ARBORIST ADVISORY COMMITTEE HAWAI'I COUNTY

OFFICE OF THE MAYOR PHONE (808) 961-8504 FAX (808) 961-6553 EXCEPTIONAL TREE AND PALM NOMINATION APPLICATION

			Date) :	
Nominator					
Name:					
Mailing Addre	ss:				
City:	State	:	Z	ip:	
Phone Number	r:				
E-Mail Addres					
Tree/Palm Info					
Scientific Nam	ne (If Known):				
Common (Eng	lish or Hawaiian):				
Location of Tr	ee(s)/Palms(s). Is tree o □Row	or palm in a: (Plea ☐ Grove	se check below)	
Tax Map Key:	(e.g., TMK 4-5-222:333)				
Address and Location of the Tree (e.g., 222 East Street, west side of lot)					
	a map with tree location		m		
Owner of the Tree/Palm (Please check box below): Note: The property owner of the location where the exceptional tree nominee(s) is found <u>must sign</u> the document below for this application to be considered. Please review the accompanying "Acceptance Form for Exceptional Tree Status by Real Property Owner" found on page 4 prior to signing this document.					
☐ Individual	☐ Organization ☐ Co	unty □State	□Other		
Owner's Name) :				
Address:	(City:		Zip:	
Phone Numbe	r:				
Owner's Signat	ture		Date		
		(For Office Us			
		Application #		ate Received:	

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Criteria for Exceptional Trees

Exceptional Tree Definition States:

"An Exceptional Tree is an individual tree or stand or grove of trees with historic or cultural value, or which by reason of its age, rarity, location, size, esthetic quality, or endemic status has been designated by the county committee as worthy of preservation. Exceptional trees may be designated generally by biotaxy or individually by location or class."

Act 105 Enacted by the Legislature of the State of Hawai'i.

General Application Process Information

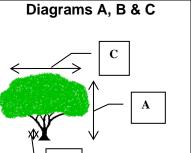
Applications are reviewed and a site visit by the Mayor's Arborist Advisory Committee (AAC) will be scheduled with the owner. The nomination will be voted on during an upcoming AAC meeting. Applicant will be notified by mail regarding the decision. All approved nominations for a calendar year are collectively submitted to the City Council, generally in the spring. A nomination is not legally complete until the tree(s) or palm(s) is officially added to the City and County of Honolulu Exceptional Tree Ordinance.

Criteria & Nomination Requirements:

- Attach at least one recent photo of the tree(s) or palm(s).
- For a tree/palm to be designated "Exceptional," it must have one or more of the following attributes.
- Select all criteria that apply from the categories below.
- Include supporting documentation for each criterion selected. For example, documents verifying age, cultural value, historical value, etc.
- Include high-quality pictures of each nominee.

<u>Estimations</u> for the following age and size components are acceptable.						
Age:	(In Years)				
ſ	J 0-20	1 21-50	□ 51-7.	5 □ 76-100	1 101+	
Rarity: (There are	others) P	lease check box	below:		
	In the surr	ounding area	☐ In the City	\Box On the island \Box	In the State	
	•	•	und to top of tre	e.) See diagram A.		
Please c	heck box	below:				
	0-20	1 21-50	□ 51-75	1 76-100	1 101+	
Diameter of Trunk in Inches: (measured at 54 inches above the ground) See diagram B.						
Please c	heck box	below:				
	0-10	□11-20	$\Box 21-30$ $\Box 3$	1-50 □51-70	7 1+	-
Size of Canopy: (From edge to edge of tree canopy in feet) See diagram C.						
Please check box below:						
	0-20	1 21-50	□ 51-75	□ 76-100	□ 101+	
Has species been assessed for invasiveness in Hawai`i?						
No ☐ Yes ☐ Rating:						
(Visit <u>www.Plantpono.org</u> to check)						
(Note: High Risk rating does not automatically disqualify nomination)						
Exceptional Qualities of this tree are: Please check all that apply.						
☐ Historic Value, ☐ Endemic Status: (Unique to a Hawai`i, not found elsewhere) ☐ Aesthetic						
Quality:	(What mal	kes it stand ou	t?), 🗖 Cultural	Value, 🗖 Location	□ Rarity, □	J Size

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Please explain why this tree is exceptional based on the criteria selected above:

- A) Height (in feet)
- B) Trunk Diameter (in feet)
- C) Crown Size (in feet)

The Nomination Application:

- 1. Completed application form.
- 2. Current photos of the tree(s)/palm(s).
- 3. Site map.
- 4. Supporting documentation justifying selected criteria.

Email Completed Application Form and Supporting Documents To:

RobertH.Command@hawaiicounty.gov Cc: Pomaika'i.Bartolome@hawaiicounty.gov

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ACCEPTANCE FORM FOR EXCEPTIONAL TREE STATUS BY REAL PROPERTY OWNER

I, the undersigned, am the fee simple owner of real property on which grows the tree, stand, or grove of trees that has been nominated as an Exceptional Tree in this document under the criteria of Exceptional Trees set forth in Chapter 14, Article 10, Section 14-57 of the Hawai'i County Code. The real property and nominated tree/stand/grove are described above (see pages 1-3).

I agree to allow the tree/stand/grove to be designated as an Exceptional Tree and placed on the list of Exceptional Trees for the County of Hawai'i in Hawai'i County Code Section 14-65 and an official map prepared and filed with the Planning Department. I understand that this designation as an Exceptional Tree is subject to the Arborist Advisory Committee's study and recommendation, a duly held public hearing, and acceptance by the County Council.

I further understand that the tree must not be substantially damaged, removed, or destroyed and that such violation shall be fined not more than \$1,000 per tree or incident, per Section 14-63 of the Hawai'i County Code.

I understand that the County of Hawai'i assumes no liability with reference to this tree and will not be responsible for its care and maintenance. However, if advice is required regarding the preservation and enhancement of the Exceptional Tree, I may contact the Hawai'i County Arborist Advisory Committee, per Section 15-59(b) of the Hawai'i County Code.

I shall be solely responsible for any tax deduction and/or consequence available for maintenance of an Exceptional Tree, as set forth in Section 235-19 of the Hawai'i Revised Statutes or any other state or federal law.

In the event that the property ownership is transferred, I will notify the Arborist Advisory Committee within thirty (30) days.

Owner's signature:		
Print name:		
Address:		
Date:		