

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in May 2017.

- COA #17-26, 1143 Avenue D – Remove and replace damaged siding.
- COA #17-27, 900 Delaware Avenue - Install accordion window shutters and aluminum door panel.
- COA #17-28, 506 N 2nd Street – Remove and replace damaged, flat roof.
- COA #17-29, 111 Orange Avenue – Install a flag pole with American Flag.
- COA #17-30 702 Florida Avenue – Extend and widen driveway.
- COA #17-31, 704 Florida Avenue – Remove and replace damaged roof.
- COA #17-32, 616 Orange Avenue – Repair, remove and replace damaged roof tiles.



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#17-26 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address 1143 Avenue D

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove and replace damaged siding. 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

5/31/17

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	Charles Jackson 1143 Avenue D Fort Pierce, FL 34950	E-Mail
Applicant	Andros Roofing Construction 2706 Atlantic Ave. Fort Pierce, FL 34947	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



Bldg. Permit # _____

COA# 17-26

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 1143 AVE D

Parcel ID #: 240950103010009

Type of Designation:

- Contributing Non-contributing Site within the YES Historic District
- Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)

Name(s): CHARLES JOHNSON

Mailing Address: _____

Phone Number(s): 475-4915 Email: _____

Applicant

Name(s): ANDROS ROOFING * CONSTRUCTION

Mailing Address: _____

Phone Number(s): 772-475-4915 Email: ANDROS.CONSTRUCTION@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, _____

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

Charles Johnson
Signature of Owner

5-19-17
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) Siding Repair.
 Other (describe) _____

Please provide a detailed description of the proposed work to be performed: TWO gable ends wood siding WORK. In stall two gable ends siding wood, remove the existing fascia materials on the two gable ends.

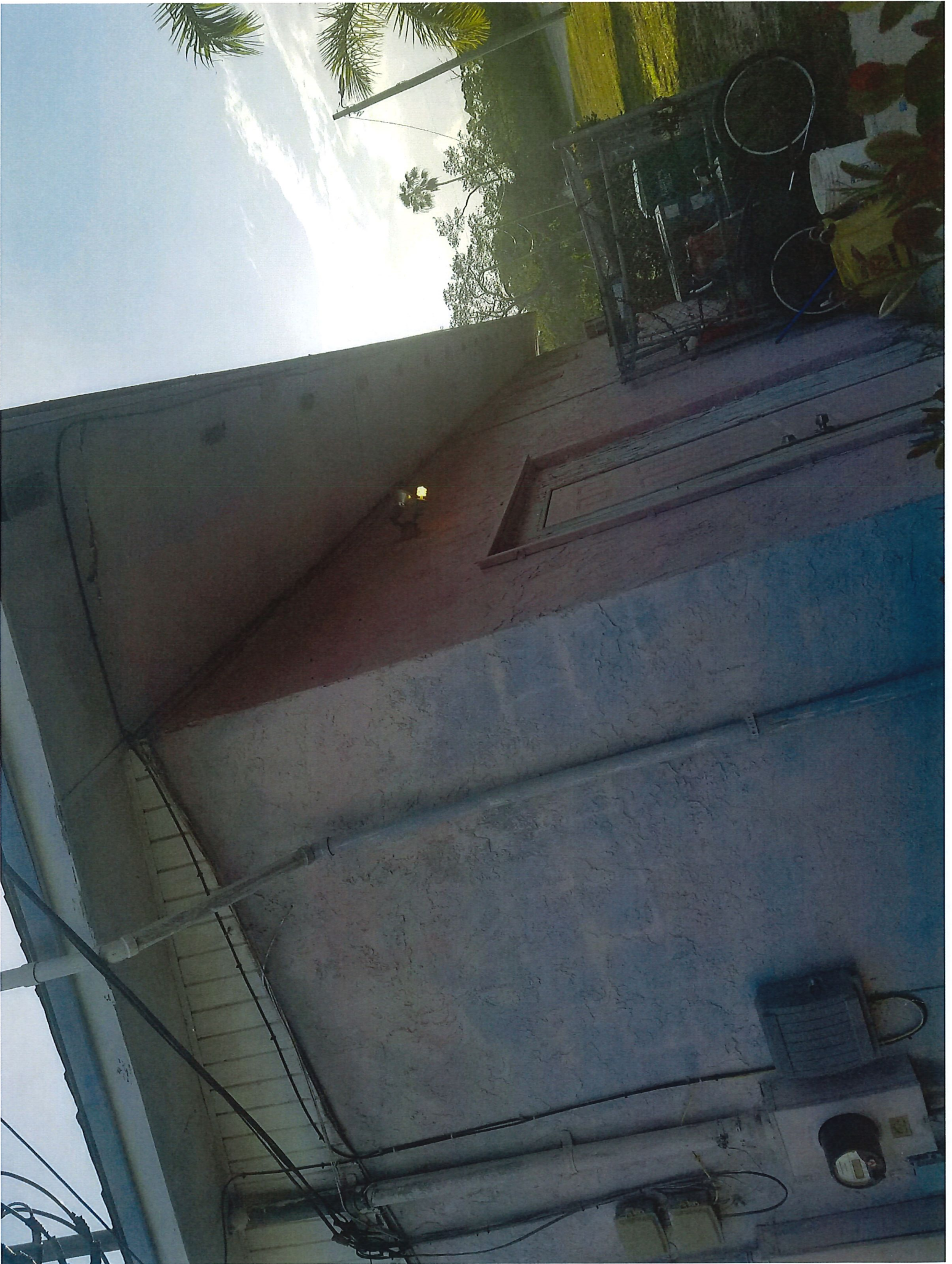
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.



















CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#17-27 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address 900 Delaware Avenue
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Install thirteen (13) accordion window shutters and one (1) aluminum panel (front door). Color will be white to match the trim. Please see attached.	Storm shutters shall be deployed only upon the issuance of a storm warning from the governing agency authorized to issue such warning.	Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

Board Approval

Administrative Approval

 Paul Samson, Chair Date
 Historic Preservation Board


 Maria Lewicka, AICP 5/23/17
 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.

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	MBR II LLC 900 Delaware Avenue Fort Pierce, FL 34950	E-Mail
Applicant	Edwing's Unlimited Shutter Services LLC PO BOX 881085 Port St. Lucie, FL 34988	E-Mail ed@edsunlimitedservices.com
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail

Bldg. Permit # _____

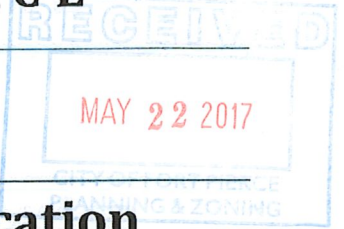
COA# 17-27



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: 900 Delaware Ave, Fort Pierce, FL 34950
Parcel ID #: 2410-705-0016-000-4
Type of Designation: Contributing Non-contributing Site within the _____ Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

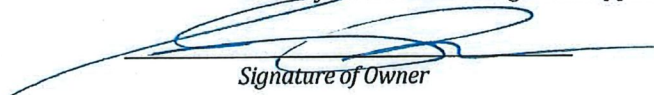
Property Owner(s) Name(s): MBR II LLC
Mailing Address: 900 Delaware Ave, Fort Pierce, FL 34950
Phone Number(s): (772)595-9899 Email: _____

Applicant Name(s): Edwing's Unlimited Shutter Services LLC.
Mailing Address: PO Box 881085, Port St. Lucie, FL. 34988
Phone Number(s): (772) 370-0766 Email: ed@edsunlimitedservices.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, MBR II LLC as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.


Signature of Owner

5/12/2017
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) 1 aluminum panel (front door) and 13 accordion shutters

Other (describe) _____

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

1 aluminum panel (front door) and 13 accordion shutters to cover the windows.

Color will be white to match the trim.

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.

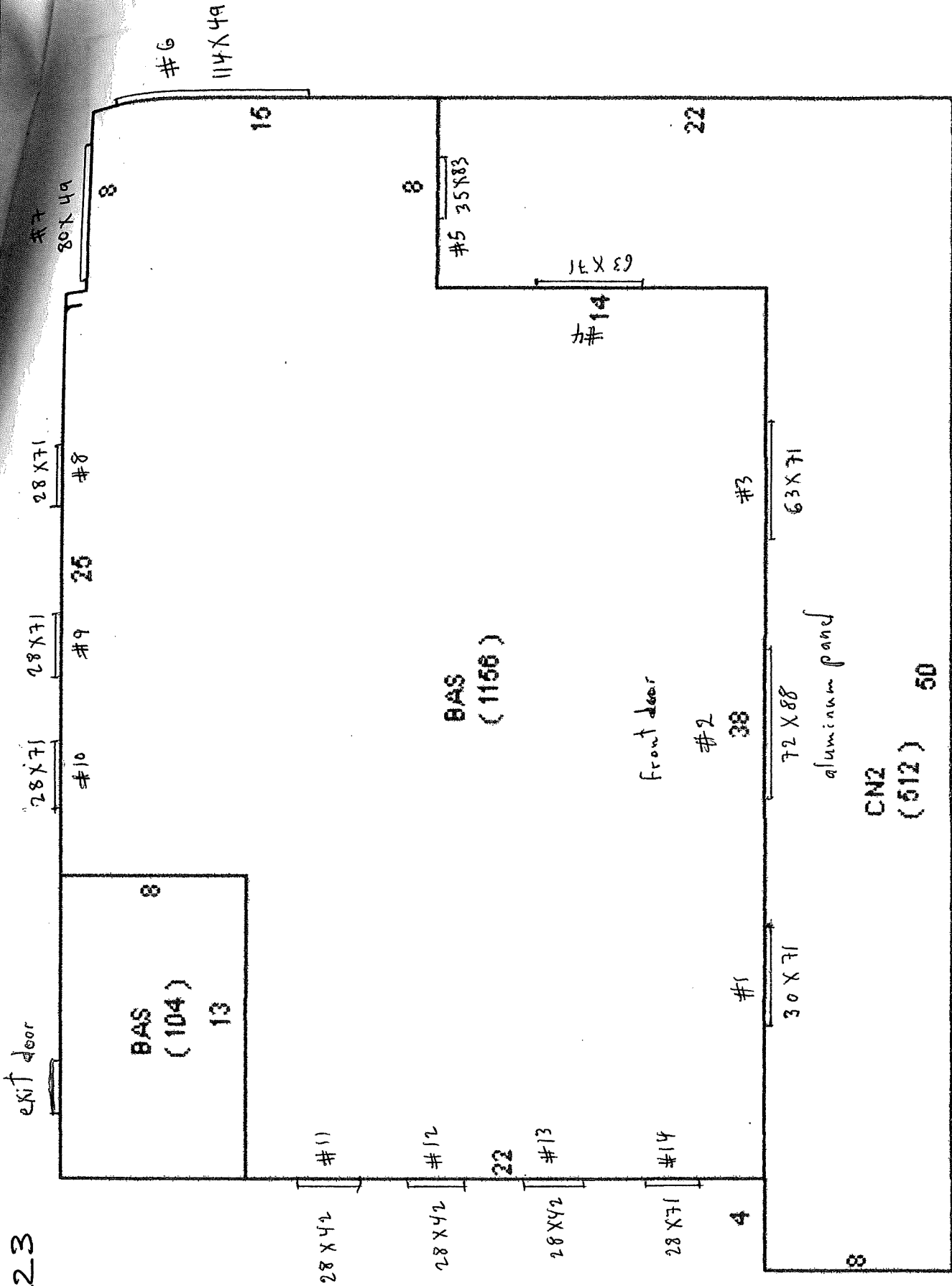
Photos - One (1) color photograph of the main façade of the site and photographs of any areas affected by the proposed project.

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

Color samples.

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

17-1223



exit door

BAS (104)
13

BAS (1156)

CN2 (512) 50

front door

aluminum panel

28x71

28x71

28x71

80x49

#6
114x49

15

22

#5 35x83

14x83

#14

#3

63x71

25

#9

#10

8

#11

#12

22

#13

#14

#1

30x71

#2

38

72x88

28x42

28x42

28x42

28x71

4

8



900



800

FISHER & ASSOCIATES P.A.
ATTORNEYS AT LAW

Workers' Compensation Personal Injury
Medical Malpractice Wrongful Death







CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#17-28 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address 506 N 2nd Street
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

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

APPROVED:

Board Approval

Administrative Approval

Paul Samson, Chair Date
Historic Preservation Board



Maria Lewicka, AICP 5/26/17
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.

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	AABAA International Inc. 1365 Bayshore Dr. Fort Pierce, FL 34949	E-Mail Donna@SouthernCastles.com
Representative	Donna Benton 1365 Bayshore Dr. Fort Pierce, FL 34949	E-Mail Donna@SouthernCastles.com
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



MAY 23 2017

COA# 17-28

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: ~~647 N 2nd Street~~ 506 N. 2nd Street

Parcel ID #: 2403-705-0102-1003

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): AABAA International Inc.

Mailing Address: C/O 1365 Bayshore Dr. Ft Pierce, FL 34949

Phone Number(s): 772-519-6786 Email: Donna@SouthernCastles.com

Applicant Name(s): Casponuay Hooking

Mailing Address: _____

Phone Number(s): _____ Email: _____

Representative Name(s): Donna Benton

Mailing Address: 1365 Bayshore Dr. Ft Pierce, FL 34949

Phone Number(s): 772-519-6786 Email: Donna@SouthernCastles.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, Nal Lashlee as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Donna Benton
Signature of Owner for Nal Lashlee

5/23/17
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 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: _____

Repair Roof

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.



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

Permit # 17-1444
FBC 2014(5th edition)
PIN # 209184

*Property Address 506 N. 2nd St 3rd fl *Date 5-17-17 *# of plans submitted _____ *# of CD's submitted _____
Parcel ID# 2403 205 0102 1003 Phone # () _____ Fax # () _____
(Located on your tax bill) Email Address _____ Cell # () _____
*Owner Name AA BAA INTERNATIONAL INC *Owner Address C/O 1365 Bay Shore Dr Ft Pierce FL 34949

Type of permit RE ROOF *Valuation \$ 4500.00

*Description of Work TO REMOVE EXISTING ROLL ROOFING ON 1/2 PITCH AND
INSTALL NEW MODIFIED BITUMEN ROLL ROOFING

Architect: _____ Phone() _____ Fax () _____
Email Address _____
Engineer: _____ Phone() _____ Fax () _____
Email Address _____

*CONTRACTOR/APPLICANT INFORMATION: City License # 16102 State License # CC055573
Company Name CASTONGUAY ROOFING LLC Qualifier STEVEN CASTONGUAY
Address 3271 OLIVERA AVE City/State FT PIERCE FL Zip FL
Phone # (772) 461-6145 Fax # (772) 461-6145 Cell # (772) 216-8047
Email Address _____

RECEIVED
MAY 17 2017
Building Department

SUBCONTRACTORS: See Subcontractor Verification Sheet. It may be Required to accompany this application
Occupancy _____ Construction Type _____ # of Units _____ # of Stories 1
Sq. Ft. Conditioned Space _____ Total Sq. Ft. 1300

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

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 of Property Owner _____
State of Florida, County of St. Lucie State of Florida, County of _____

Affirmed to and subscribed before me this 17th Affirmed to and subscribed before me this _____
May, 2017, by Steven Castonguay 20____, by _____
personally known to me or who has produced personally known to me or who has produced
as identification _____ as identification _____

Notary Signature: _____ Notary Signature: _____
Notary (print name) Amaris Isabel GRS Notary (print name) _____
BONDED THRU BUDGET NOTARY SERVICE

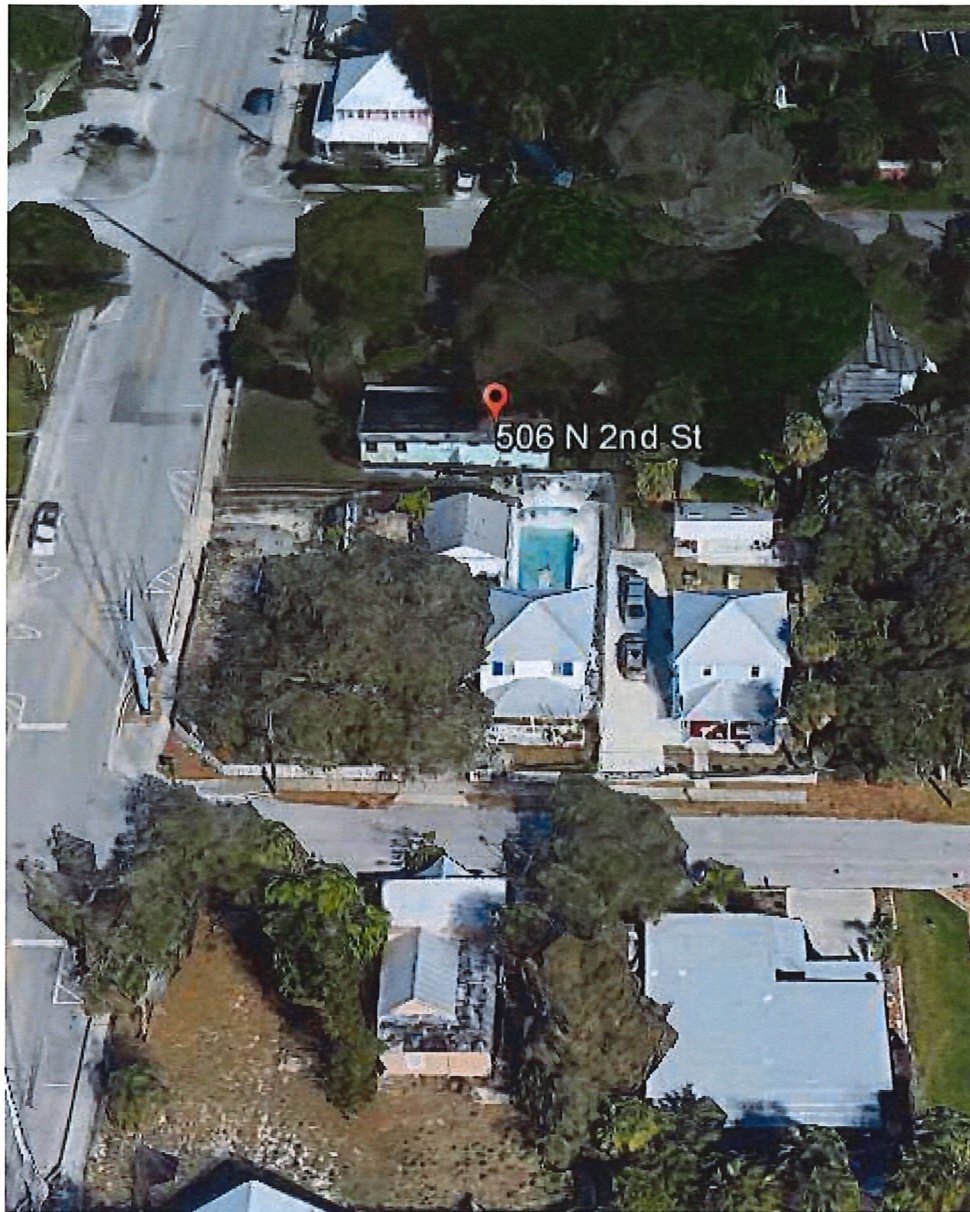
Construction documents must accompany this application. The Florida energy code submitted becomes an integral part of this plan and must pass final inspection. "Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in 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.

OFFICE USE ONLY

FEES: * See the break Down Fee Sheet
Total Fees Due \$ _____
Remarks _____
Reviewed by _____ Date _____ Final Check _____ Date _____

PF 100
PL 75
SC 525



Aerial photo of the subject structure





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#17-29 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address 111 Orange Avenue
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Install a flag pole in the parking lot area near NE corner of the building on Orange Avenue. Pole height: 20' - 25' (depend of foundation needed) Flag dimensions: 4' x 6' or 5' x 8' Please see attached.	Final flag pole placement subject to a building permit approval.	Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

Board Approval

Administrative Approval

 Paul Samson, Chair Date
 Historic Preservation Board


 _____ 5/25/17
 Maria Lewicka, AICP Date
 Historic Preservation Planner

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.

Owner	One Eleven Orange, LLC 4521 PGA Blvd #201 PBG, FL 33418	E-Mail Hovenre@gmail.com
Applicant	Steven Tarr, MGR Partner 4521 PGA Blvd #201 PBG, FL 33418	E-Mail Hovenre@gmail.com
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



MAY 23 2017

COA# 17-29

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 111 ORANGE AVE

Parcel ID #: _____

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

Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)

Name(s): ONE ELEVEN ORANGE, LLC

Mailing Address: 4521 PGA BLVD #201 PRG, FL 33418

Phone Number(s): 561-622-3386 Email: hovenre@gmail.com

Applicant

Name(s): STEVEN TARR, MGR PARTNER

Mailing Address: SAME

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

[Signature]
Signature of Owner

5/23/17
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) _____

Other (describe) FLAG POLE w/ AMERICAN FLAG

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

Install Flag Pole in parking lot area near NE corner of bldg on Orange Ave.

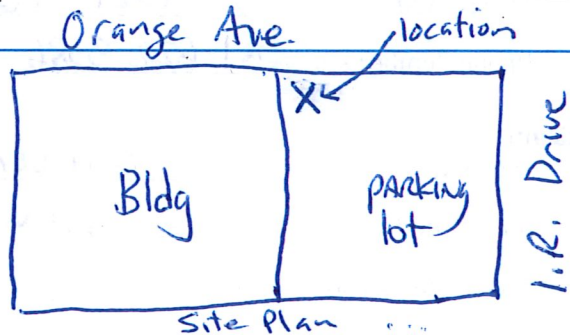
Pole = 20-25' will depend on foundation needed, Flag = 4x6 or 5x8

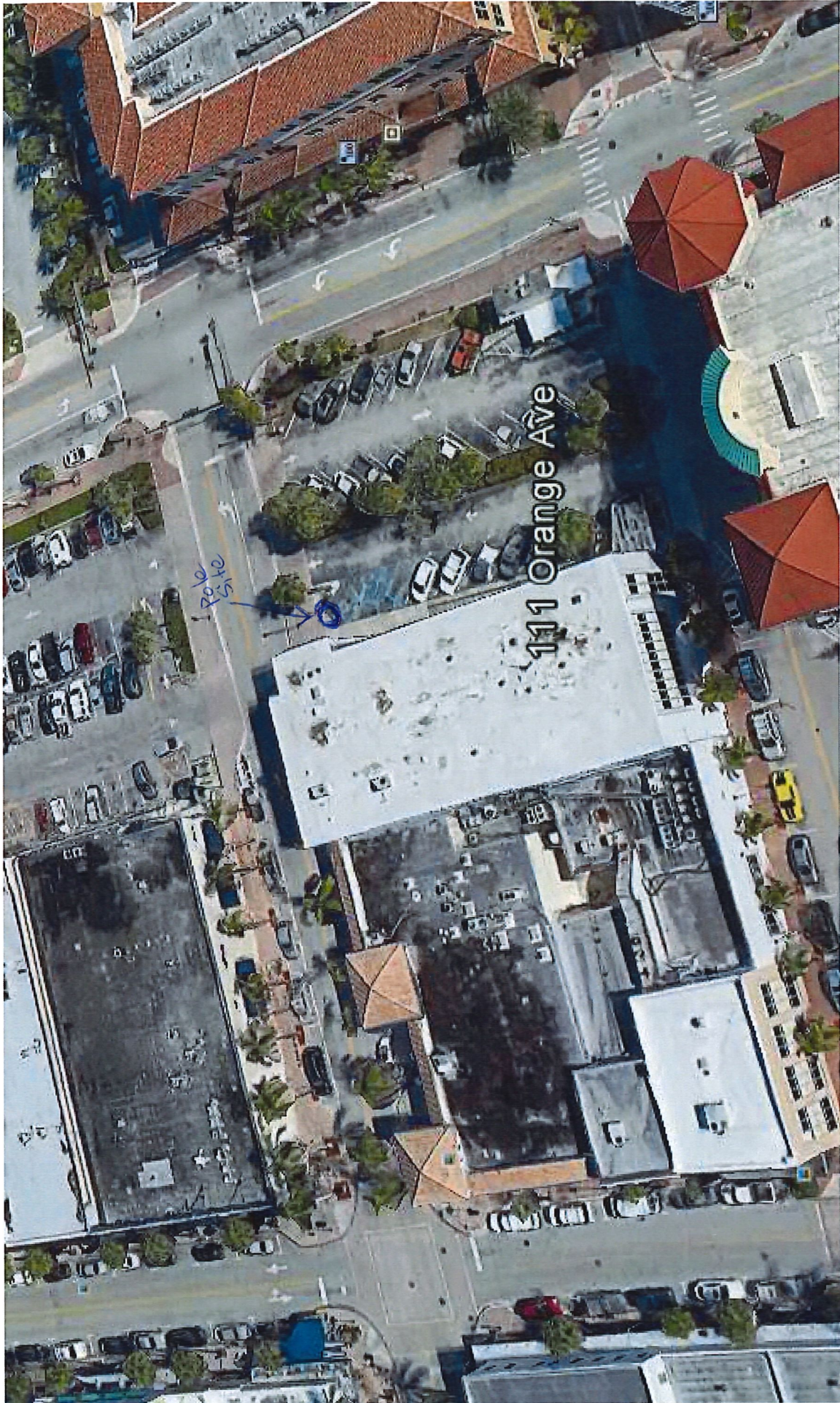
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.





111 Orange Ave

2012



Bldg. Permit # _____

COA# 17-30

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 702 FLORIDA AVE. FT. PIERCE, FL 34950

Parcel ID #: _____

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): DYLAN MURRAY

Mailing Address: 702 FLORIDA AVE. FT. PIERCE, FL 34950

Phone Number(s): 772-332-9302 Email: sicdylan@bellsouth.net

Applicant

Name(s): DYLAN MURRAY

Mailing Address: 702 FLORIDA AVE. FT. PIERCE, FL 34950

Phone Number(s): 772-332-9302 Email: sicdylan@bellsouth.net

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

Dylan Murray
Signature of Owner

5/30/17
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) EXTENDING & WIDENING DRIVEWAY

Other (describe) _____

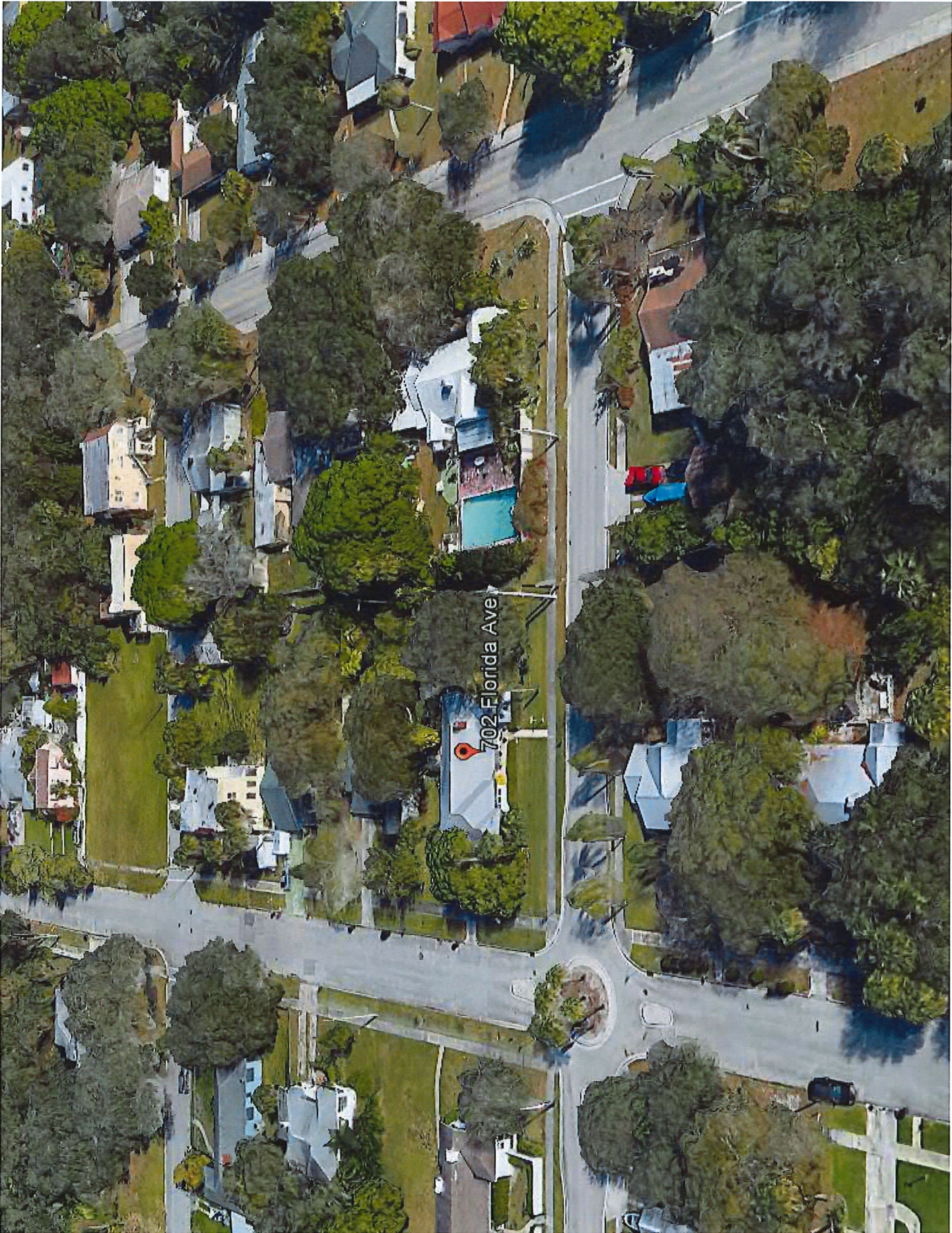
Please provide a detailed description of the proposed work to be performed: EXTEND & WIDEN DRIVEWAY

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.





CITY OF FORT PIERCE

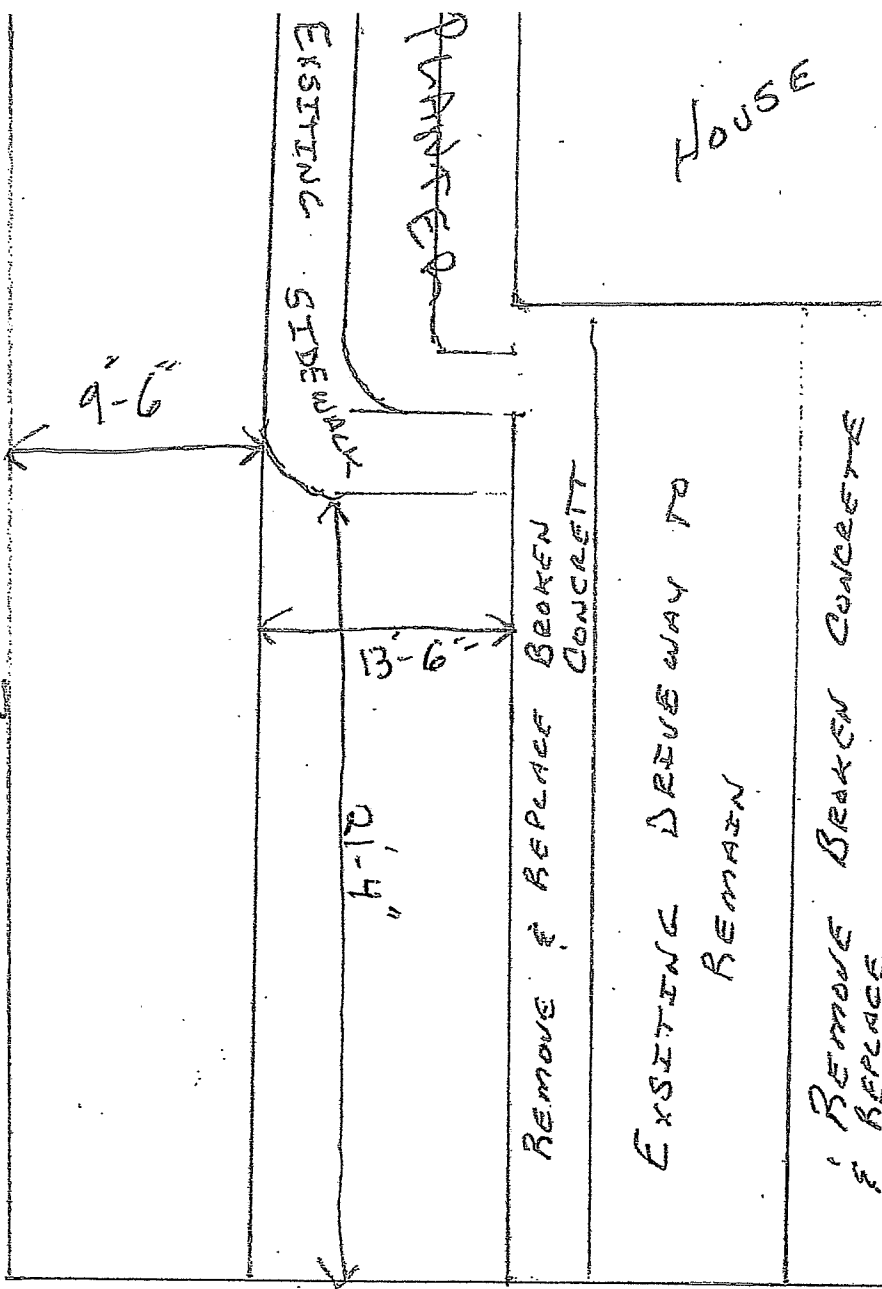
Reviewed:

2/21/13
5/5/17

Date:

BEACH CT

EXISTING CITY SIDEWALK



HOUSE

100
FLORENDA
AVE

REVIEWED FOR CODE COMPLIANCE

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 1 Section 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 TO REMAIN

These plans and all proposed work are subject to any corrections required by field inspectors that may be necessary in order to comply with all applicable code:

Google Maps 630 Beach Ct 702 FLORIDA AVE

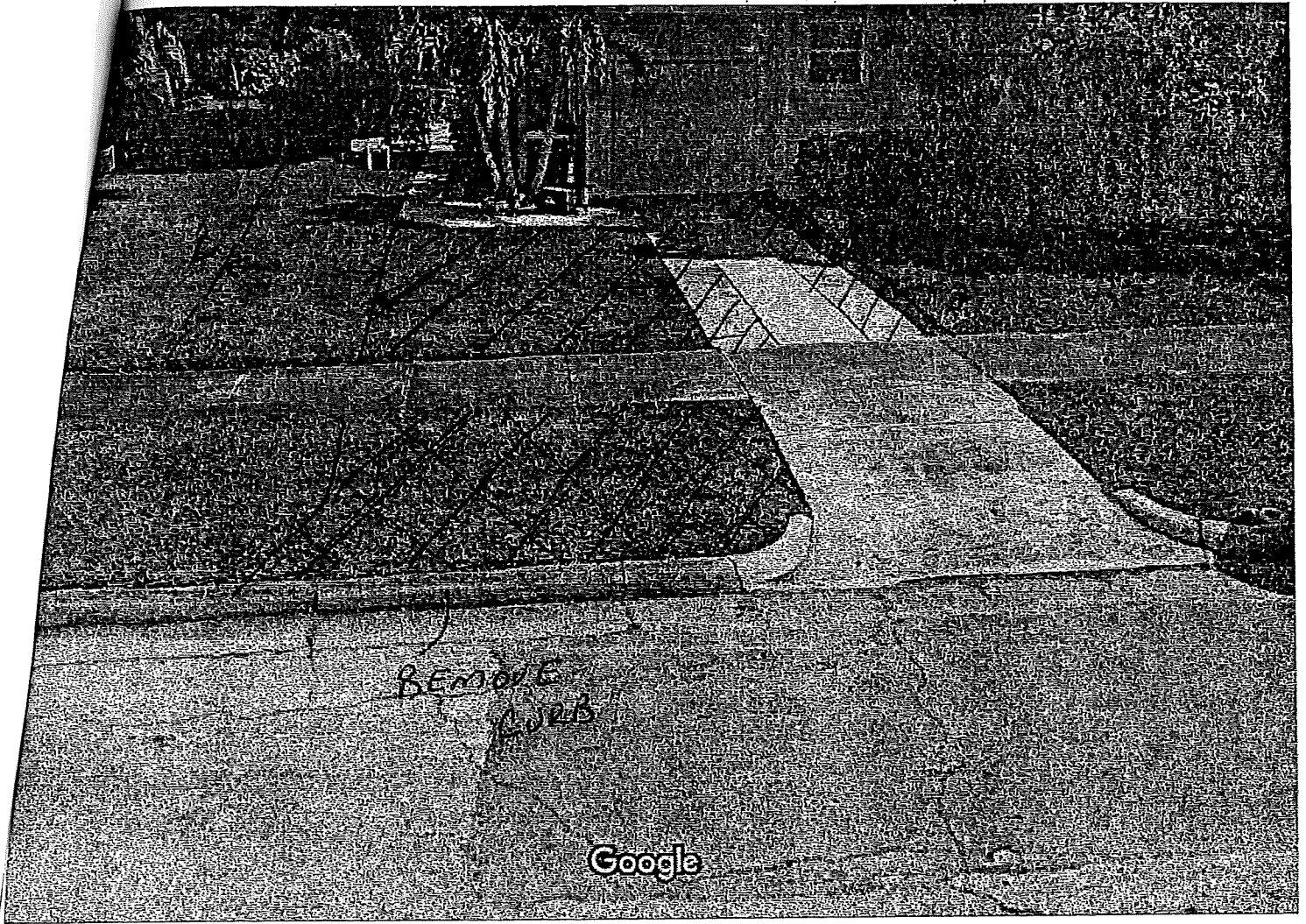
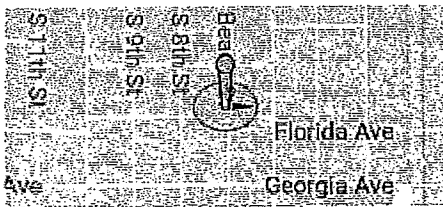


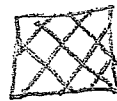
Image capture: Mar 2015 © 2017 Google

Fort Pierce, Florida

Street View - Mar 2015



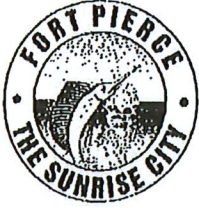
PROPOSED
NEW 4"
CONCRETE



PROPOSED 6"
NEW CONCRETE

Bldg. Permit # _____

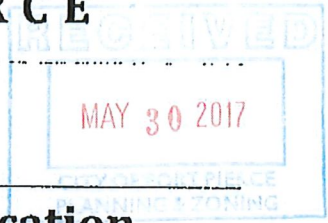
COA# 17-37



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: 704 FLORIDA AVENUE, FT PIERCE
Parcel ID #: 2410-709-0084-000-3
Type of Designation: Contributing Non-contributing Site within the Oakland Park Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner / Applicant Information

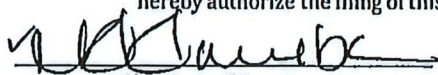
Property Owner(s) Name(s): FLORIDA COTTAGES LLC
Mailing Address: 2825 N INDIAN RIVER DR, FT PIERCE FL 34946
Phone Number(s): 772-539-1965 Email: EKARRUBLA@YAHOO.COM

Applicant Name(s): J.A. TAYLOR ROOFING INC
Mailing Address: 302 MELTON DR, FT PIERCE FL 34982
Phone Number(s): 772-466-4040 Email: NADINE@JATAYLORROOFING.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, FLORIDA COTTAGES LLC / MARIA ARRUBLA as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.


Signature of Owner

5/23/17.
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 |

Rehabilitation New Construction Demolition Relocation

* Site Improvements (describe) RE-ROOF

Other (describe) _____

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

TEAR OFF SHINGLE ROOF SYSTEM, RE-NAIL DECK TO CURRENT BUILDING CODES.

INSTALL JA TAYLOR ROOFING 5V CRIMP METAL PANEL ROOF SYSTEM (MILL FINISH)

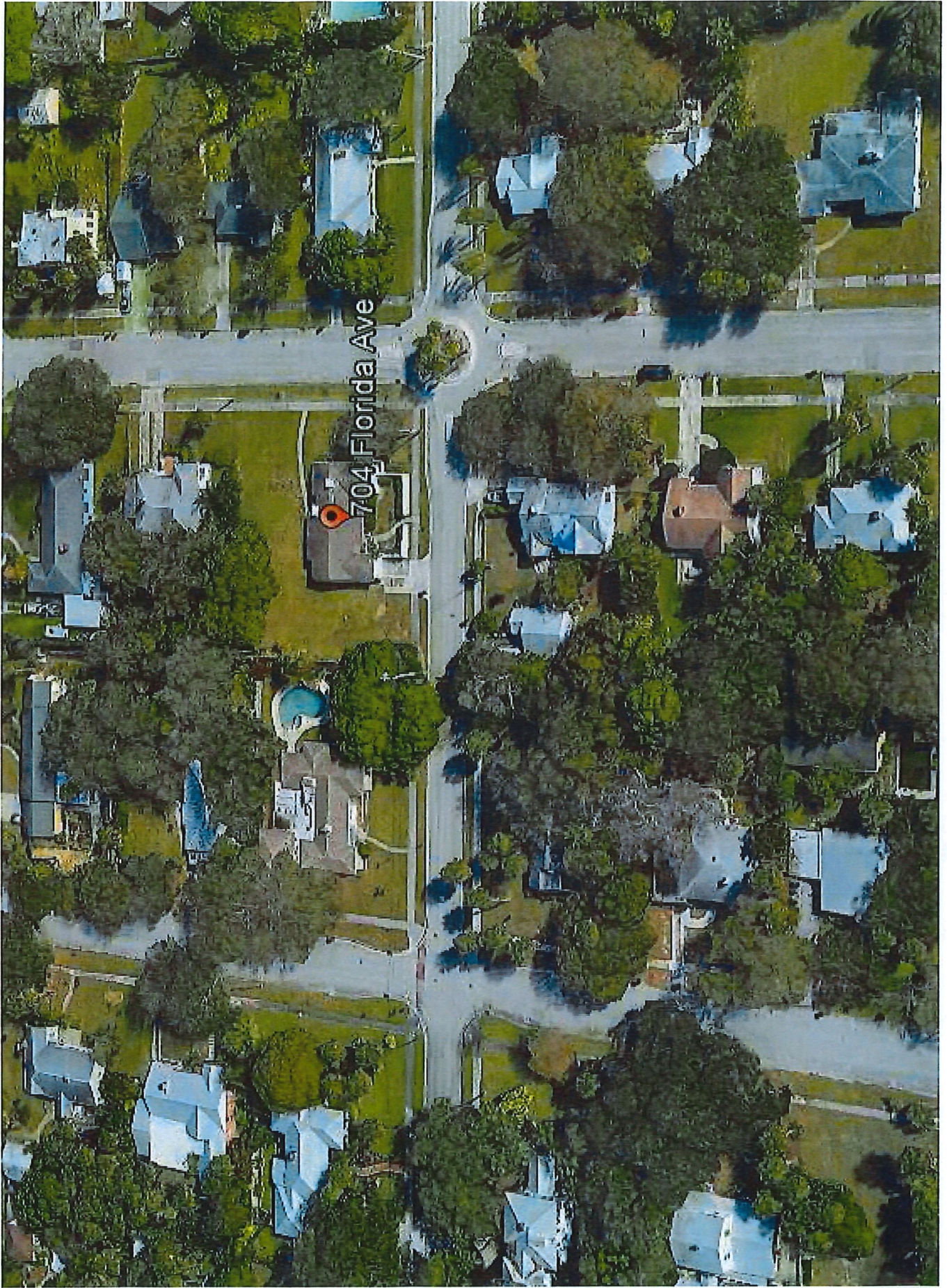
OVER OWENS CORNING SELF-ADHERED UNDERLAYMENT.

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.
- Survey (New Construction)
- 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.







Google Earth

© 2016 Google
© 2017 Google

Google Earth

feet
meters



10

5

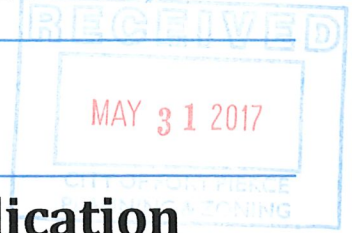




CITY OF FORT PIERCE

PLANNING DEPARTMENT

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



Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 616 Orange Ave FORT PIERCE, FL 34950
Parcel ID #: Tax Folio Number 2410-606-0002-000-9
Type of Designation: Contributing Non-contributing Site within the Downtown Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner / Applicant Information

Property Owner(s) Name(s): First United Methodist Church of Pierce, Ft
Mailing Address: 616 Orange Ave Fort Pierce, FL 34950
Phone Number(s): 772-464-0440 Email: Umatter2GodandUs.com

Applicant

Name(s): Jack Bridges
Mailing Address: ~~5220~~ 616 Orange Ave Ft. Pierce FL 34950
Phone Number(s): 772-577-0937 Email: bridgesunrise@gmail.com

Representative

Name(s): Jack Bridges
Mailing Address: - same as above -
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, Jack Bridges (Trustees - rep.) as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.

Jack Bridges
Signature of Owner (Trustees) 05/31/17
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) Repair and replace roof tiles (same type)

Other (describe) Bronce lona 900

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

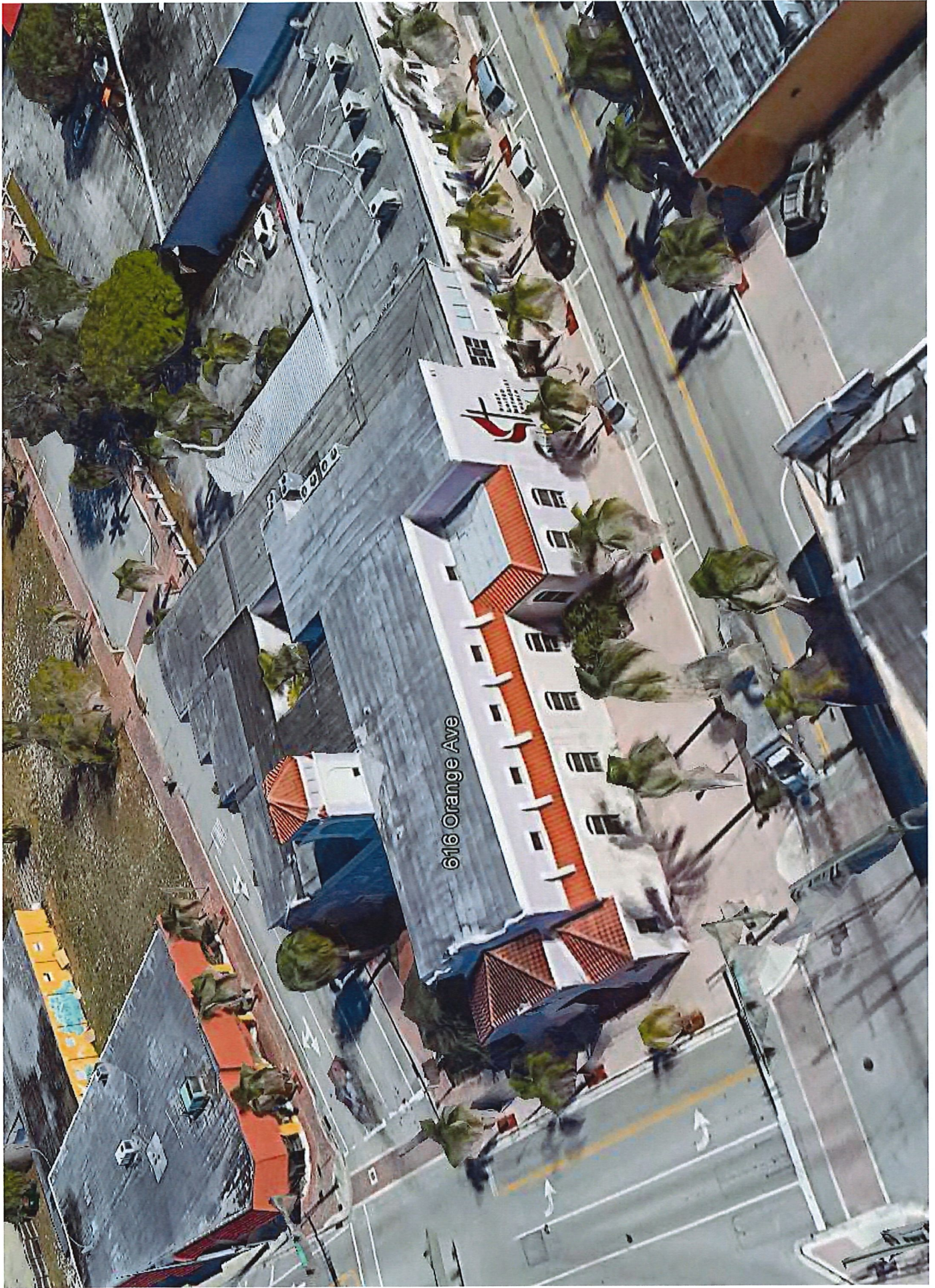
Repair and replace roof tiles (same type) Same color

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

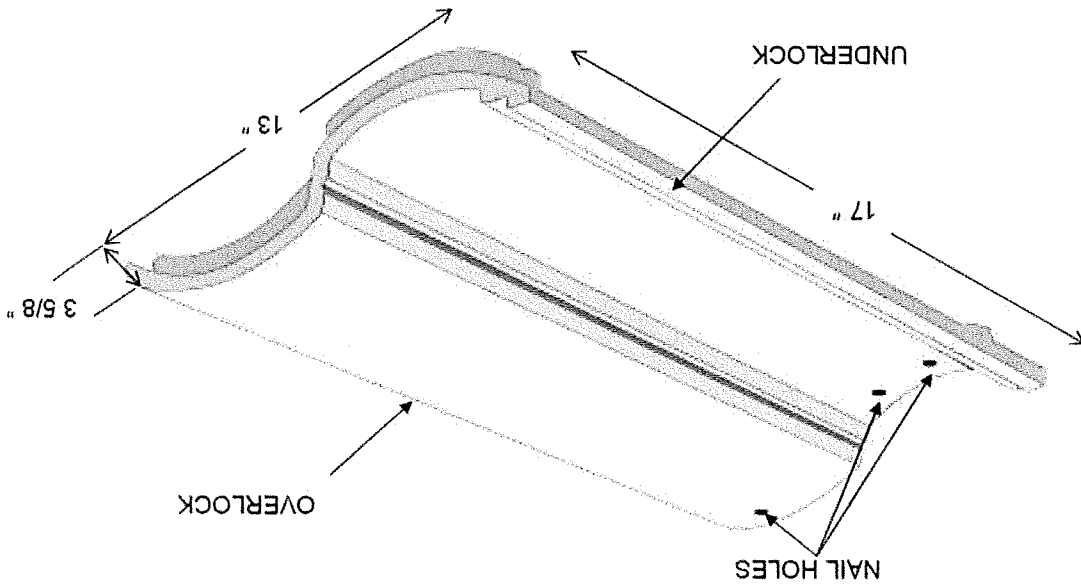
- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
 - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
 - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the main 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.





NOA No.: 16-0711.01
Expiration Date: 04/26/22
Approval Date: 10/27/16
Page 7 of 7

BARCELONA 900 CONCRETE ROOF TILE
END OF THIS ACCEPTANCE



PROFILE DRAWING



Google Earth



$50 \times 6 = 300$

$33 \times 13 = 429$

$14 \times 14 = 196$