

STAFF REPORT

DATE: April 25, 2018

RE: **1607 Johnson Street (permit application # T18-8954)**

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

An application was received requesting the removal of **(1) Sea Grape tree**. A site inspection was done on April 13, 2018 and documented the following:

Tree Species: Sea Grape (*Coccoloba uvifera*)





04/13/2018









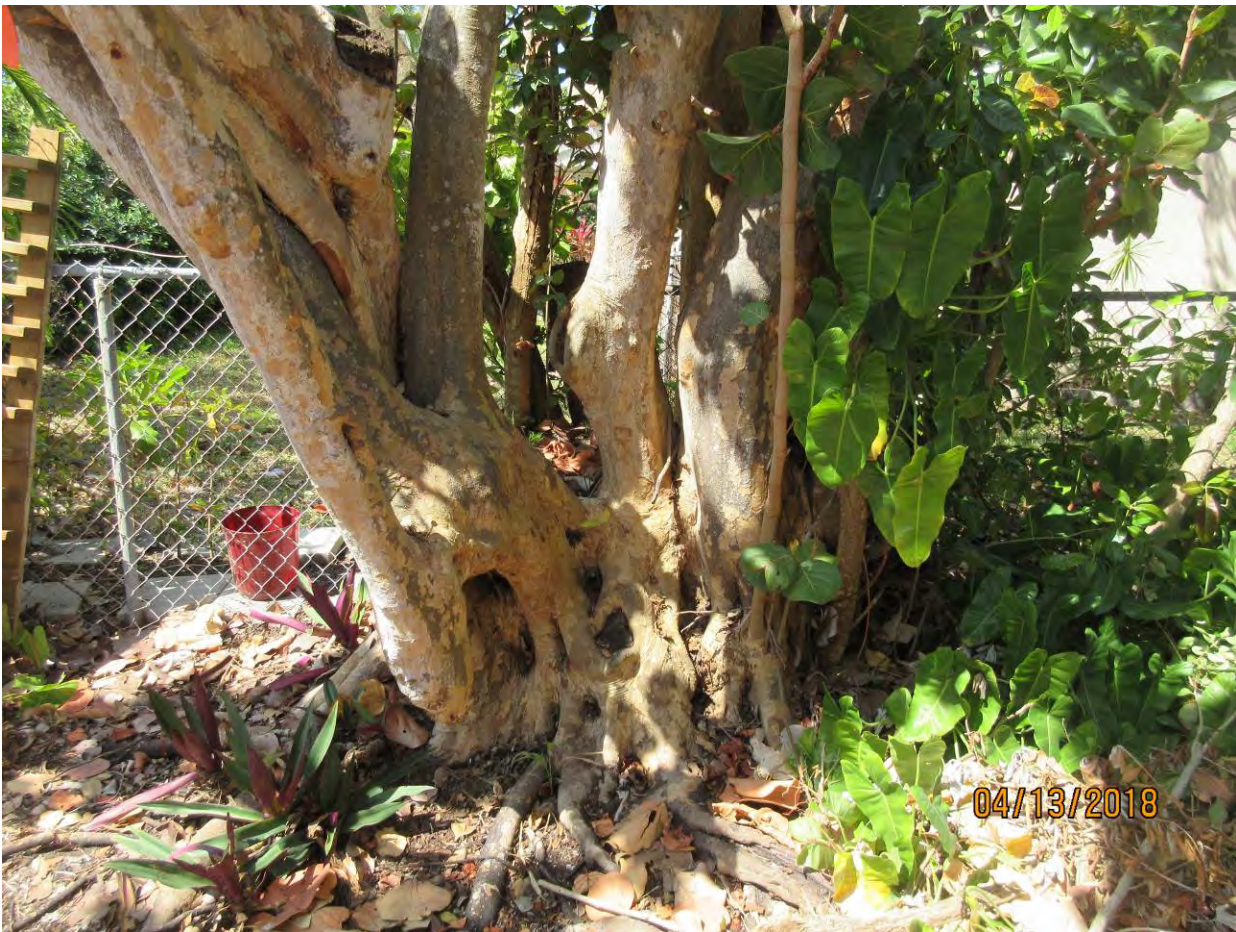




Nest
photo is
close up
of this
area

04/13/2018









Diameter: 30.5"

Location: 60% (Fence line)

Species: 100% (on protected tree list)

Condition: 30% (poor, lots of cross branches, decay, old cuts that have resprouted, poor structure, hurricane damage-lots of torn trunks, large decay hole in a large main trunk)

Total Average Value = 63%

Value x Diameter = 19.2 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Sea Grape tree at 1607 Johnson Street to be replaced with 19.2 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



CANOPY
REMOVAL

8954

Tree Permit Application

Date: 04-09-2018

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1607 Johnson Street
Cross/Corner Street Thompson St
List Tree Name(s) and Quantity 1 Seagrape tree
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

Other/Explain This Seagrape tree is a multi trunked mess
that's had numerous limbs and branches break
Reason for Request during winds the last few years.

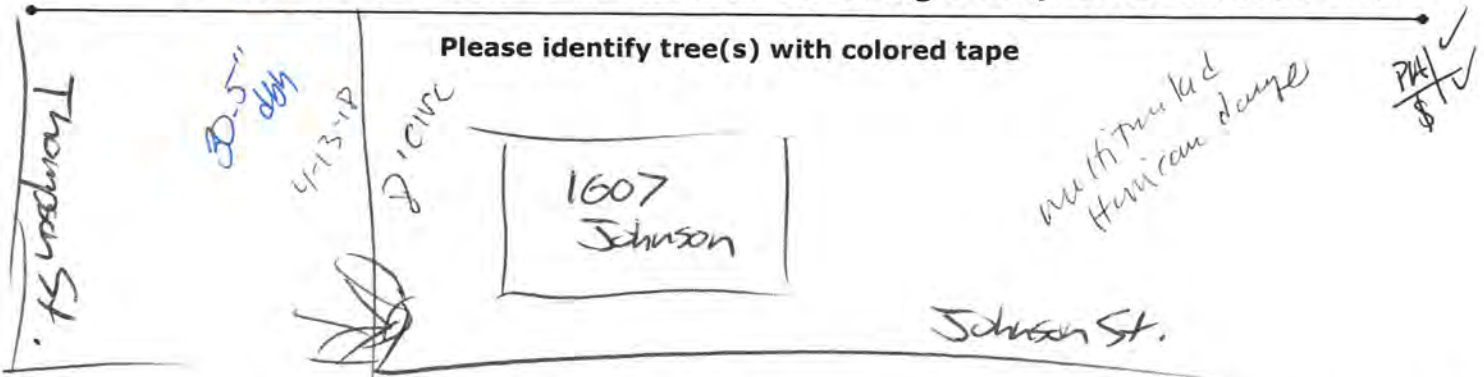
Property Owner Name Joanie Schlect
Property Owner eMail Address Joaniehoza@comcast.net
Property Owner Mailing Address 1607 Johnson street
Property Owner Mailing City Key West State FL Zip 32233
Property Owner Phone Number (904) 535-7182
Property Owner Signature Joanie Schlect

Representative Name Kenneth King
Representative eMail Address 1602 Land St.
Representative Mailing Address 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 >>>>>



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: 04-09-2018

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 1607 Johnson Street, Key West FL 33040

Property Owner Name Joanie Schlant

Property Owner eMail Address 1607 Johnson Street, Key West, FL 33040

Property Owner Mailing Address Joanie.Hoza@comcast.net

Property Owner Mailing City Key West State FL Zip 33040

Property Owner Phone Number (904) 535-7182

Property Owner Signature Joanie Schlant

Representative Name Ken King

Representative eMail Address _____

Representative Mailing Address 1602 Laird St.

Representative Mailing City Key West State FL Zip 33040

Representative Phone Number (309) 396-8106

I Joanie Schlant, 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

Joanie Schlant

The forgoing instrument was acknowledged before me on this 04 day 09.

By (Print name of Affiant) Joanie Schlant who is personally known to me or has produced Florida-DL as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Megan Miller

Notary Public - State of Florida (seal)

Print Name: Megan Miller

My Commission Expires: Jan 16th 2022

