

# STAFF REPORT

DATE: August 25, 2021

RE: **907 Frances Street (permit application # T2021-0270)**

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

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

**Tree Species: Paradise (Simarouba glauca)**



Photo showing location of tree, view 1.





Photos showing location of tree, view 2.





Photo showing canopy of tree, view 1.





Two photos showing canopy of tree, views 2 and 3. Note recent damage from branch break and tear.







Photo showing tree trunk and most of tree and location next to property line.





Photo of tree canopy, view 4. Note recent damage from branch break and tear.





Photo of tree canopy, view 5.

Diameter: 13"

Location: 60% (located close to property line along right side)

Species: 100% (on protected tree list)

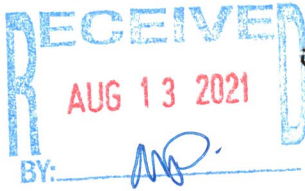
Condition: 40% (poor canopy structure, main trunk previously damaged by storm and removed. Another large branch recently broke off tree.)

Total Average Value = 66%

**Value x Diameter = 8.5 replacement caliper inches**

# Application





T2021-0270-

## Tree Permit Application

Please Clearly Print All Information unless indicated otherwise. Date: 8.14.21

Tree Address 907 FRANCES ST  
Cross/Corner Street \_\_\_\_\_  
List Tree Name(s) and Quantity PARADISE TREE (1)  
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 Trim ( ) Branch Removal ( ) Crown Cleaning/Thinning ( ) Crown Reduction

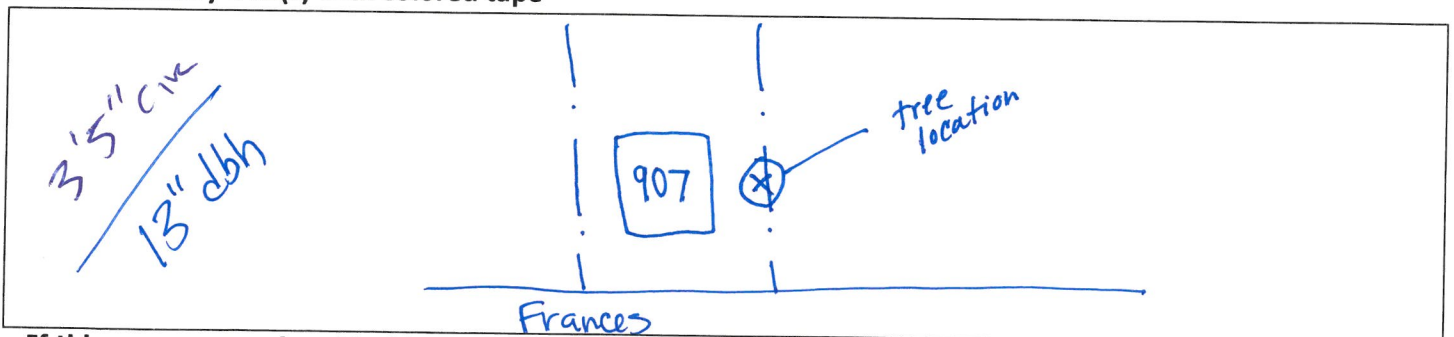
Additional Information and Explanation EVERY STORM TAKES ANOTHER SIGNIFICANT LIMB

Property Owner Name BILL & ROXANNE BEAN  
Property Owner email Address bill.bean.cpa@gmail.com  
Property Owner Mailing Address SAME  
Property Owner Phone Number 682.241.5460  
Property Owner Signature [Signature]

Representative Name KENNY KING  
Representative email Address \_\_\_\_\_  
Representative Mailing Address 1602 LAIRD ST KN FL 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

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.**

Date 8.1.21  
Tree Address 907 FRANCES ST KW FL 33040  
Property Owner Name BILL & ROXANNE BEAN  
Property Owner Mailing Address SAME  
Property Owner Mailing City, State, Zip SAME  
Property Owner Phone Number 682.241.5460  
Property Owner email Address bill.bean.cpa@gmail.com  
Property Owner Signature [Signature]  
  
Representative Name KENNY KING  
Representative Mailing Address 1602 LAIRD ST  
Representative Mailing City, State, Zip KW FL 33040  
Representative Phone Number 305.296.8101  
Representative email Address \_\_\_\_\_

I BILL BEAN 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 are any questions or need access to my property.

Property Owner Signature [Signature]

The forgoing instrument was acknowledged before me on this 13 day AUGUST 2021.

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

Notary Public

Sign name: Mia Castillo  
Print name: Mia Castillo

My Commission expires: June 12, 2022 Notary Public-State of Florida (Seal)

