

STAFF REPORT

DATE: August 1, 2018

RE: **2916 Harris Avenue (permit application # T18-9150)**

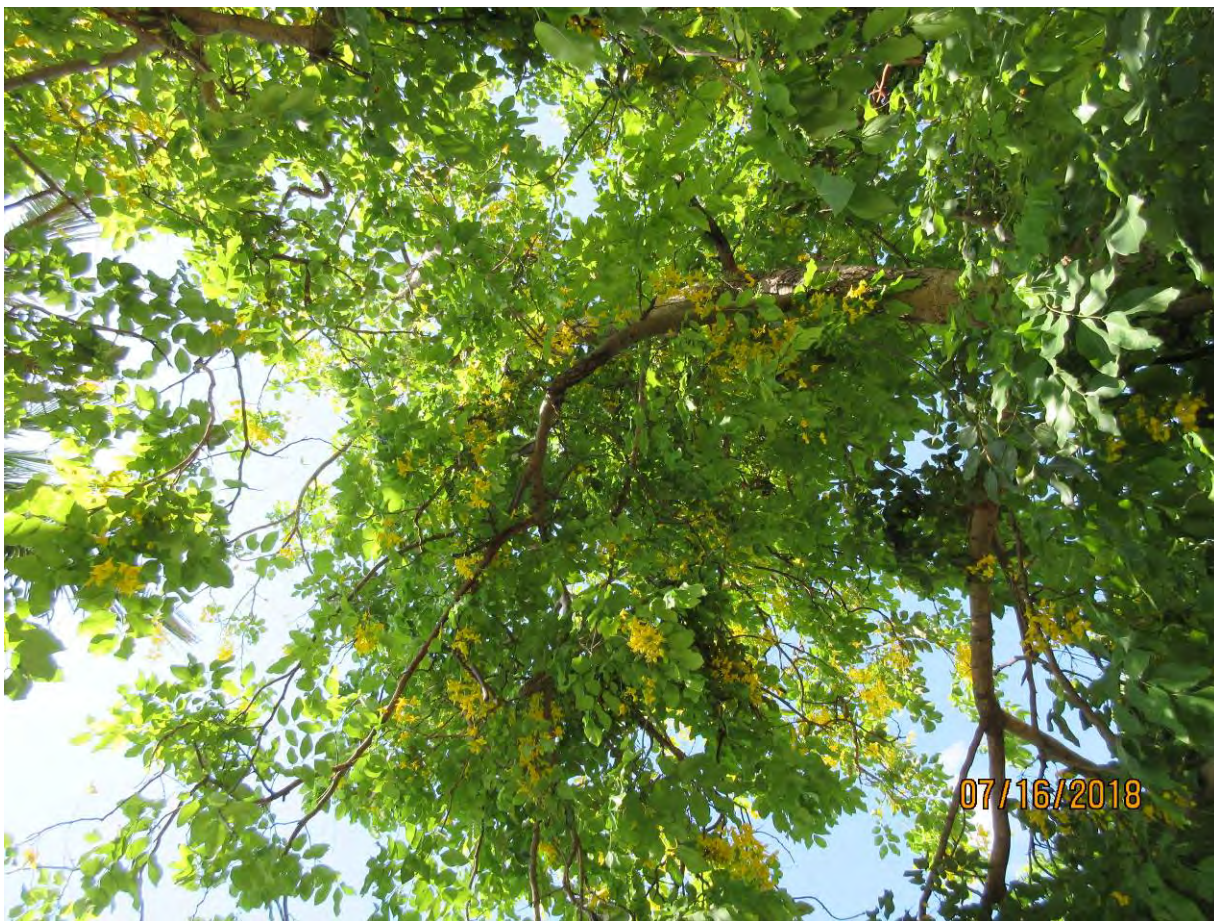
FROM: Karen DeMaria, City of Key West Urban Forestry Manager

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

Tree Species: Golden Shower (Cassia fistula)

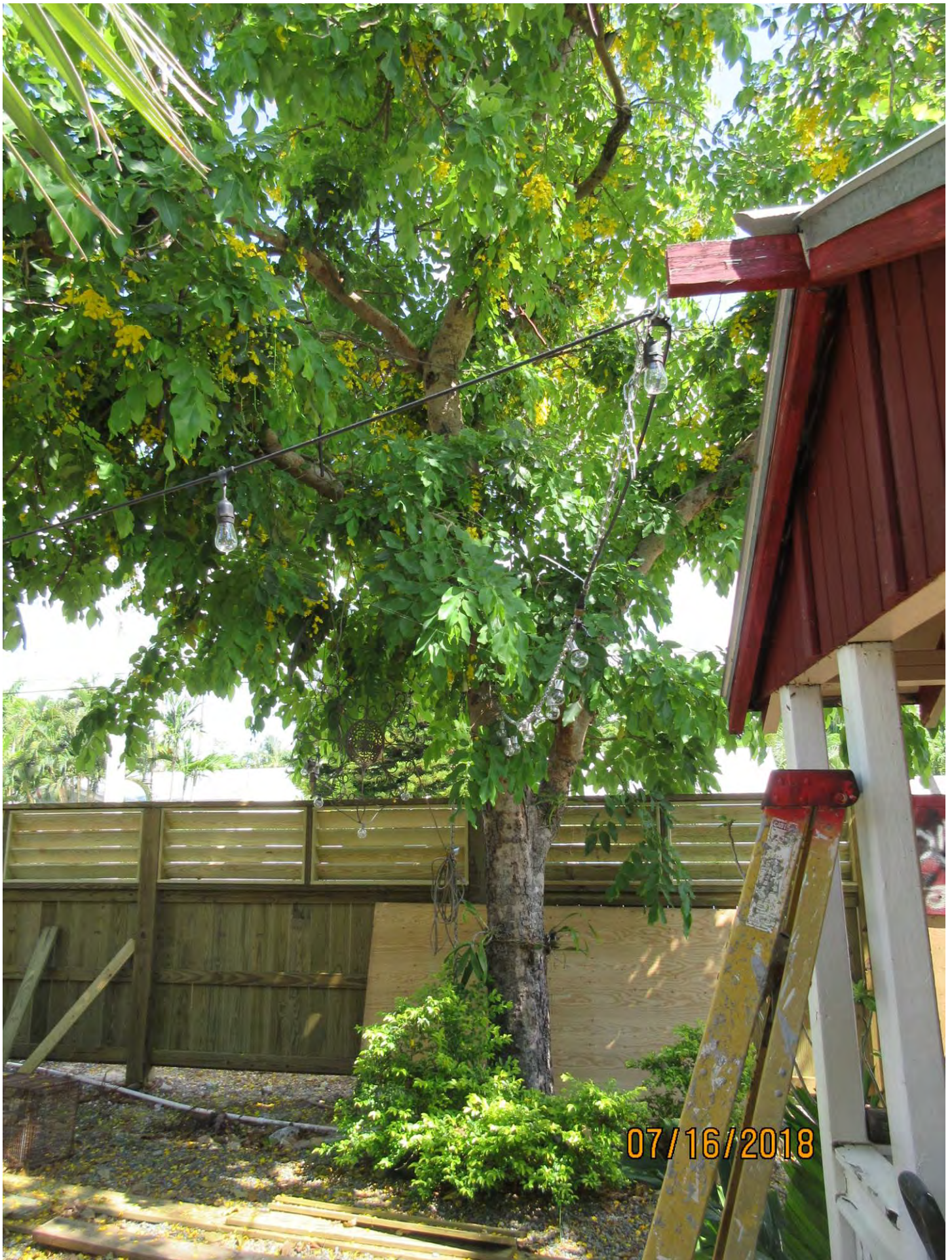








07/16/2018





Diameter: 13.6"

Location: 90% (front yard tree)

Species: 50% (not on protected or not protected tree list)

Condition: 60% (fair)

Total Average Value = 66%

Value x Diameter = 8.9 replacement caliper inches

Application



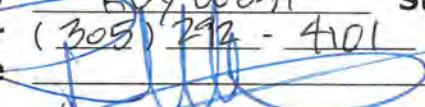
CANOPY
REMOVAL

7150

Tree Permit Application

Date: 6-28-18

Please Clearly Print All Information unless indicated otherwise.

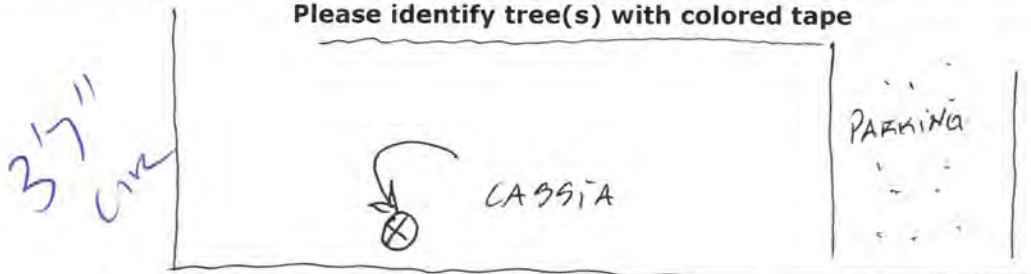
Tree Address 2916 HARRIS AVE.
Cross/Corner Street 12TH
List Tree Name(s) and Quantity (1) GOLDEN SHOWER - CASSIA FISTULA
Species Type(s) check all that apply ☐ Palm ☒ Flowering ☐ Fruit ☐ Shade ☐ Unsure
Reason(s) for Application:
☒ REMOVE ☐ Tree Health ☐ Safety ☐ Other/Explain below
☐ TRANSPLANT ☐ New Location ☐ Same Property ☐ Other/Explain below
☐ HEAVY MAINTENANCE ☐ Branch Removal ☐ Crown Cleaning/Thinning ☐ Crown Reduction
Additional Information and Explanation WE ARE RE-LANDSCAPING - THIS TREE IS INCREDIBLY MESSY, THE CANOPY WAS DAMAGED DURING IRMA, AND WE WOULD LIKE TO REPLACE WITH A MORE APPROPRIATE NATIVE CANOPY TREE.
Property Owner Name RICHARD KUITENICK, CO-TRUSTEE
Property Owner eMail Address richard@RMKPA.COM
Property Owner Mailing Address 2916 HARRIS AVE.
Property Owner Mailing City KEY WEST State FL. Zip 33440
Property Owner Phone Number (305) 292-4101
Property Owner Signature 
Representative Name NATIVE LANDSCAPE DESIGN
Representative eMail Address nativelandscape@comcast.net
Representative Mailing Address PO BOX 2847
Representative Mailing City KW State FL Zip 33045
Representative Phone Number (305) 509-7882

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



HARRIS AVE

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: 6-28-18

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 2916 HARRIS AVE.

Property Owner Name RICHARD KUTENICK, CO-TRUSTEE
Property Owner eMail Address richard@kukpa.com
Property Owner Mailing Address 2916 HARRIS AVE.
Property Owner Mailing City KEYWEST State FL Zip 33040
Property Owner Phone Number (305) 292-4101
Property Owner Signature _____

Representative Name NATIVE LANDSCAPE DESIGN
Representative eMail Address nativelandscape@comcast.net
Representative Mailing Address PO Box 2849
Representative Mailing City KW State FL Zip 33045
Representative Phone Number (305) 909-7882

I RICHARD M KUTENICK, 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

The forgoing instrument was acknowledged before me on this 5th day OF JULY, 2018.

By (Print name of Affiant) RICHARD M. KUTENICK who is personally known to me or has produced N/A as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Nicole Twyman Notary Public - State of Florida (seal)

Print Name: NICOLE TWYMAN

My Commission Expires: APRIL 08, 2019

