

## **Administrative Certificates of Appropriateness**

Attached are Certificates of Appropriateness issued administratively in January 2017.

- COA #17-01, 712 Citrus Ave – Upgrade equipment at existing cell site.
- COA #17-03, 503 S 9<sup>th</sup> Street – Install new fence.
- COA #16-04, 1009 Avenue D – Remove damaged, shingle roof and install 5-V Crimp metal roof.
- COA #17-05, 635 N 2<sup>nd</sup> Street – Remove and replace existing windows, exterior doors and entry steps. Repair soffit. New windows and doors will match existing style. No change in openings.





THE SUNRISE CITY  
**FORT PIERCE**  
PLANNING DEPARTMENT *Florida*



COA# 17-01

Bldg. Permit # \_\_\_\_\_

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 712 Citrus Ave.

Parcel ID #: 2410-705-0006-000-1

Type of Designation:  Contributing  Non-contributing Site within the \_\_\_\_\_ Historic District

Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

### Property Owner / Applicant Information

#### Property Owner(s)

Name(s): Crown Castle / Southern Bell Tel

Mailing Address: 6420 Congress Ave., #2000, Boca Raton, FL 33487

Phone Number(s): 561-922-1230 Email: adam.ehrlich@crowncastle.com

#### Applicant

Name(s): Verizon

Mailing Address: 4700 Exchange Court Ste#100 Boca Raton, FL 33431

Phone Number(s): 561.995.5590 Email: kathy.cicero@verizonwireless.com

#### Representative

Name(s): Adam Ehrlich

Mailing Address: 6420 Congress Ave., #2000, Boca Raton, FL 33487

Phone Number(s): 561-922-1230 Email: adam.ehrlich@crowncastle.com

*Property Owner(s) Acknowledgements:- This application will not be considered complete without the signature of all property owners of record, which shall serve as an acknowledgement of the submission of this application. The property owner's signature below shall also authorize the Applicant (if other than the property owner) and/or Representative to act in his/her behalf for the purposes of seeking approval for the application described herein. The undersigned consents to inspection and photographing of the subject property by the Historic Preservation staff for purposes of consideration of this Application and/or presentation to the Historic Preservation Board.*

I / We, April Negron as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

April Negron  
Signature of Owner

1/4/17  
Date

**Description of Requested Work**

Please indicate the type of work requested:

- |   |   |                                     |                                     |
|---|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Fence          | <input type="checkbox"/> Shed             | <input type="checkbox"/> Door(s)    | <input type="checkbox"/> Roof       |
| <input type="checkbox"/> Window(s)      | <input type="checkbox"/> Signage          | <input type="checkbox"/> Shutter(s) | <input type="checkbox"/> Porch      |
| <hr/>                                   |   |                                     |                                     |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

- Site Improvements (describe) \_\_\_\_\_
- Other (describe) upgrade equipment at existing cell site

Please provide a detailed description of the proposed work to be performed: \_\_\_\_\_

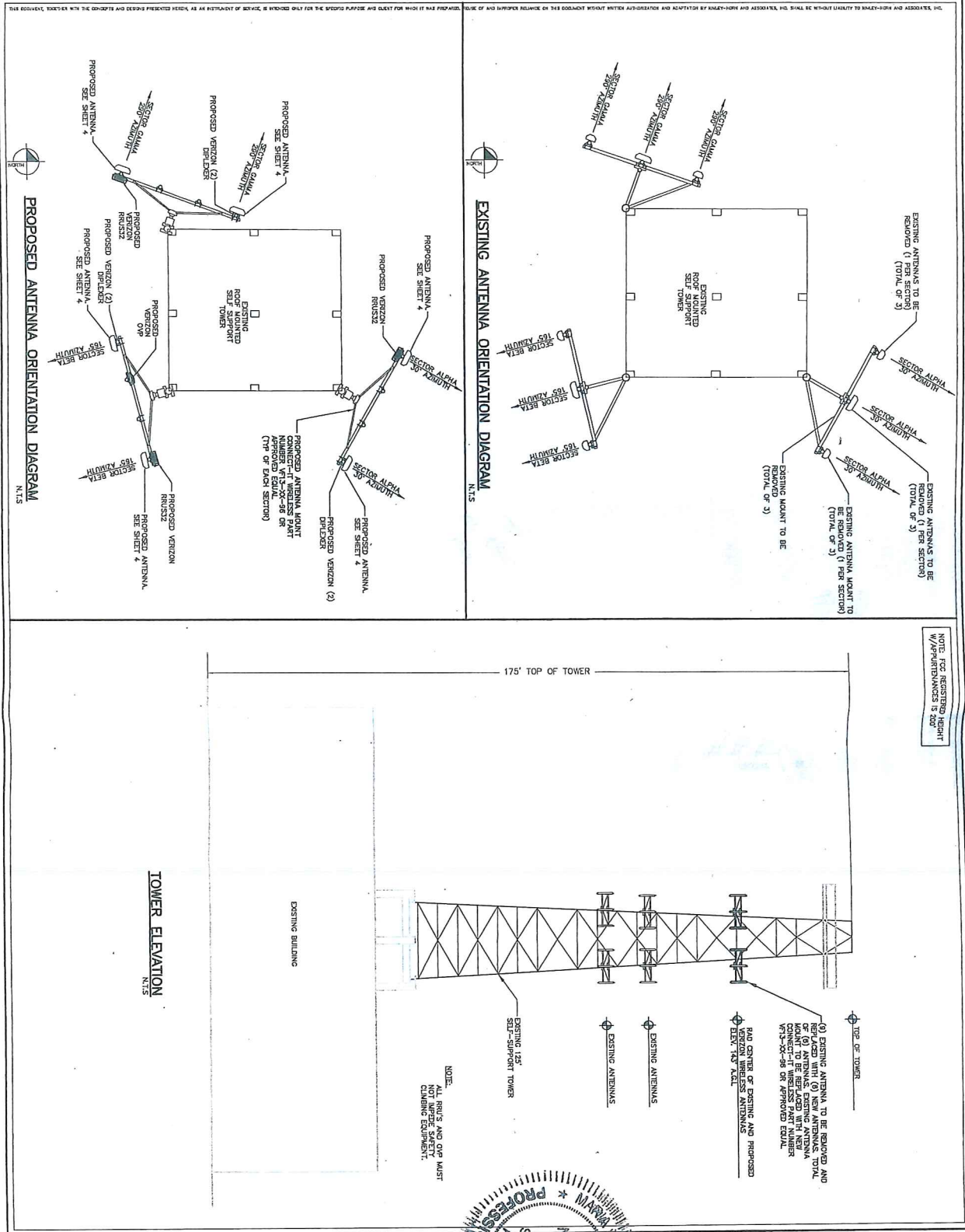
Verizon Wireless proposing to replace (6) antennas, remove (3) antennas and add (1) hybrid line, (3) RRUS12/A2 modules, (6) diplexers, (1) OVP. No ground changes to existing lease area. Verizon Wireless will change the mount to a VF13-xx96.

Have other alterations been made to the site within the last 12 months?  No  Yes, \_\_\_\_\_

Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

**Application Requirements**

- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
  - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
  - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the main façade of the site and photographs of any areas affected by the proposed project.
- Material(s) specifications and/or sample(s)
- Color samples.
- Demolition – Plans for what will be taking the demolished structure’s place should be submitted.



<p>777 WALKER ROAD, SUITE 400 BOCA RATON, FL 33430 (561) 232-2889</p>	
<p>PROJECT INFORMATION:</p> <p>BS FT. PIERCE SITE No. 62710 712 CITRUS AVENUE FORT PIERCE, FL 34950 ST. LUCIE COUNTY</p>	
<p>ISSUED FOR: AWS UPGRADE</p> <p>ISSUE DATE: MAY 2016</p>	
<p>REV. DATE: DESCRIPTION:</p>	
<p>PROJECT DATA:</p> <p>NO. 72397 STATE OF FLORIDA REGISTERED PROFESSIONAL ENGINEER No. 11116</p> <p><b>Mark Morath</b> Horn</p> <p>© 2016 Mark Morath and Associates, Inc. 1920 WESTVA WAY WEST PALM BEACH, FLORIDA 33411 PHONE: 561-830-0099</p>	
<p>DRAWN BY: CHK: APV: MM MM</p>	<p>DESIGNED BY: MM MM</p>
<p>LENSURE: ANGELO A. JAMES DANA V. MARTIN KEN N. LINDEN</p> <p>PE 73845 FC 73267 FE 71424</p>	
<p>SHEET TITLE: TOWER ELEVATION AND ANTENNA ORIENTATION</p>	
<p>SHEET NUMBER: 3 OF 5</p>	
<p>REA Job #: 044290104</p>	

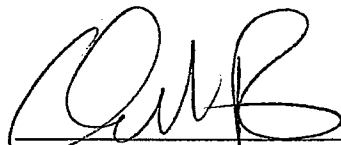
**CROWN CASTLE SOUTH LLC**

**SECRETARY CERTIFICATE**

I, Donald J. Reid, do hereby certify that I am the Secretary of Crown Castle South LLC, a Delaware limited liability company (the "Company"), and further CERTIFY that:

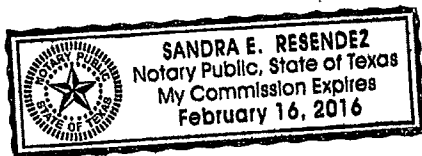
1. that April Negrón is a Project Manager – South Florida for the South Area of the Company and continues to hold such position; and
2. that pursuant to the Commitment Authority Policy of the Company dated February 8, 2013, a Project Manager of the Company is authorized to execute Notice of Commencement forms, Termination of Notice of Commencement forms, Change of Contractor forms, Permit Application forms and any other documents which are required or related to the construction repair, modification or maintenance of telecommunications towers that are related to her Area of the Company having an aggregate expenditure limit of up to \$20,000.


IN WITNESS WHEREOF, I have hereunto subscribed my name this 8<sup>th</sup> day of November, 2013.

  
Donald Reid, Secretary

STATE OF TEXAS  
COUNTY OF HARRIS

This Certificate was subscribed and sworn to before me on the 8<sup>th</sup> day of November, 2013, by Donald Reid, Secretary of Crown Castle South LLC.



  
Notary Public

My Commission Expires: 2/16/2016





Bldg. Permit # \_\_\_\_\_

COA# 17-03

## Certificate of Appropriateness Application



### Building & Site Information

Address of the Site:

503 S. 9<sup>th</sup> St. F.P.

Parcel ID #:

2410-709-0020-000-7

Type of Designation:

Contributing  Non-contributing Site within the \_\_\_\_\_ Historic District

Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

### Property Owner/ Applicant Information

Property Owner(s)

Name(s):

Gustavo Cabanella - Guillermo Ruiz

Mailing Address:

6740 NW 37<sup>th</sup> Ave, Miami, FL 33147

Phone Number(s):

772-201-2243

Email: \_\_\_\_\_

Applicant

Name(s):

All Indian River Fence Co.

Mailing Address:

790 SW Airosa Blvd Port St Lucie, FL 34983

Phone Number(s):

772-340-1045

Email: \_\_\_\_\_

Representative

Name(s):

Mailing Address:

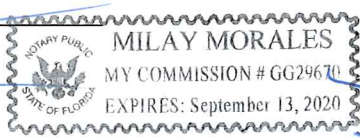
Phone Number(s):

Email: \_\_\_\_\_

*Property Owner(s) Acknowledgements:- This application will not be considered complete without the signature of all property owners of record, which shall serve as an acknowledgement of the submission of this application. The property owner's signature below shall also authorize the Applicant (if other than the property owner) and/or Representative to act in his/her behalf for the purposes of seeking approval for the application described herein. The undersigned consents to inspection and photographing of the subject property by the Historic Preservation staff for purposes of consideration of this Application and/or presentation to the Historic Preservation Board.*

I / We, GUSTAVO CABANELLA GUILLERMO RUIZ as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]  
Signature of Owner



1/6/17  
Date

[Signature]

**Description of Requested Work**

Please indicate the type of work requested:

- |   |   |                                     |                                     |
|---|---|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Fence | <input type="checkbox"/> Shed             | <input type="checkbox"/> Door(s)    | <input type="checkbox"/> Roof       |
| <input type="checkbox"/> Window(s)        | <input type="checkbox"/> Signage          | <input type="checkbox"/> Shutter(s) | <input type="checkbox"/> Porch      |
| <input type="checkbox"/> Rehabilitation   | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

- Site Improvements (describe) \_\_\_\_\_
- Other (describe) \_\_\_\_\_

Please provide a detailed description of the proposed work to be performed: Install 6' High  
Stockade Style Wood Fence with 1-10' Double Drive  
Gate

Have other alterations been made to the site within the last 12 months?  No  Yes, \_\_\_\_\_

Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

**Application Requirements**

- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
  - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
  - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the main façade of the site and photographs of any areas affected by the proposed project.
- Material(s) specifications and/or sample(s)
- Color samples.
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.

100

50

130

130

50

x x x x x x x x

x x x x x x x x

x x x x x

x x x x x

x x x x x

6' High  
stockade  
Wood  
Fence

10' D.O.  
Gate  
16' 5"

5'

S 9TH ST

101

## Property Identification

Site Address: 503 S 9th ST  
Sec/Town/Range: 10/35S/40E  
Map ID: 24/10S  
Zoning: R1

Parcel ID: 2410-709-0020-000-7  
Account #: 23661  
Use Type: 0100  
Jurisdiction: Fort Pierce

### Ownership

Gustavo Cabanela  
Guillermo Ruiz  
6740 NW 37th AVE  
Miami, FL 33147

### Legal Description

OAKLAND PARK BLK 5 LOT 1 (MAP 24/10F) (OR 3803-63)

### Current Values

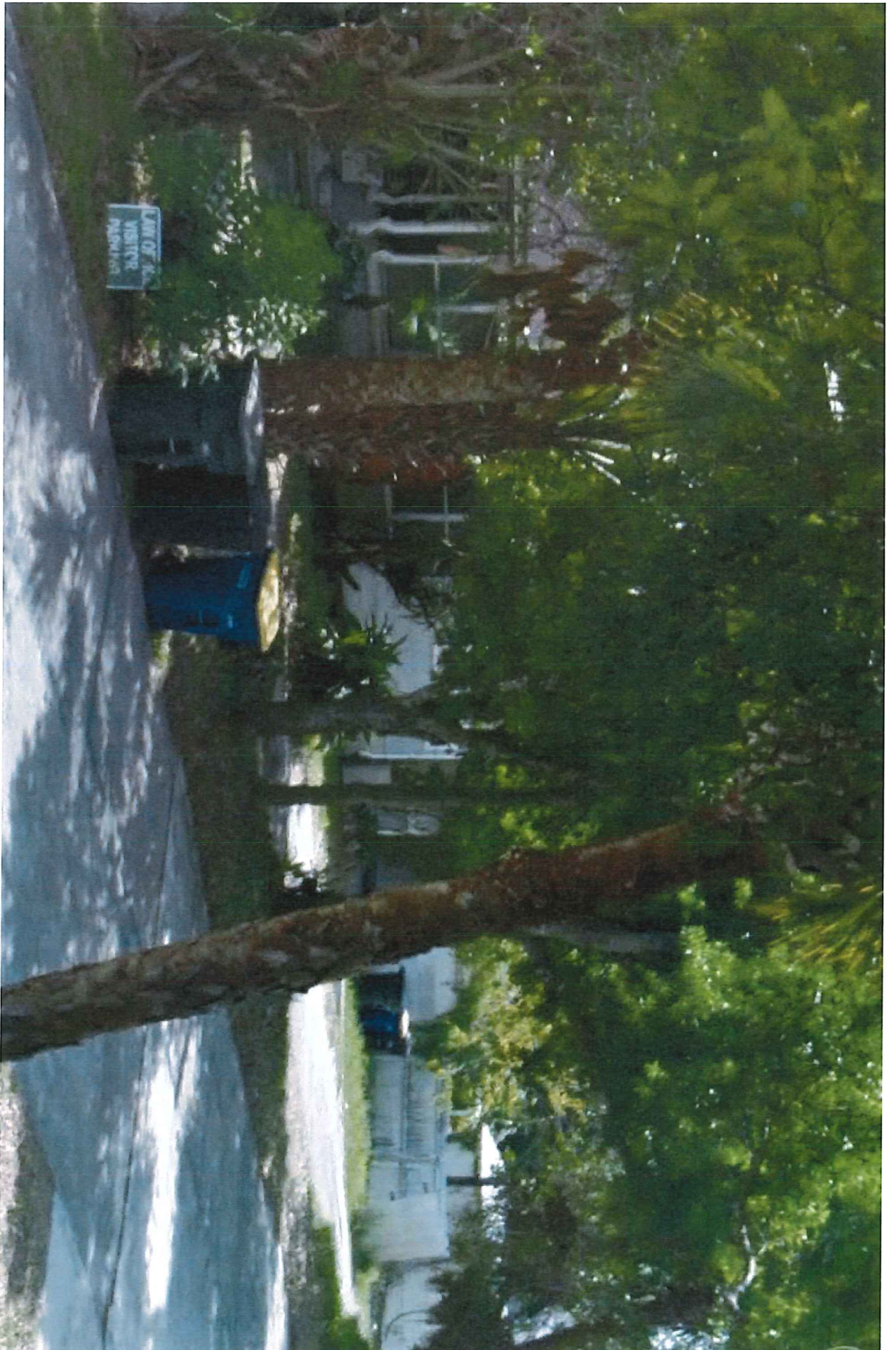
Just/Market Value: \$50,900  
Assessed Value: \$50,900  
Exemptions: \$0  
Taxable Value: \$50,900  
Taxes for this parcel: SLC Tax Collector's Office   
Download TRIM for this parcel: [Download PDF](#)



### Total Areas

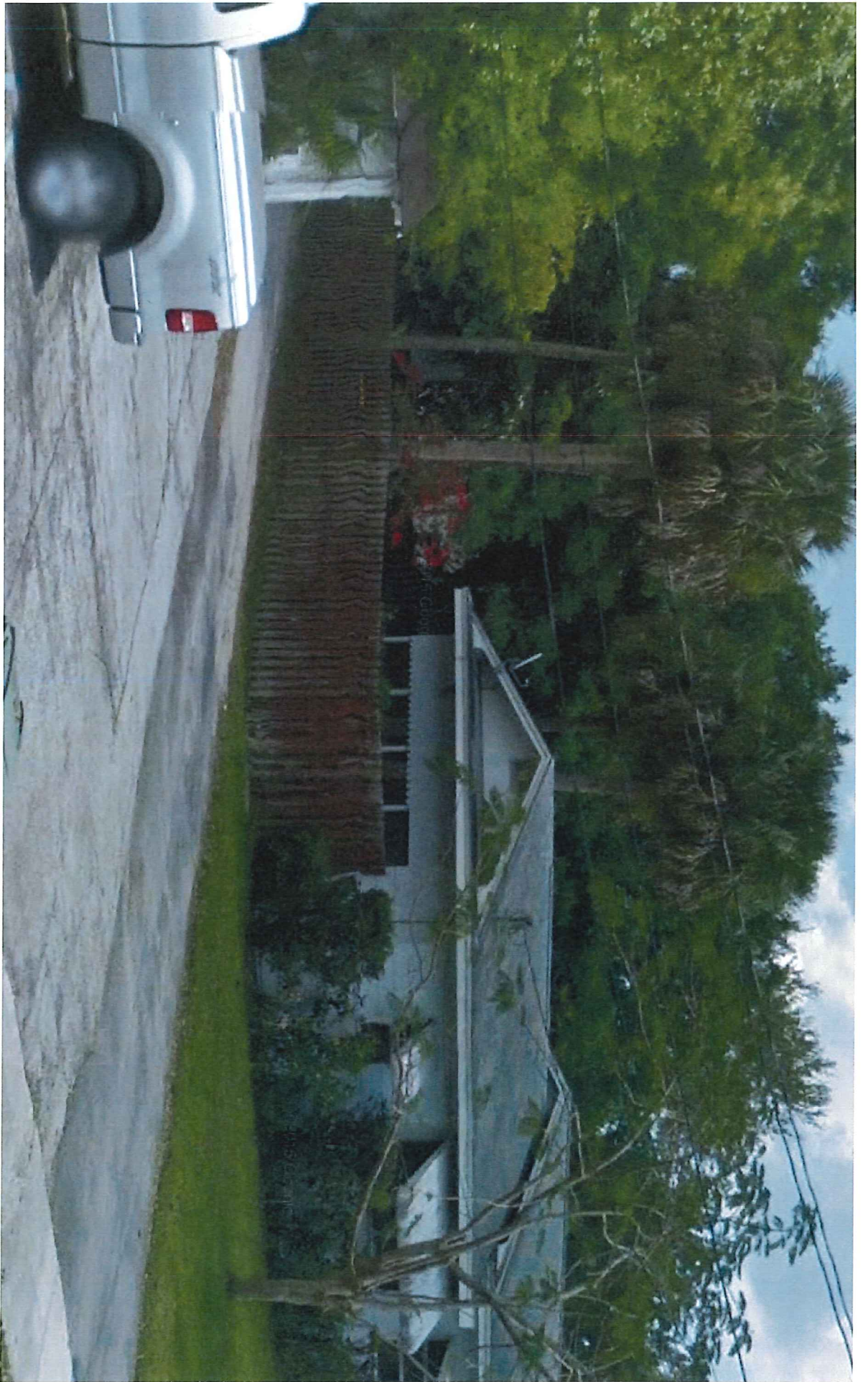
Finished/Under Air (SF):	1,400
Gross Area (SF):	1,969
Land Size (acres):	0.15
Land Size (SF):	6,500

This information is believed to be correct at this time but it is subject to change and is not warranted.  
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NORTH, AVEY VIEW





504 S 9TH STREET



512 S 9TH STREET



CORNER OF 900 EAST 5<sup>TH</sup> & 9<sup>TH</sup> STS





Bldg. Permit # \_\_\_\_\_

COA# 17-04

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 1009 Ave. D Ft Pierce

Parcel ID #: 2409-501-0183-000-5

Type of Designation:  Contributing  Non-contributing Site within the \_\_\_\_\_ Historic District

Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

### Property Owner/ Applicant Information

Property Owner(s)  
Name(s): Awilda Sanchez Walsh

Mailing Address: 1009 Ave D. Ft Pierce FL 34950

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Applicant  
Name(s): Ricardo Lara

Mailing Address: 812 SE Lincoln Ave Stuart FL

Phone Number(s): (772) 643-7663 Email: office.eliterootingolutions@gmail.com

Representative  
Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

*Property Owner(s) Acknowledgements:- This application will not be considered complete without the signature of all property owners of record, which shall serve as an acknowledgement of the submission of this application. The property owner's signature below shall also authorize the Applicant (if other than the property owner) and/or Representative to act in his/her behalf for the purposes of seeking approval for the application described herein. The undersigned consents to inspection and photographing of the subject property by the Historic Preservation staff for purposes of consideration of this Application and/or presentation to the Historic Preservation Board.*

I / We, Awilda Sanchez Walsh as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Awilda Sanchez  
Signature of Owner

1/19/17  
Date

**Description of Requested Work**

Please indicate the type of work requested:

- Fence
- Shed
- Door(s)
- Roof
- Window(s)
- Signage
- Shutter(s)
- Porch

- Rehabilitation
- New Construction
- Demolition
- Relocation

- Site Improvements (describe) Remove existing Install new Roof metal
- Other (describe) \_\_\_\_\_

Please provide a detailed description of the proposed work to be performed: Remove and dispose  
of existing roof and install 26ga. 5-V metal roof  
over 30# felt sheet.

Have other alterations been made to the site within the last 12 months?  No  Yes, \_\_\_\_\_

Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

**Application Requirements**

- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
  - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
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- Material(s) specifications and/or sample(s)
- Color samples.
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.



**CITY OF FORT PIERCE  
BUILDING DEPARTMENT  
RE-ROOF FORM**

PHONE: 772-467-3529 or 467-3724

FAX: 772-467-3849

Owner Name: Eddy Sanchez

Property Address: 1009 Ave D Ft. Pierce

Description of Work: re-roof

Roof Spec's: SV comy.

Notice: Shingles **can not** be used on roof slope less than 2/12 pitch.  
Check manufacturer specifications, some indicate min 3/12.

**Less than 4/12 requires 19" lap for underlayment.**

**Flat Roofs: Less than 7 degrees and less than 400sqft area  
requires enhanced nailing**

**2014 (5<sup>th</sup> Edition) FBC Residential Section 905**

**2014 (5<sup>th</sup> Edition) FBC Building Section 1507**

Roof Dimensions: 14'8" x 80

Square Footage: 804

Rotten Wood: Yes  No

Roof Type:  Gable  Hip  Flat  Other

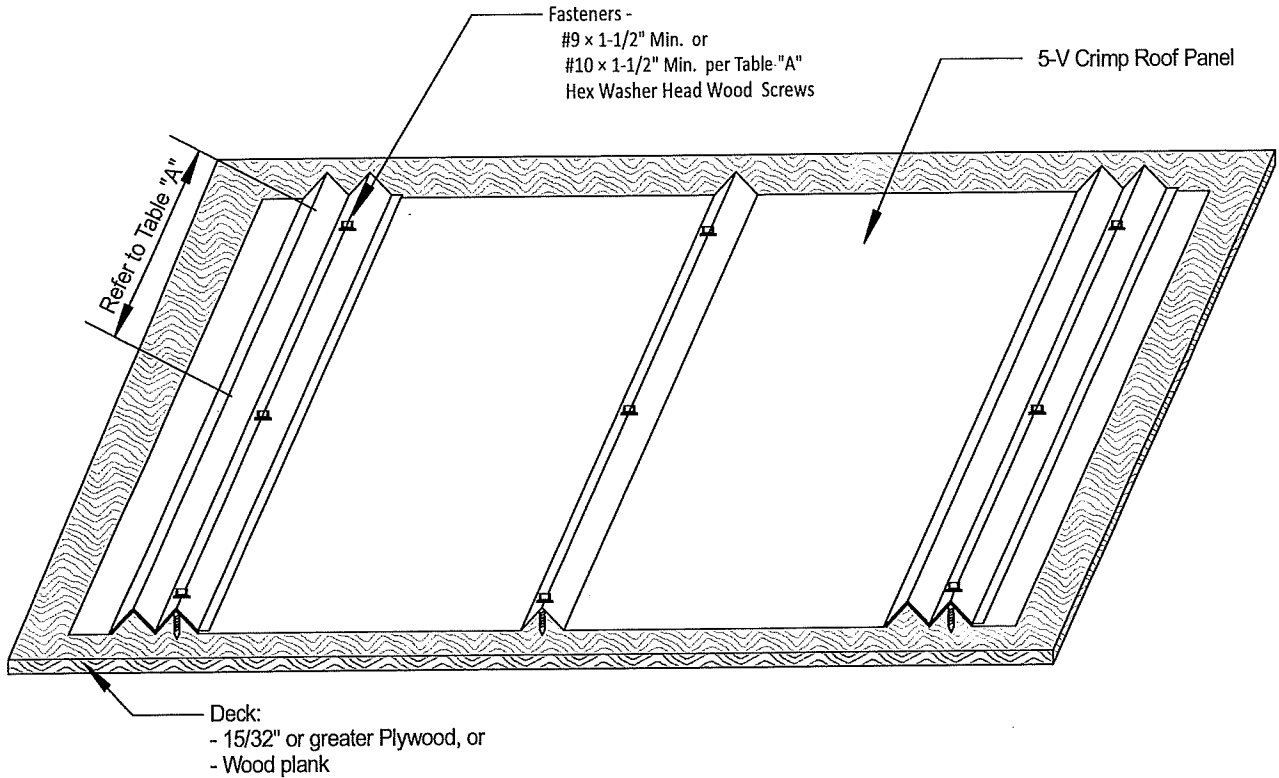
Roof Material Shingle   Metal  Tile  Tar & Gravel  Other

Pitch/Slope: 6/12

Underlayment: \_\_\_\_\_ # Felt: 30 Other: \_\_\_\_\_

**\*\* Must note on Product Approval any material used\*\***

## Installation Method Extreme Metal Fabricators, LLC. 5-V Crimp (26 gauge Steel) Roof Panel attached to Wood Deck

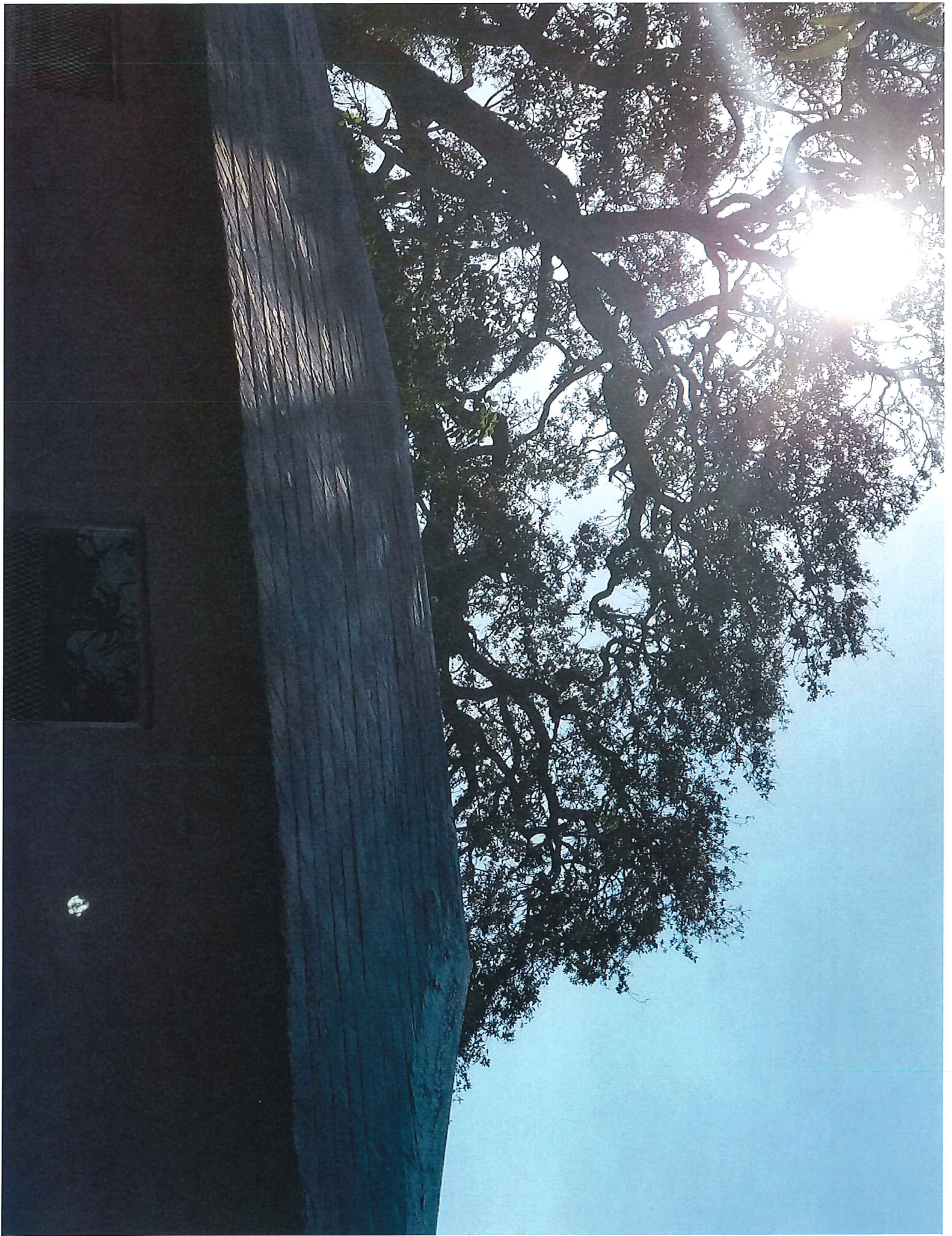


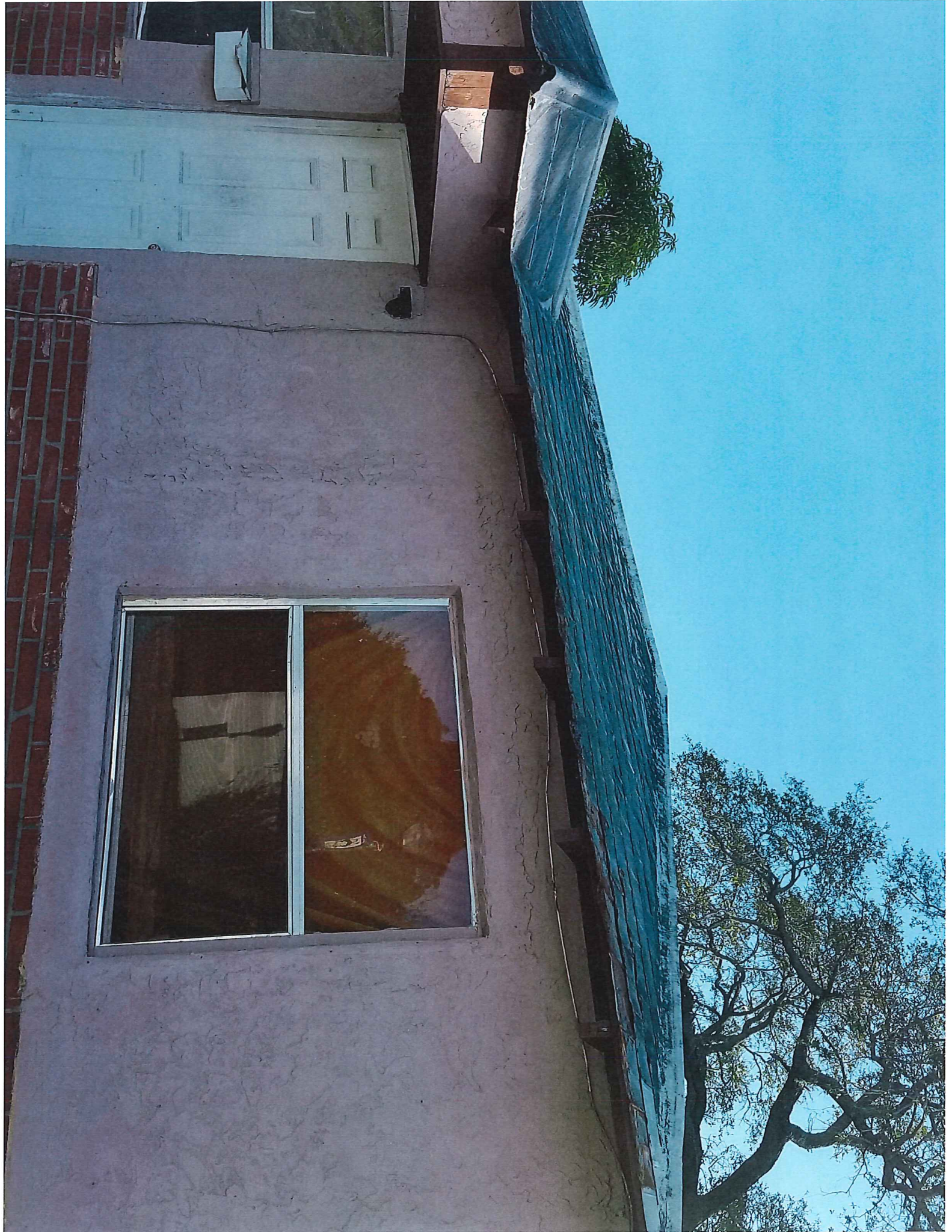
**Typical Roof Assembly  
 Isometric View**

(Optional) Rigid Insulation Board per Page 4 of this report

TABLE "A" ALLOWABLE LOADS			
	METHOD 1:	METHOD 2:	METHOD 3:
<b>Design Pressure (ASD)*:</b>	- 86 PSF	- 93.5 PSF	- 101 PSF
Row Spacing:	16" o.c.	16" o.c.	8" o.c.
Fastener Spacing (across panel width):	12" o.c.	12" o.c.	12" o.c.
Fastener Size:	#9	#10	#10
* Allowable design pressure(s) for allowable stress design (ASD) with a margin of safety of 2 to 1.			











OFFICE COPY



CITY OF FORT PIERCE, FLORIDA
BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT
(772) 467-3529 or 467-3724 FAX (772) 467-3849

Permit # 17-188
FBC 2014(5th edition)
PIN # 253740

\*Property Address 1009 Ave D \*Date 1-13-17 \*# of plans submitted \_\_\_ \*# of CD's submitted \_\_\_
Parcel ID# 2409-001-0183-000-5 Phone # (772) 643-7603 Fax # (772) 288-0278
(Located on your tax bill) Email Address eliteroofers@aol.com Cell # (772) 643-7603
\*Owner Name Carmilia Martinez Owner Address 1009 Ave D Fort Pierce

Type of permit Roof \*Valuation \$ 5,300
\*Description of Work Remove existing shingle roof & install a 5x26ga metal roof over 30# felt.
Architect: Phone ( ) Fax ( )
Email Address
Engineer: Phone ( ) Fax ( )
Email Address

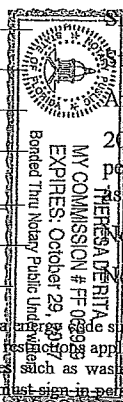
\*CONTRACTOR/APPLICANT INFORMATION: City License # State License # 001330337
Company Name Elite Roofing Solutions Inc. Qualifier Ricardo Lara
Address 812 SE Lincoln Ave Stuart FL 34994 City/State Stuart FL Zip 34994
Phone # (772) 643-7603 Fax # (772) 288-0278 Cell # (772) 643-7603
Email Address eliteroofers@aol.com

SUBCONTRACTORS: See Subcontractor Verification Sheet. It may be Required to accompany this application
Occupancy Construction Type # of Units # of Stories
Sq. Ft. Conditioned Space 8104 Total Sq. Ft. 8104

Is the property located in a Special Flood Hazard Area (floodplain) per the current Flood Insurance Rate Map (FIRM)
AE Yes No

I understand that no building may be occupied until a Certificate of Occupancy/Certificate of Completion has been issued after final inspection by the Building Department and full compliance with the building code, city and state ordinances and other applicable rules and regulations. I am also verifying that all sets of plans submitted are identical.

Signature of Applicant Signature of Property Owner
State of Florida, County of Martin State of Florida, County of
Affirmed to and subscribed before me this 17 Affirmed to and subscribed before me this
Jan, 20 17, by Ricardo Lara 20, by
personally known to me or who has produced personally known to me or who has produced
as identification. as identification.
Notary Signature: Theresa De Rita Notary Signature:
Notary (print name) Theresa De Rita Notary (print name)



Construction documents must accompany this application. The Florida Building Code submitted becomes an integral part of this plan and must pass final inspection. "Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public record of this county, and there may be additional permits required from other governmental entities such as waste management district, state agencies, or federal agencies." SIGNATURE OF THE APPLICANT MUST BE NOTARIZED. If owner builder, applicant must sign in person. BUILDING PERMIT includes: Building, Electrical, Plumbing, Mechanical, and Sewer only. All other trades require separate permits.

\*Required Information
Asbestos compliance: It is the owner's or operator's responsibility to comply with section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

FEES: \* See the break Down Fee Sheet

Total Fees Due \$
Remarks
Reviewed by Date Building Official Date

OFFICE USE ONLY

PF 100.00
PL 75.00
RT 15.00
525
JAN 18 2017



**CERTIFICATE OF APPROPRIATENESS**  
TO ALTER A DESIGNATED HISTORIC SITE

COA#17-05     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address 635 N 2<sup>nd</sup> Street  
 Contributing                       Non-Contributing                       Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Remove and replace existing windows, exterior doors and entry steps. Repair soffit. New windows and doors will match existing style. No change in openings.  Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 5 and 9.

**APPROVED:**

*Board Approval*

*Administrative Approval*

\_\_\_\_\_  
Paul Samson, Chair                      Date  
Historic Preservation Board

\_\_\_\_\_  
Maria Lewicka, AICP                      1/27/17  
Historic Preservation Planner                      Date

*This alteration meets the Secretary of the Interior's Standards for the Treatment of Historic Properties and the City of Fort Pierce Code of Ordinances.*

*Should you have any further questions or concerns, contact Maria Lewicka, Historic Preservation Planner, at (772) 467-3738 or via e-mail at [mlewicka@city-ftpierce.com](mailto:mlewicka@city-ftpierce.com).*

*Thank you for your efforts to preserve and redevelop historic Fort Pierce through your participation in the Certificate of Appropriateness Application process. Staff looks forward to working with you in the future to preserve and rehabilitate our historic neighborhoods and structures.*

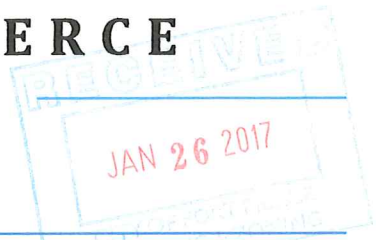
Provided to:	Name/Address	Via
Owner	AABBAA International Inc. PO Box 812079 Boca Raton, FL 33432	E-Mail
Applicant	South Florida Select Homes Co. 85 Queens Rd. Fort Pierce, FL 34949	E-Mail <a href="mailto:Obrien@floridaselectbuilders.com">Obrien@floridaselectbuilders.com</a>
Representative	Donna Benton 1365 Bayshore Fort Pierce, FL 34949	E-Mail <a href="mailto:Donna.coastalliving@mail.com">Donna.coastalliving@mail.com</a>
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



# CITY OF FORT PIERCE

## PLANNING DEPARTMENT

COMPREHENSIVE PLANNING ♦ DEVELOPMENT REVIEW  
HISTORIC PRESERVATION ♦ URBAN DESIGN ♦ URBAN FORESTRY ♦ ZONING



### Certificate of Appropriateness Application

#### Building & Site Information

Address of the Site: 635 NORTH 2nd STREET

Parcel ID #: 2403-705-00-36-000-8

Type of Designation:  Contributing  Non-contributing Site within the Edgerton Historic District

Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

#### Property Owner / Applicant Information

Property Owner(s)  
Name(s): AABAA INTERNATIONAL INC.

Mailing Address: PO BOX 812079 BOCA RATON FL. 33432

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Applicant  
Name(s): SOUTH FL. SELECT HOMES CORP.

Mailing Address: 85 QUEENS RD. FORT PIERCE FL.

Phone Number(s): 561-239-5651 Email: OBRIEN@FLORIDASELECTBUILDERS.COM

Representative  
Name(s): DONNA BENTON

Mailing Address: 1365 BAYSHORE FORT PIERCE FL.

Phone Number(s): 772-519-6786 Email: DONNA.COASTALLIVING@GMAIL.COM

**Property Owner(s) Acknowledgements:** This application will not be considered complete without the signature of all property owners of record, which shall serve as an acknowledgement of the submission of this application. The property owner's signature below shall also authorize the Applicant (if other than the property owner) and/or Representative to act in his/her behalf for the purposes of seeking approval for the application described herein. The undersigned consents to inspection and photographing of the subject property by the Historic Preservation staff for purposes of consideration of this Application and/or presentation to the Historic Preservation Board.

I / We, \_\_\_\_\_ as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**Description of Requested Work**

Please indicate the type of work requested:

Fence

Shed

Door(s)

Roof

Window(s)

Signage

Shutter(s)

Porch

Rehabilitation

New Construction

Demolition

Relocation

Site Improvements (describe) NEW WINDOWS, EXTERIOR DOORS, NEW ENTRY STEPS, REPAIR

Other (describe) SOFFIT

Please provide a detailed description of the proposed work to be performed: NEW ELECTRICAL,

PLUMBING, MECHANICAL, DRYWALL, FLOORING, CABINETS, INTERIOR TRIM,

INSULATION

\* NEW WINDOWS + EXT DOORS TO MATCH EXISTING ELEVATIONS WITH SIMILAR MATERIALS

Have other alterations been made to the site within the last 12 months?  No  Yes, \_\_\_\_\_

Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

**Application Requirements**

\$10.00 Application fee

Site Plan with dimensions.

Architectural Drawings:

- Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
- Drawings should indicate materials to be used.

Photos - One (1) color photograph of the main façade of the site and photographs of any areas affected by the proposed project.

Material(s) specifications and/or sample(s)

Color samples.

Demolition – Plans for what will be taking the demolished structure’s place should be submitted.



Repair Soffit

Replace Windows with Impact Glass  
(White Frame - 6/6)

Replace 2  
Exterior Doors  
(windows/Lights)

AND SIDE DOOR

Replacing stairs (same  
location/style)