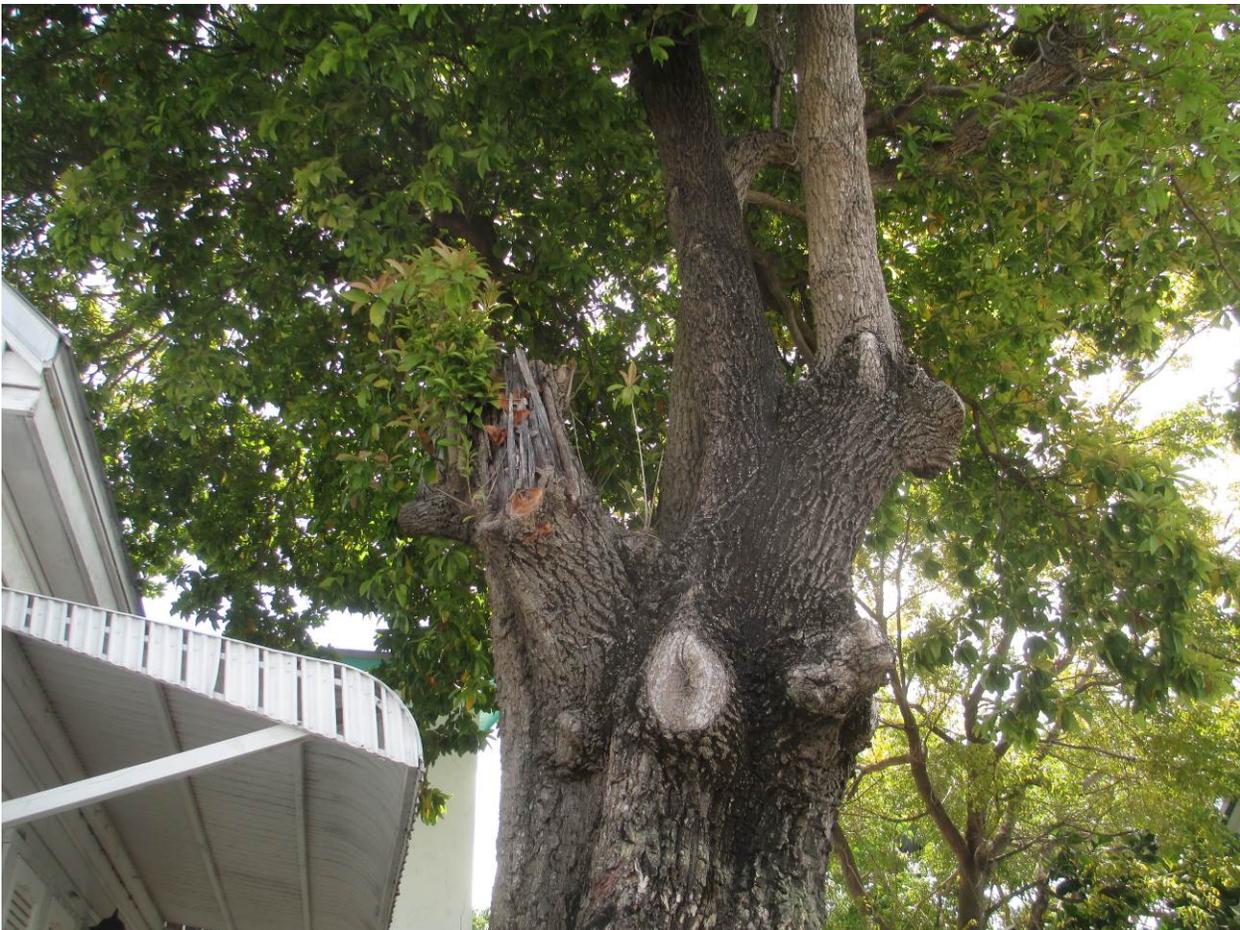
RE: **724 Windsor Lane (permit application # T16-7931)**

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

An application was received requesting the removal of **(1) Sapodilla tree**. A site inspection was done on April 20, 2016 and documented the following:

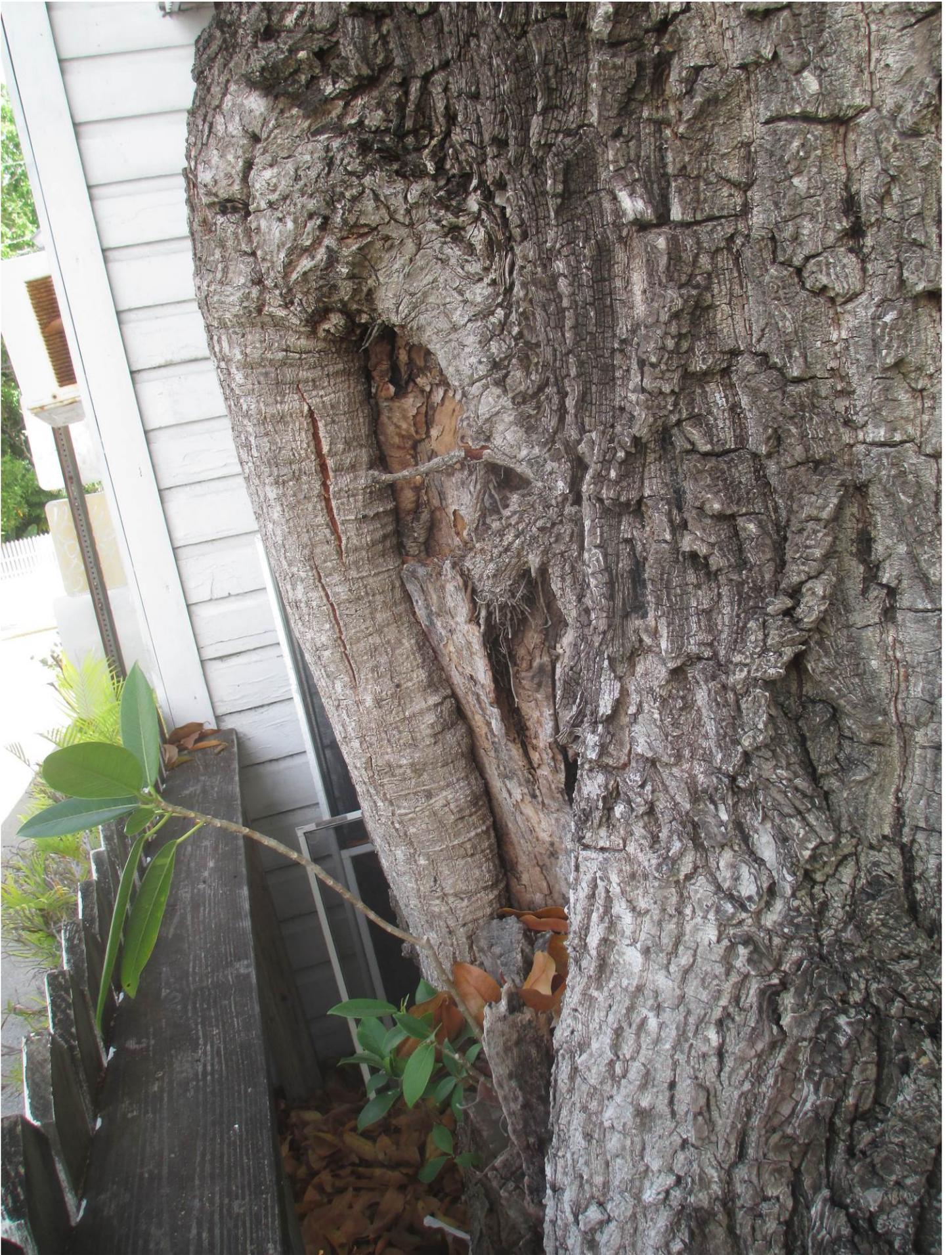
Tree Species: Sapodilla (*Manilkara zapota*)















Diameter: 29.9"

Location: 40% (tree becoming too large for space)

Species: 100% (on protected tree list)

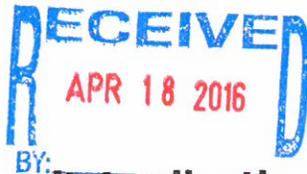
Condition: 50% (fair)

Total Average Value = 63%

**Value x Diameter = 18.8 replacement caliper inches**

**Recommendation: Recommend approval of the removal of one (1) Sapodilla tree at 724 Windsor Lane to be replaced with 18.8 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.**

# Application



7931

# Tree Permit Application

Date: \_\_\_\_\_

Please Clearly Print All Information unless indicated otherwise.

**Tree Address** 724 Windsor Lane  
**Cross/Corner Street** Galveston Lane  
**List Tree Name(s) and Quantity** 1 Sapodillia  
**Species Type(s) check all that apply** ( ) Palm ( ) Flowering ( ) Fruit (X) 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

**Other/Explain** \_\_\_\_\_

**Reason for Request** Decay, to close to the house

**Property Owner Name** JOHN MCINTYRE  
**Property Owner eMail Address** CTMCINTYRE@GMAIL.COM  
**Property Owner Mailing Address** 700 WINDSOR LANE  
**Property Owner Mailing City** KEY WEST **State** FL **Zip** 33040  
**Property Owner Phone Number** \_\_\_\_\_  
**X Property Owner Signature** [Signature]

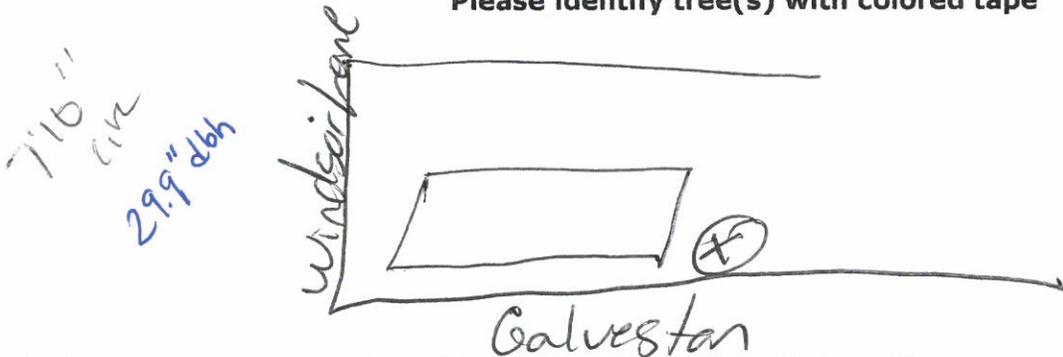
**Representative Name** Just Keys Trees  
**Representative eMail Address** justkeystrees@comcast.net  
**Representative Mailing Address** 5550 5th Ave #6  
**Representative Mailing City** Key West **State** FL **Zip** 33040  
**Representative Phone Number** ( ) - -

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 ( )

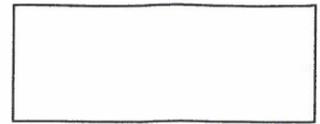
<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

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.

✓/po



### Tree Representation Authorization

Date: 4/15/16

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.

X Tree Address 724 WINDSOR LANE

X Property Owner Name John W McIntyre

X Property Owner eMail Address CJMCINTYRE@GMAIL.COM

Property Owner Mailing Address 700 WINDSOR LN

X Property Owner Mailing City Key West State FL Zip 33040

X Property Owner Phone Number (201) 724-5995

X Property Owner Signature John W McIntyre

Representative Name Just Keys Trees, Inc

Representative eMail Address justkeystrees@comcast.net

Representative Mailing Address 5550 5th Ave #6

Representative Mailing City Key West State FL Zip 33040

Representative Phone Number (305) 304-3144

I JOHN W MCINTYRE, 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 John W McIntyre

The forgoing instrument was acknowledged before me on this 15 day April, 2016.

By (Print name of Affiant) John W. McIntyre who is personally known to me or has produced M253479510220 FL DL as identification and who did take an oath.

NOTARY PUBLIC  
Sign Name: Christina M. Geide

Notary Public - State of Florida (seal)

Print Name: Christina M. Geide

My Commission Expires: 4/19/2019

