

STAFF REPORT

DATE: August 26, 2019

RE: **1100 Atlantic Blvd (permit application # T2019-0402)**

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 and documented the following:

Tree Species: Sea Grape (*Coccoloba uvifera*)



Photo of whole Sea Grape tree, street view 1.



Photo of whole Sea Grape tree, street view 2.



Photo of whole Sea Grape tree, street view 3.



Photo showing
tree trunks
close to wall,
view 1



Photo showing
base of tree
close to wall,
view 1



Photo showing base of tree close to wall, view 2.

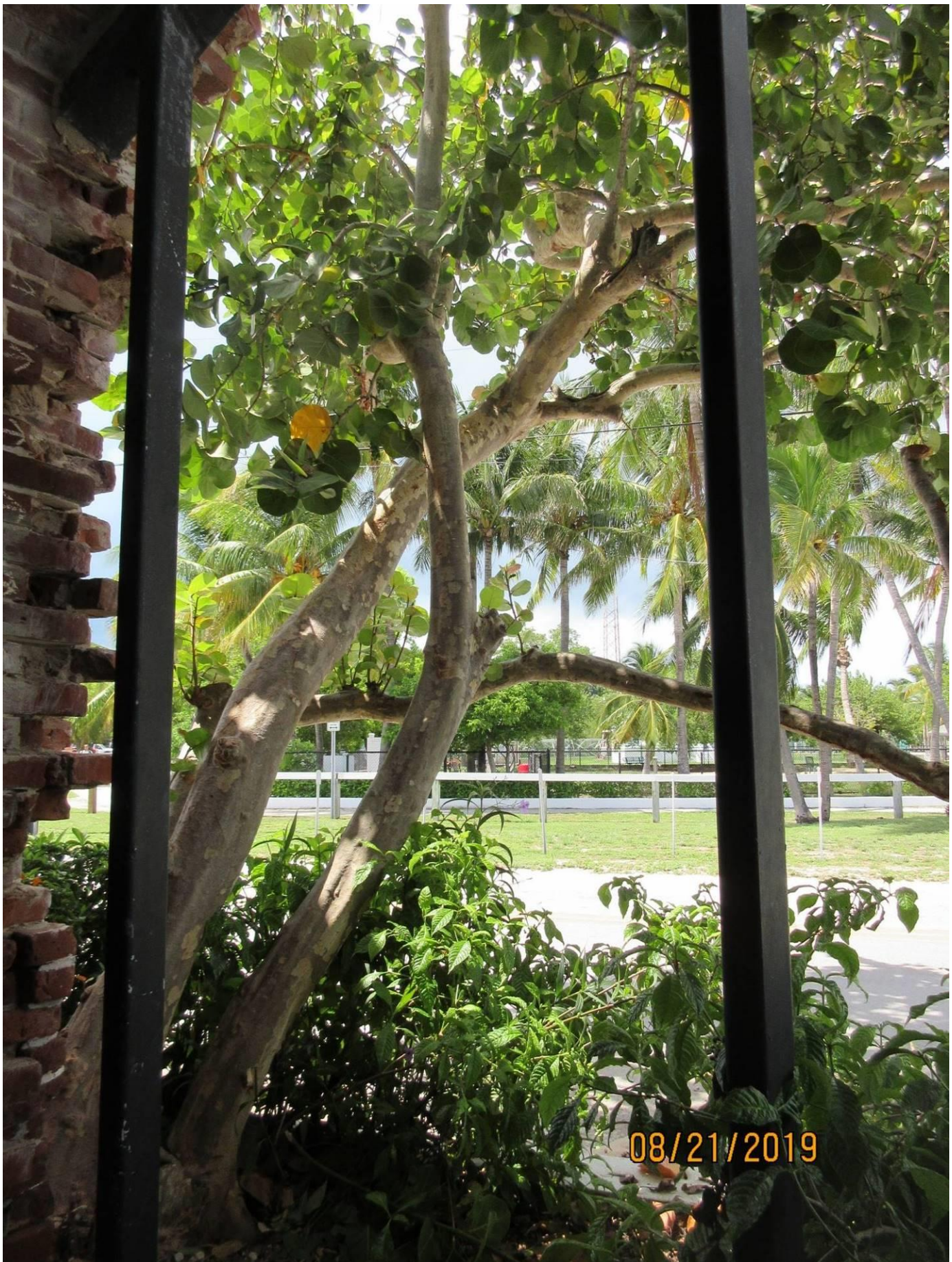


Photo of tree trunk from inside walkway area.



Photo of whole Sea Grape tree, street view 4.

Diameter: 14"

Location: 20% (growing at base of historic wall impacting structure)

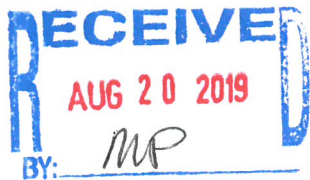
Species: 100% (on protected tree list)

Condition: 70% (overall healthy tree with strong growth lean over road)

Total Average Value = 63%

Value x Diameter = 8.8 replacement caliper inches

Application



T2019-0402

Tree Permit Application

Date: 8/17/19

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1100 Atlantic Blvd
Cross/Corner Street White 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

Additional Information and Explanation Tree is growing at the base of one of the brick columns which Requires Repair.

Property Owner Name Keith Briny (Monroe County)
Property Owner eMail Address briny - keith@monroecounty-fl.gov
Property Owner Mailing Address 1100 Simonton St. Suite 2-216
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 292-4523
Property Owner Signature Keith Briny

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 ☐

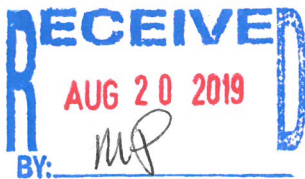
<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

Please identify tree(s) with colored tape



8-21-19
1'5" cur
2'3" dbh
14" dbh

If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.



T2019-0402

Tree Representation Authorization

Date: 8/17/19

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 1100 Atlantic Blvd

Property Owner Name Keith Briny
Property Owner eMail Address bring - keith@monroe county-fl.gov
Property Owner Mailing Address 1100 Simonon Street suite 12-210
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 292-4523
Property Owner Signature Keith Briny

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 Keith Briny, 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 Keith Briny

The forgoing instrument was acknowledged before me on this 20th day August 2019.

By (Print name of Affiant) Keith Briny who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Olympia Newton

Print Name: Olympia Newton

My Commission Expires: 1/29/21

Notary Public - State of Florida (seal)

