

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in March 2017.

- COA #17-15, 424 N 6th Street – Remove and replace existing damaged wall (same construction and colors).
- COA #17-16, 435 Means Court – Remove old plywood and replace with new 5/8 plywood on the back and sides of the house.
- COA #17-17, 418 N 13th Street – Repaint the entrance door and outside walls of the residence.
- COA #17-18, 1303 Avenue D – Remove and replace damaged roof.
- COA #17-20, 515 S Indian River Drive & 512 S 2nd Street - Paint building's exterior and all trim.



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: 424 N 6TH STREET
Parcel ID #: 241060300050001
Type of Designation: Contributing Non-contributing Site within the LINCOLN PARK Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s) Name(s): JOHN STALLINGS
Mailing Address: PO BOX 4015 FT PIERCE, FL 34948
Phone Number(s): 772-260-1603 Email: cashflowjs@comcast.net

Applicant Name(s): SAME
Mailing Address: _____
Phone Number(s): _____ Email: _____

Representative Name(s): SAME
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, JOHN STALLINGS as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.

John Stallings
Signature of Owner

3-8-2017
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 |
| <input checked="" type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

Site Improvements (describe) _____

Other (describe) REPAIR DAMAGED WALL

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

REMOVE EXISTING DAMAGED WALL AND REPLACE. Same Construction Sump
Color.

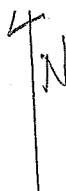
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.

OFFICE COPY

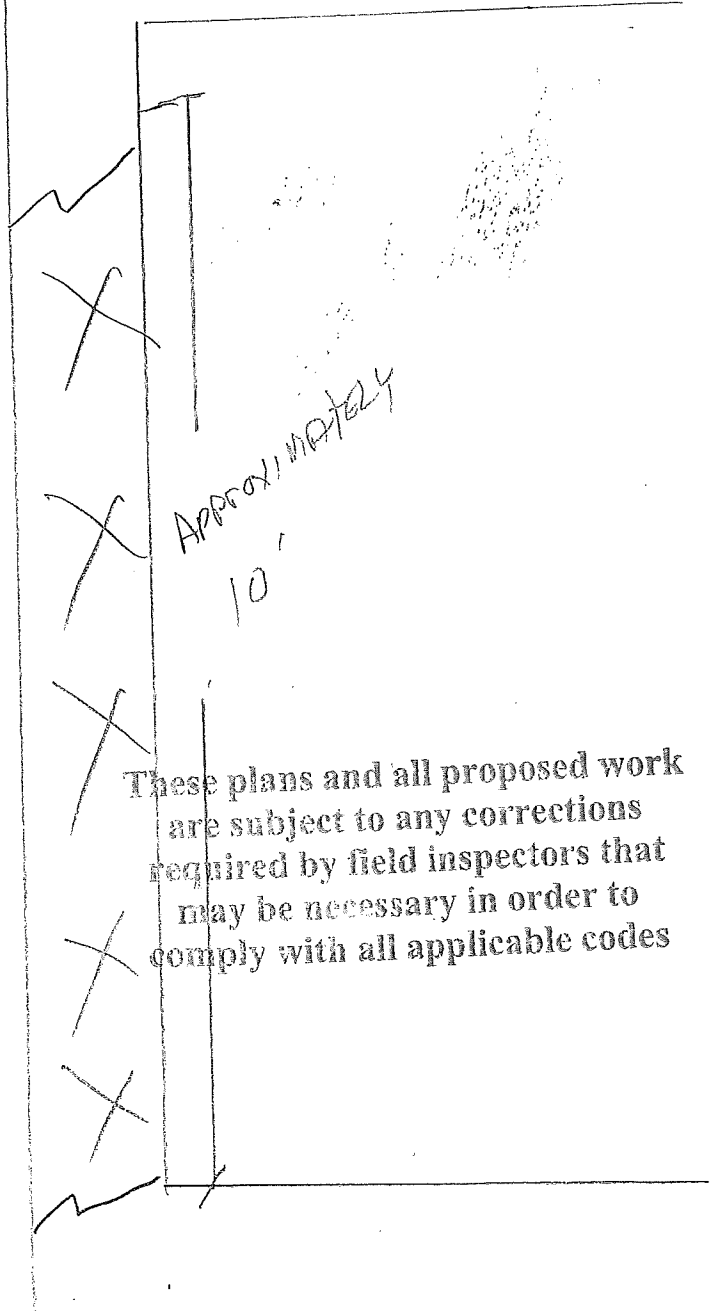


A permit issued shall be construed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, construction or violations of this code inadvertently overlooked during plan review as outlined in Chapter 105-4 of the Florida Building Code. All proposed work is subject to any corrections required by field inspectors that may be necessary in order to comply with all applicable codes.

EXISTING DRIVEWAY

CITY OF FORT PIERCE

Reviewed: _____
Date: _____



Remove Existing, damaged Block wall (NON-LOAD Bearing) Rebuild with 2x8-24" oc wall. Outside Finish with Hardie Board Lap Siding. Sheet Rock finish inside



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

Permit # 17-636
 FBC 2014 (5th edition)
 PIN # 979912

*Property Address 424 N 6th Street *Date 3/13/2017 *# of plans submitted _____ *# of CD's submitted _____
 Parcel ID# 2410-603-0005-000-1 Phone# () _____ Fax# () net
 (Located on your tax bill) Email Address Cash@lowjs@comcast.net Cell # (772) 260-1603
 *Owner Name John Stallings *Owner Address PO Box 4015, Fort Pierce, FL 34948

Type of permit Repair *Valuation \$ 1,800.00
 *Description of Work Remove existing wall and Re. Frame new Non load Bearing wall.
 Architect: NA Phone() _____ Fax () _____
 Email Address _____
 Engineer: NA Phone() _____ Fax () _____
 Email Address _____

*CONTRACTOR/APPLICANT INFORMATION: City License # _____ State License # CRC1327911
 Company Name Reamer Homes, INC Qualifier Brian Reamer
 Address 2874 NE Rosefree Drive City/State Jensen Beach/FL Zip 34957
 Phone# () _____ Fax# () _____ Cell # (772) 215-7107
 Email Address BrianReamer7@yahoo.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 _____ Total Sq. Ft. _____

RECEIVED
 MAR 03 2017
 Building Department

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

If Yes, the applicant must include certified elevation information on a FEMA NFIP Elevation Certificate.

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] Signature of Property Owner _____
 State of Florida, County of St Lucie State of Florida, County of _____

Affirmed to and subscribed before me this 3rd Affirmed to and subscribed before me this _____
March, 2017, by Brian Reamer 20 _____, by _____
 personally known to me or who has produced personally known to me or who has produced
 as identification. _____

Notary Signature: [Signature] MY COMMISSION # FF 84494 Notary Signature: _____
 Notary (print name) Amaris Gil EXPIRES: August 30, 2019 Bonded Thru _____ (print name)

Construction documents must accompany this application. The Florida energy 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 OFFICE USE ONLY
 Total Fees Due \$ _____ PE10000 PL 7500
 SC 525 CK# 8080

Remarks _____
 Reviewed by _____ Date _____ Building Official _____ Date _____



Michelle Franklin, CFA -- Saint Lucie County Property Appraiser -- All rights reserved.

Property Identification

Site Address: 424 N 6th ST
Sec/Town/Range: 10/35S/40E
Map ID: 24/10N
Zoning: C3

Repair Permit

Parcel ID: 2410-603-0005-000-1
Account #: 23296
Use Type: 0800
Jurisdiction: Fort Pierce

Ownership

John Stallings
PO Box 4015
Fort Pierce, FL 34948

Value
\$ 1800



Legal Description

PLAT OF A C DITTMAR'S RE-S/D BLK15 S 84 FT LOTS 4, 5 AND 6
(MAP 24/10C) 345-166) (OR 3297-176)

Current Values

Just/Market Value: \$46,500
Assessed Value: \$36,300
Exemptions: \$0
Taxable Value: \$36,300
Taxes for this parcel: SLC Tax Collector's Office
Download TRIM for this parcel: Download PDF

Total Areas

Finished/Under Air (SF): 2,054
Gross Area (SF): 2,266
Land Size (acres): 0.29
Land Size (SF): 12,600

This information is believed to be correct at this time but it is subject to change and is not warranted.
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© 2016 Google
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US Dept of State Geographer
© 2017 Google

Google Earth

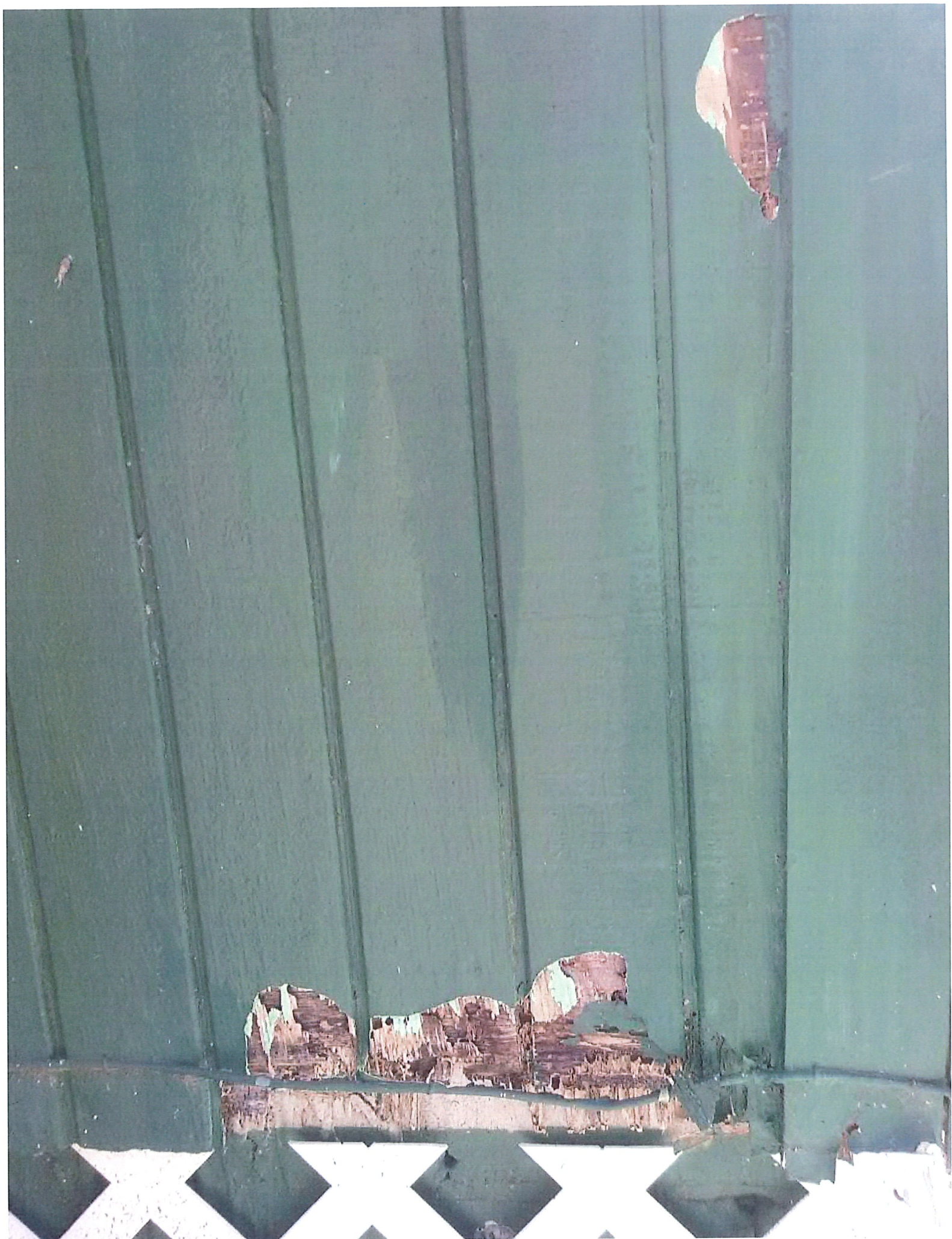
Google Earth











17-697

Building Information

Finished/Under Air Area: 1,065 SF
Gross Total Area: 1,322 SF

Building Type:
Grade:
Year Built:
Effective Year:
No. Units:
Primary Wall:
Secondary Wall:
Roof Cover:
Roof Structure:
View:
Frame:
Story Height:

Exterior Data
HD-
D-
1946
1980
1
Abs Shingle

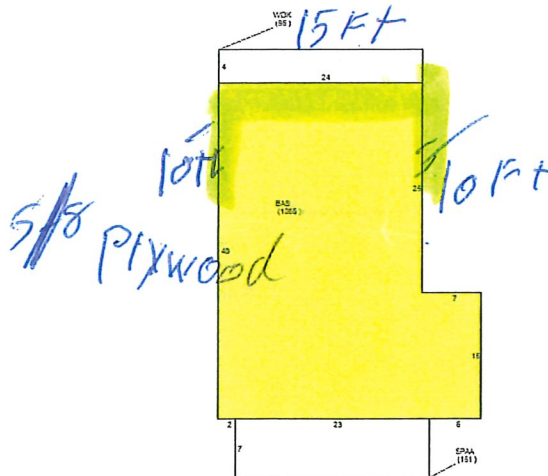
Fibrglss Shg
Gable

1 Story

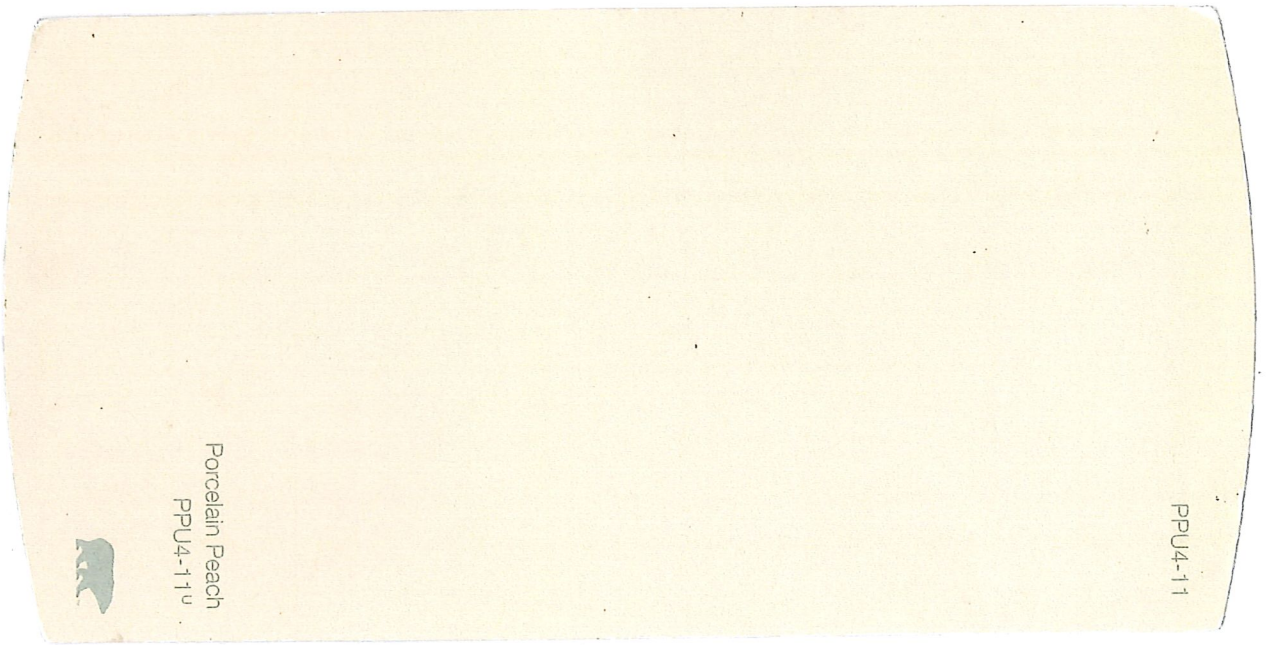
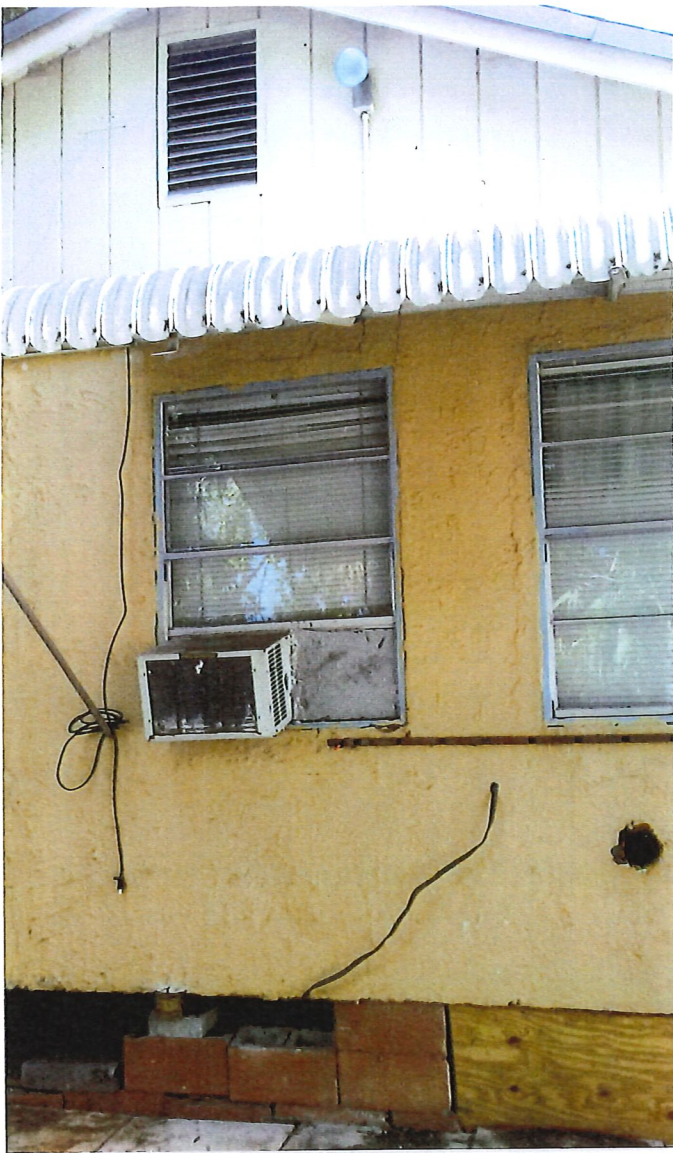
Bedrooms:
Full Baths:
Half Baths:
Primary Int Wall:
Primary Floors:
Avg Hgt/Floor:
Heat Type:
Heat Fuel:
Electric:
A/C %:
Heated %:
Int Sprinkler %:

Interior Data
3
1
0
PANEL BOARD
Double Pine
0

AVERAGE
0%
0%
N/A%

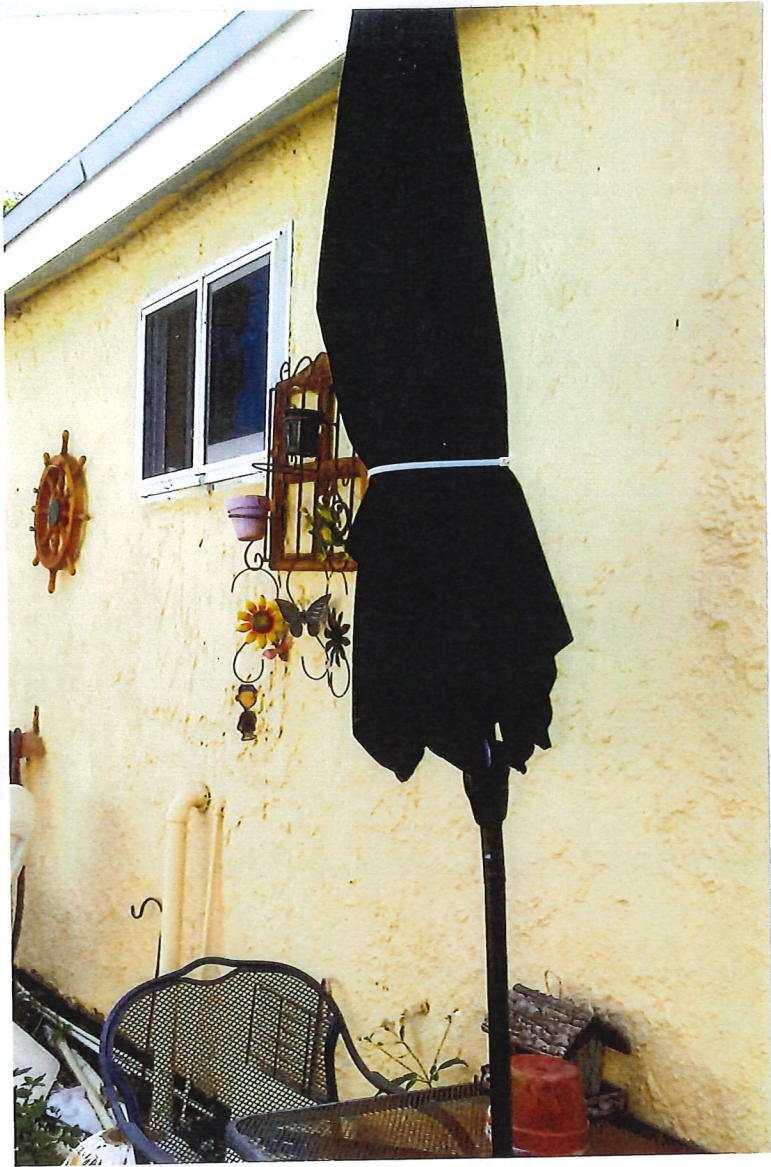






Porcelain Peach
PPU4-11v

PPU4-11





BEFORE



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#17-18 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address 1303 Avenue D
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove and replace damaged, flat roof on the NW corner of the building. Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

Board Approval

Administrative Approval

Paul Samson, Chair
Historic Preservation Board

Date

Maria Lewicka, AICP
Historic Preservation Planner

3/22/17
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.

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	Oscar Howard 3104 Juanita Ave. Fort Pierce, FL 34946	E-Mail
Applicant	Lloyd M. Constant, President/CEO Andros Construction, LLC	E-Mail androsconstruction@gmail.com
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail

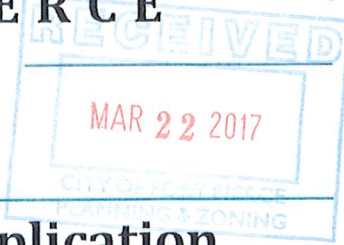
17-18



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:

1303 Avenue D

Parcel ID #:

2409-502-0039-000-4

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):

Oscar Howard

Mailing Address:

3104 Juanita Ave.

Phone Number(s):

772 332-3807 Email: _____

Applicant

Name(s):

Mailing Address:

Phone Number(s):

_____ 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, Oscar Howard as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Oscar Howard
Signature of Owner

3/20/17
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 checked="" type="checkbox"/> Roof |
| <input type="checkbox"/> Window(s) | <input type="checkbox"/> Signage | <input type="checkbox"/> Shutter(s) | <input type="checkbox"/> Porch |
| <input checked="" 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: Roof repair;

make wood deck repairs, install foam boards to this area for positive drain. Proposed work area consist of an area in the NW. corner of ozella electronics.

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.









Bldg. Permit # _____

COA# 17-20

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 515 S Indian River Drive, Fort Pierce, FL 34950
Parcel ID #: 2410-810-0001-0009
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): Crownman FL LLC
Mailing Address: 10380 Village Center Drive, #310, Port St Lucie, FL 34987
Phone Number(s): 302-228-9929 Email: kettlekat@aol.com

Applicant
Name(s): _____
Mailing Address: _____
Phone Number(s): _____ Email: _____

Representative
Name(s): Kris Einstein
Mailing Address: 207 1/2 Orange Ave, Suite K, Fort Pierce, FL 34950
Phone Number(s): 404-502-0086 Email: trips@entertainair.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, Walter & Cheryl Brett as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Walter & Cheryl Brett
Signature of Owner

3-30-17
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 |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

Site Improvements (describe) Painting of Exterior

Other (describe) _____

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

Painting exterior of building (proposed Main color "Cloudy Sky S470-1"
and proposed Trim color is "Cameo White MQ3-32")

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.









Bldg. Permit # _____

COA# 17-20

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 512 South Second Street, Fort Pierce, FL 34950
Parcel ID #: 2410-810-0001-000-9
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): Crownman FL LLC
Mailing Address: 10380 Village Center Drive, #310, Port St Lucie, FL 34987
Phone Number(s): 302-228-9929 Email: kettlekat@aol.com

Applicant
Name(s): _____
Mailing Address: _____
Phone Number(s): _____ Email: _____

Representative
Name(s): Kris Einstein
Mailing Address: 207 1/2 Orange Ave, Suite K, Fort Pierce, FL 34950
Phone Number(s): 404-502-0086 Email: trips@entertainair.com

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

Walter & Cheryl Brett
Signature of Owner

3-30-17
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 |
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- Site Improvements (describe) Painting of Exterior
- Other (describe) _____

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

Painting exterior of building (proposed Main color "Cloudy Sky S470-1"
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- Color samples.
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512 S. Second St



512 S Second St





512 S. Second St

S470A



S470A

Cloudy Sky S470-1u

main color

Gentle Sea S470-2u

Peaceful Blue S470-3u

MQ3-32u

TRUM

CAMEO WHITE