

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in June 2017.

- COA #17-33, 100 S 2nd Street – Install new directory wall signs.
- COA #17-36, 208 Avenue A - Remove and replace damaged roof.
- COA #17-37, 1208 Avenue D – Remove and replace damaged roof.
- COA #17-40, 524 N 14th Street – Remove and replaced windows.
- COA #17-41 519 N 14th Street – Remove and replaced windows.



THE SUNRISE CITY
FORT PIERCE
 PLANNING DEPARTMENT
Florida



Bldg. Permit # 17-1413

COA# 17-33

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 100 S 2nd ST
 Parcel ID #: 2410-503-0108-000-6
 Type of Designation: Contributing Non-contributing Site within the _____ Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner / Applicant Information

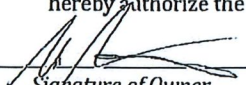
Property Owner(s)
 Name(s): Gus Gutierrez
 Mailing Address: 117 Orange Ave, Fort Pierce
 Phone Number(s): 772-801-5724 Email: _____

Applicant
 Name(s): Rod Waller / Sunrise City CHDO Inc.
 Mailing Address: 3550 Okeechobee Rd, Fort Pierce FL 34947
 Phone Number(s): 772-201-2850 Email: rodwaller1@gmail.com

Representative
 Name(s): Rod Waller / Sunrise City CHDO Inc.
 Mailing Address: 3550 Okeechobee Rd, Fort Pierce FL 34947
 Phone Number(s): 772-201-2850 Email: rodwaller1@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, Gus Gutierrez as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.



 Signature of Owner

6/1/17

 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) Wall Sign _____

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

Wall Sign letters

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

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.

Layout and wall location placement



West Side of Building

Customer: _____
 Company: **The Galleria of Pierce Harbor**
 Address: **100 S 2nd Street**
 City: **Fort Pierce** State/ZIP: **34950**
 Phone: _____
 Fax: _____



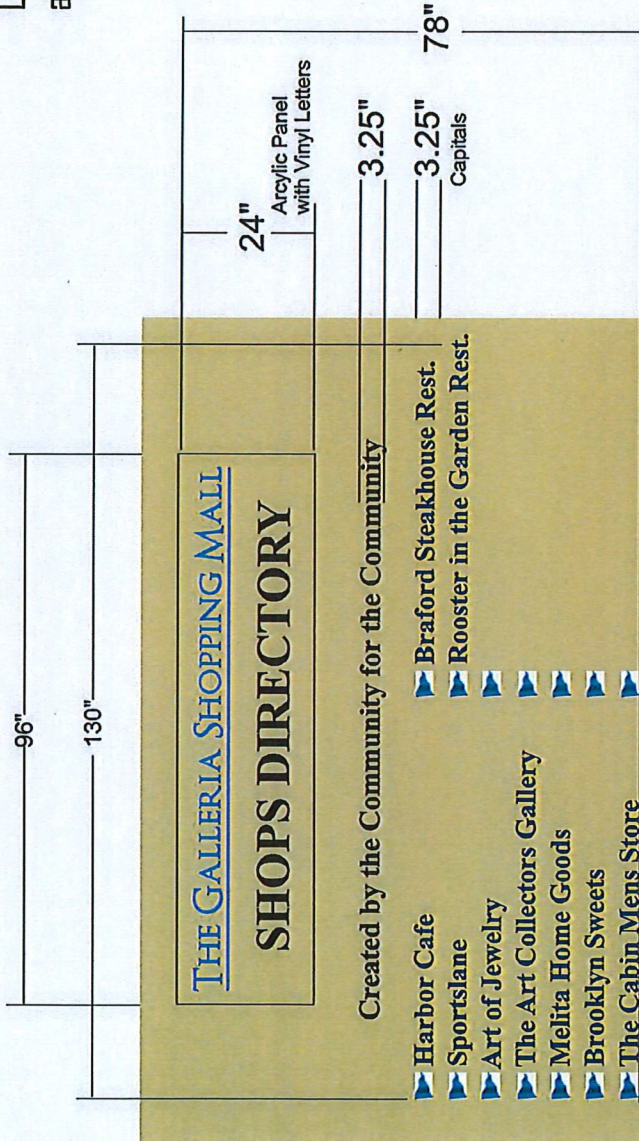
Job No.: _____ Date: **05/09/17**
 Order Date: _____ Salesperson: **Rod**
 Sign Dimensions: **120" x 78"** Estimate: _____
 Comments: _____

Sign Detail and color diagram

INDEX SIGN FOR TENANTS

Letters are individual cut 3/16" acrylic attached to building with HD silicone

COLORS:
BLACK
BRIGHT BLUE
AND DARK RED
TO MATCH EXISTING BUILDING
AND SIGN COLORS

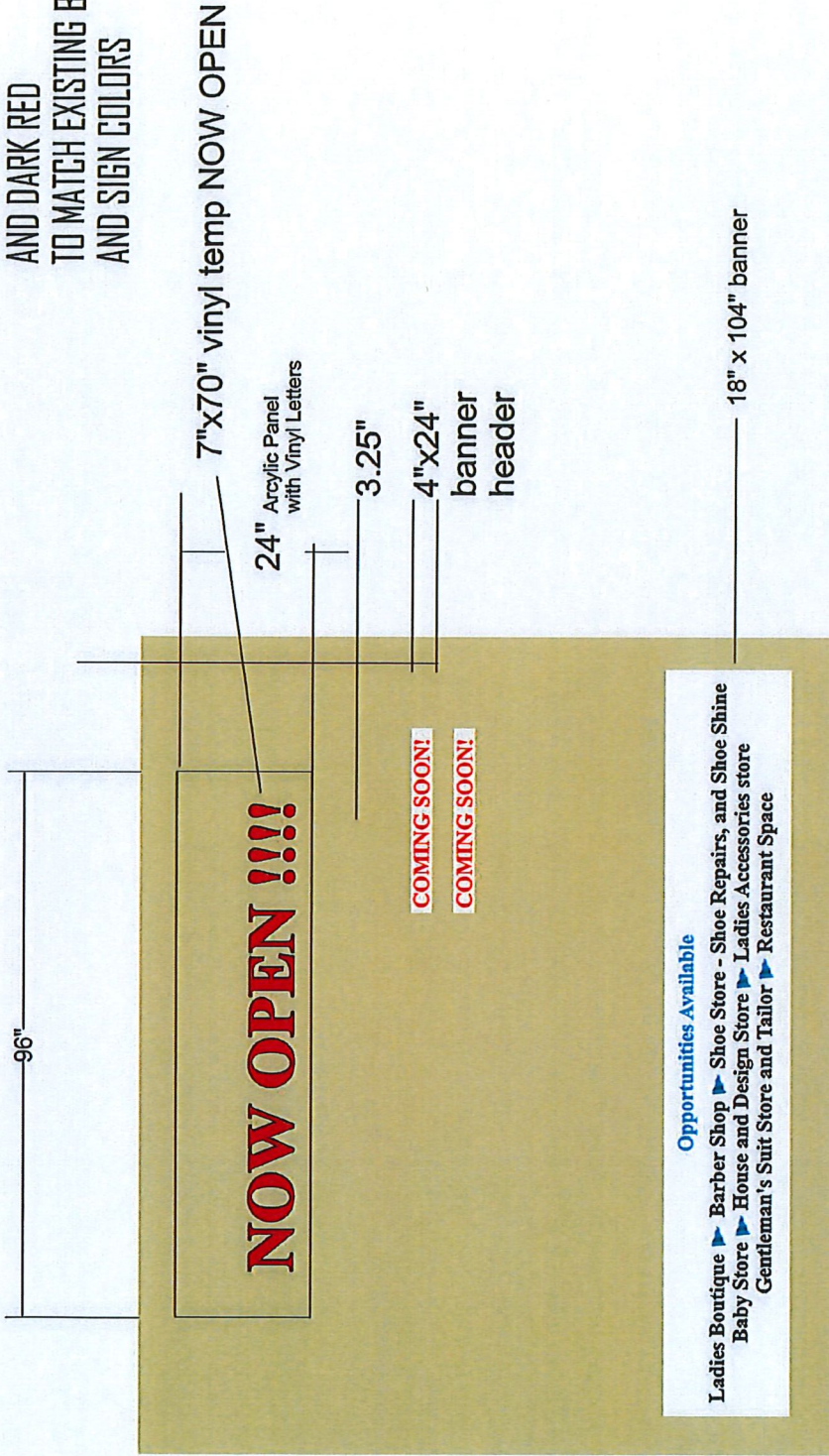


Customer:	
Company:	The Galleria of Pierce Harbor
Address:	100 S 2nd Street
City:	Fort Pierce
Phone:	
State/Zip:	34950
Fac:	

Job No.:		Date:	05/09/17
Order Date:		Salesperson:	Rod
Sign Dimensions:	130" x 78"	Estimate:	
Comments:			

TEMP SIGN PERMIT, BANNER AND REMOVABLE VINYL

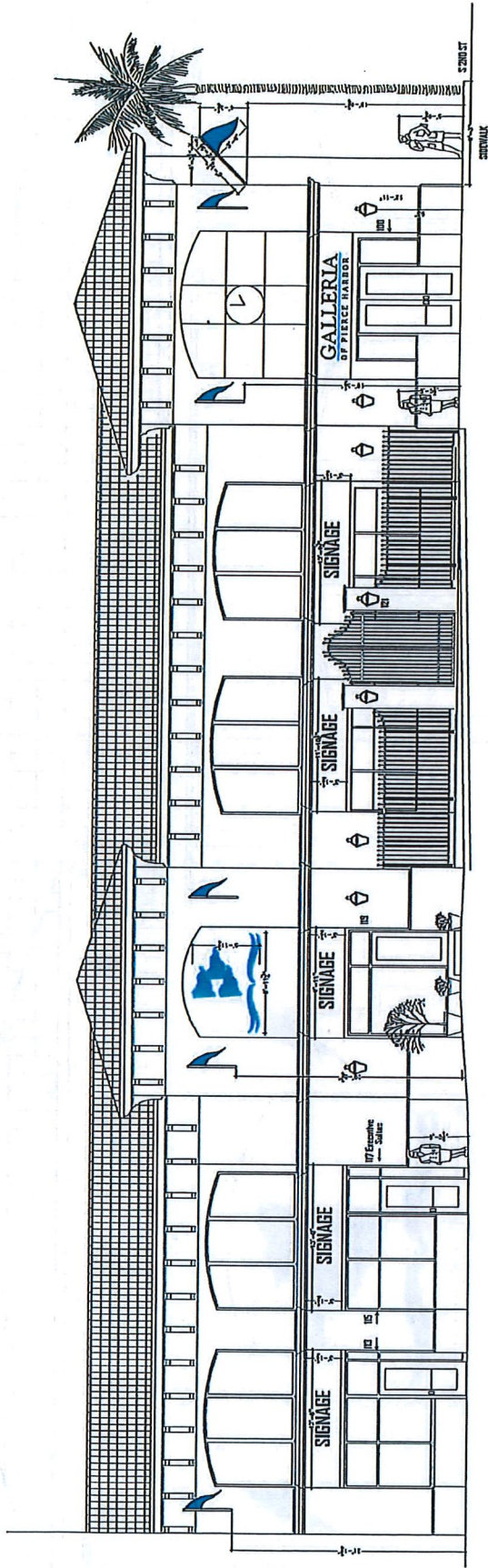
**COLORS:
BLACK
BRIGHT BLUE
AND DARK RED
TO MATCH EXISTING BUILDING
AND SIGN COLORS**



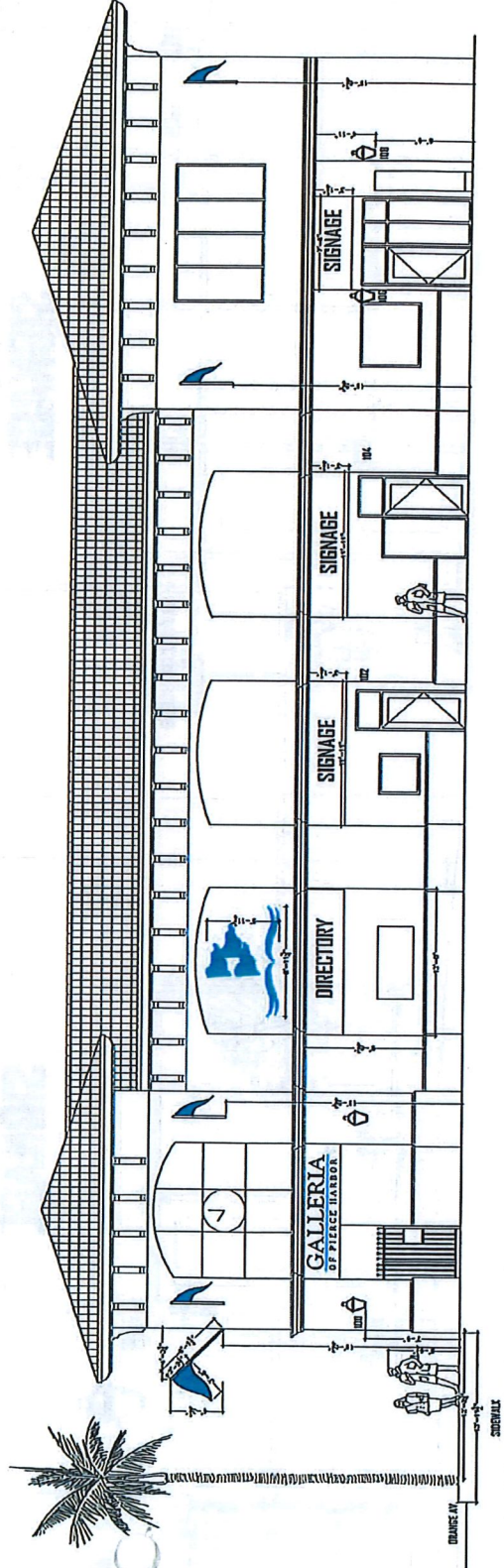
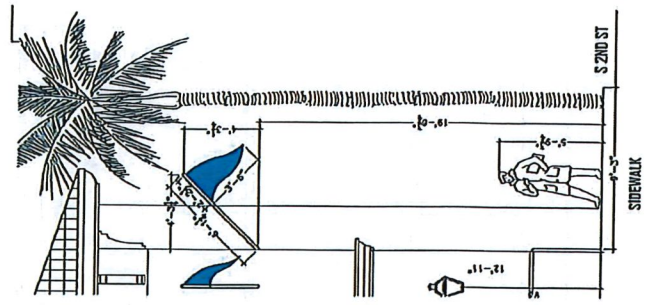
Customer: _____
 Company: **The Galleria of Pierce Harbor**
 Address: **100 S 2nd Street**
 City: **Fort Pierce** State/ZIP: **34950**
 Phone: _____
 Fax: _____



Job No.: _____ Date: **06/06/17**
 Order Date: _____ Salesperson: **Rod**
 Sign Dimensions: _____ Estimate: _____
 Comments: _____



PROPOSED NORTH ELEVATION (ORANGE AVENUE)



PROPOSED WEST ELEVATION (SECOND STREET)



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#17-36 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 208 Avenue A
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Tear off roll roofing, re-nail deck to current building codes, and install JA Taylor Roofing 5V Metal Panel Roof System (mill finish) over Owens Corning Self-adhered Underlayment, polyglass app white on flat portion. 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


 _____ 6/15/17
 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	K and K II Inc. 3636 N Milton Rd Fort Pierce, FL 34946	E-Mail beaubryan@comcast.net
Representative	J.A. Taylor Roofing Inc. 302 Melton Dr. Fort Pierce, FL 34982	E-Mail nadine@jataylorroofing.com
Other	Paul Thomas, CFP Building Administrator	E-Mail
	Kim West, CFP Building Department	E-Mail
	Susan Keller, CFP Building Department	E-Mail

Bldg. Permit # _____

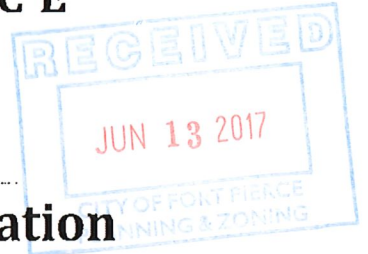
COA# 17-36



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: 208 AVENUE A
Parcel ID #: 2410-503-0038-000-4
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): K and K II Inc
Mailing Address: 3636 N MILTON RD, FORT PIERCE FL 34946
Phone Number(s): 772-971-1934 Email: BEAUBRYAN@COMCAST.NET

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, Benjamin Bryan Jr, President for K & K II, Inc as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Ben Bryan Jr
Signature of Owner

6/12/17
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) RE-ROOF

Other (describe) _____

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

TEAR OFF ROLL ROOFING, 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. POLYGLASS APP WHITE ON FLAT PORTION

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

feet
meters

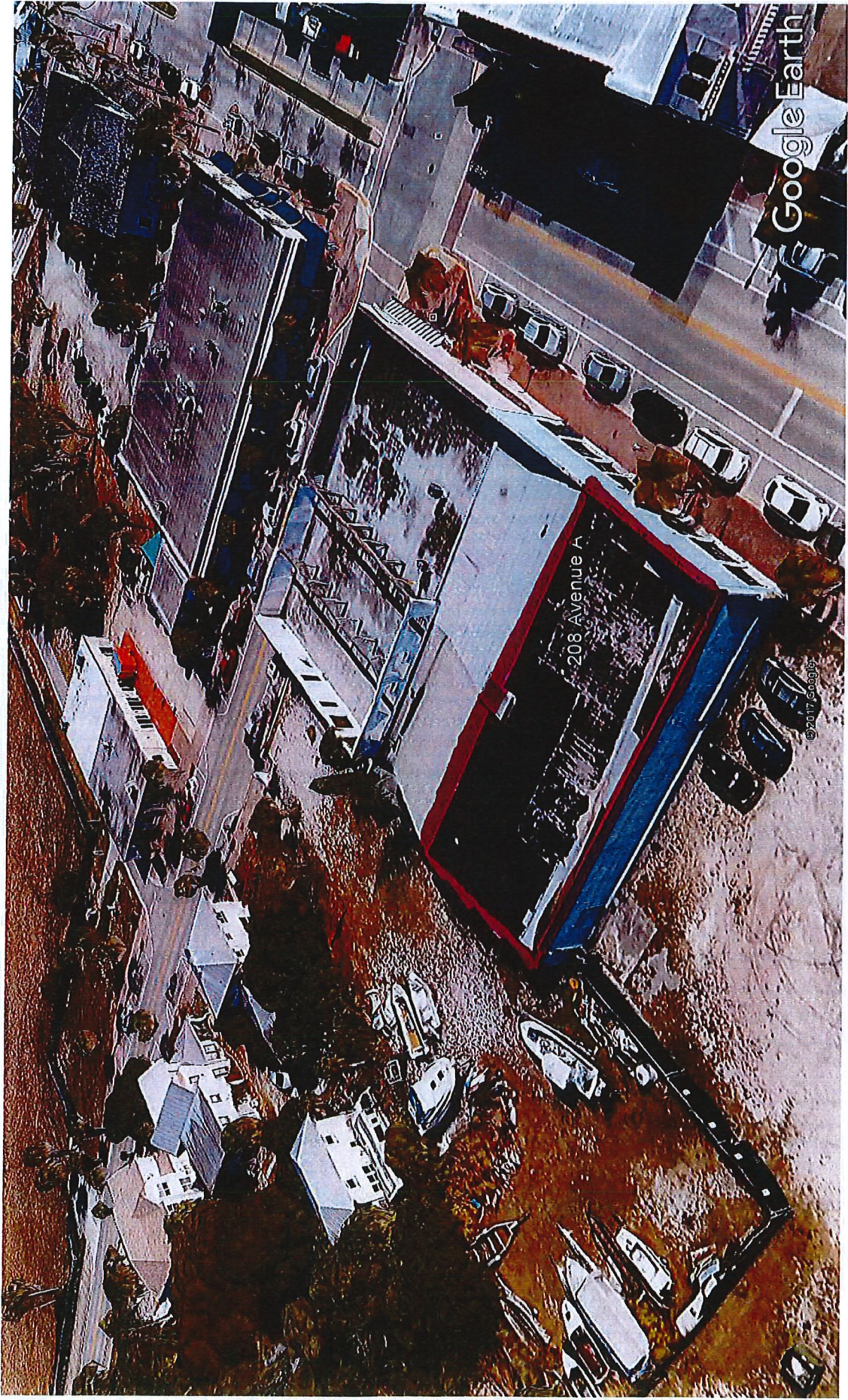
10

5



Google Earth

© 2017 Google
© 2017 Google



Google Earth

feet
meters

100

40







CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#17-37 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 1208 Avenue D

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove existing asphalt shingle roof and install a 5V Crimp Metal Roof System (mill finish). 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


 _____ 6/15/17
 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.

Provided to:	Name/Address	Via
Owner	Shade Holmes 3605 Avenue N Fort Pierce, FL 34947	E-Mail
Representative	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 # _____

JUN 14 2017

COA# 17-37

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 1208 Avenue D

Parcel ID #: 2409-501-0037-000-7

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): Shade Holmes

Mailing Address: 3605 Ave. N

Phone Number(s): _____ Email: _____

Applicant
Name(s): Andros Construction LLC ^{Roofing}

Mailing Address: 2706 Atlantic Ave

Phone Number(s): (772) 475-4915 Email: AndrosConstruction@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, _____ as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

6/5/2017
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 checked="" 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) _____

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

Remove existing asphalt shingle roof and replace with
a 5v crimp metal roof system
MICU FINISH

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

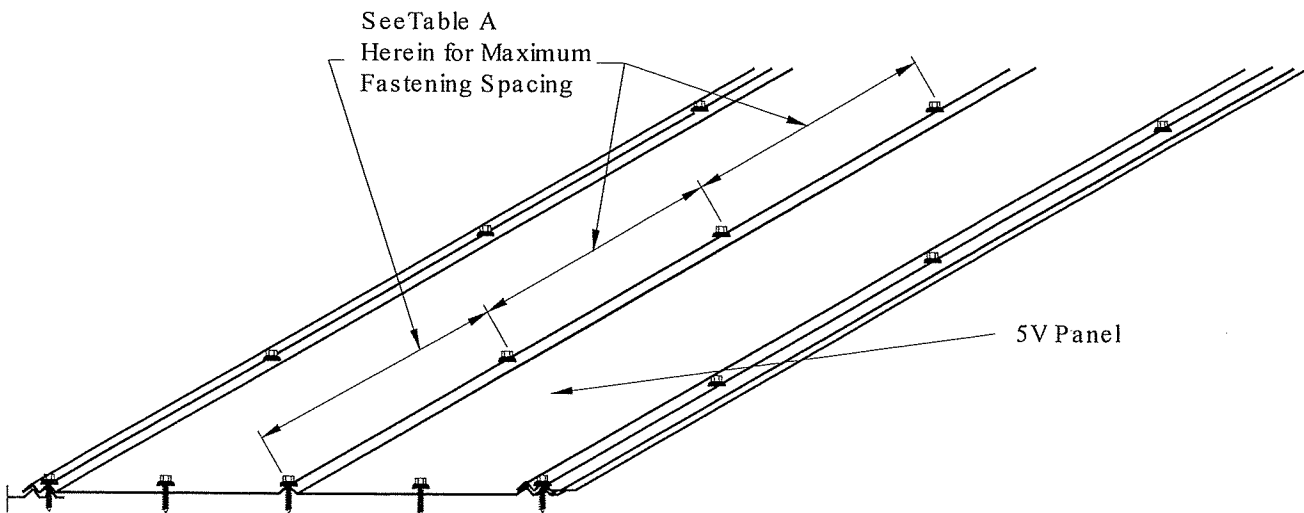
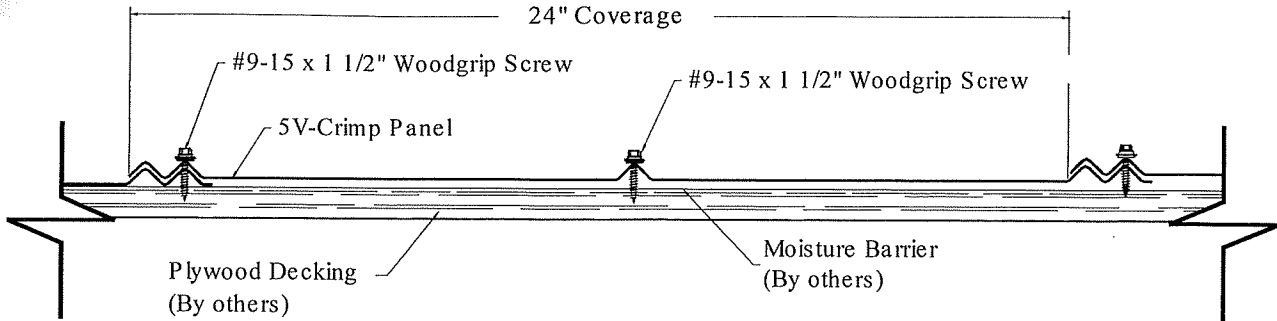
Will the proposed work require a Zoning Variance? No Yes, Code Section(s): _____

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.

PROFILE DRAWINGS

DETAIL A 26 GA. COASTAL 5V-CRIMP ROOF PANEL



END OF THIS ACCEPTANCE



NOA No.: 14-0520.02
Expiration Date: 08/21/19
Approval Date: 08/21/14
Page 5 of 5



Private Property
No Trespassing
No Parking
No Loitering
No Alcohol
No Weapons
No Smoking
No Vandalism
No Graffiti
No Drunken Driving
No Drunken Biking
No Drunken Boating
No Drunken Swimming
No Drunken Fishing
No Drunken Hunting
No Drunken Camping
No Drunken Hiking
No Drunken Biking
No Drunken Boating
No Drunken Swimming
No Drunken Fishing
No Drunken Hunting
No Drunken Camping
No Drunken Hiking

1208

1208



1906

Private Property
No Trespassing
Unauthorized Access
Prohibited
10/18

GMC







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

COA#17-40 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 524 N 14th Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove and replace four (4) windows. 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


 _____ 6/30/17
 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.

Provided to:	Name/Address	Via
Owner/Applicant	Vera Ruth 524 N 14 th Street Fort Pierce, FL 34950	E-Mail
Other	Paul Thomas, CFP Building Administrator	E-Mail
	Kim West, CFP Building Department	E-Mail
	Susan Keller, CFP Building Department	E-Mail



JUN 28 2017
CITY OF FORT PIERCE
PLANNING & ZONING

COA# 17-40

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 524 NO. 14TH ST

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): Vera Ruth

Mailing Address: 524 N 14 ST

Phone Number(s): 940-3098 Email: _____

Applicant

Name(s): Vera Ruth

Mailing Address: 524 N 14 ST

Phone Number(s): 940 3098 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, Vera Ruth as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Vera Ruth
Signature of Owner

6-22-17
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) _____

Please provide a detailed description of the proposed work to be performed: Replace 4 windows with new ones

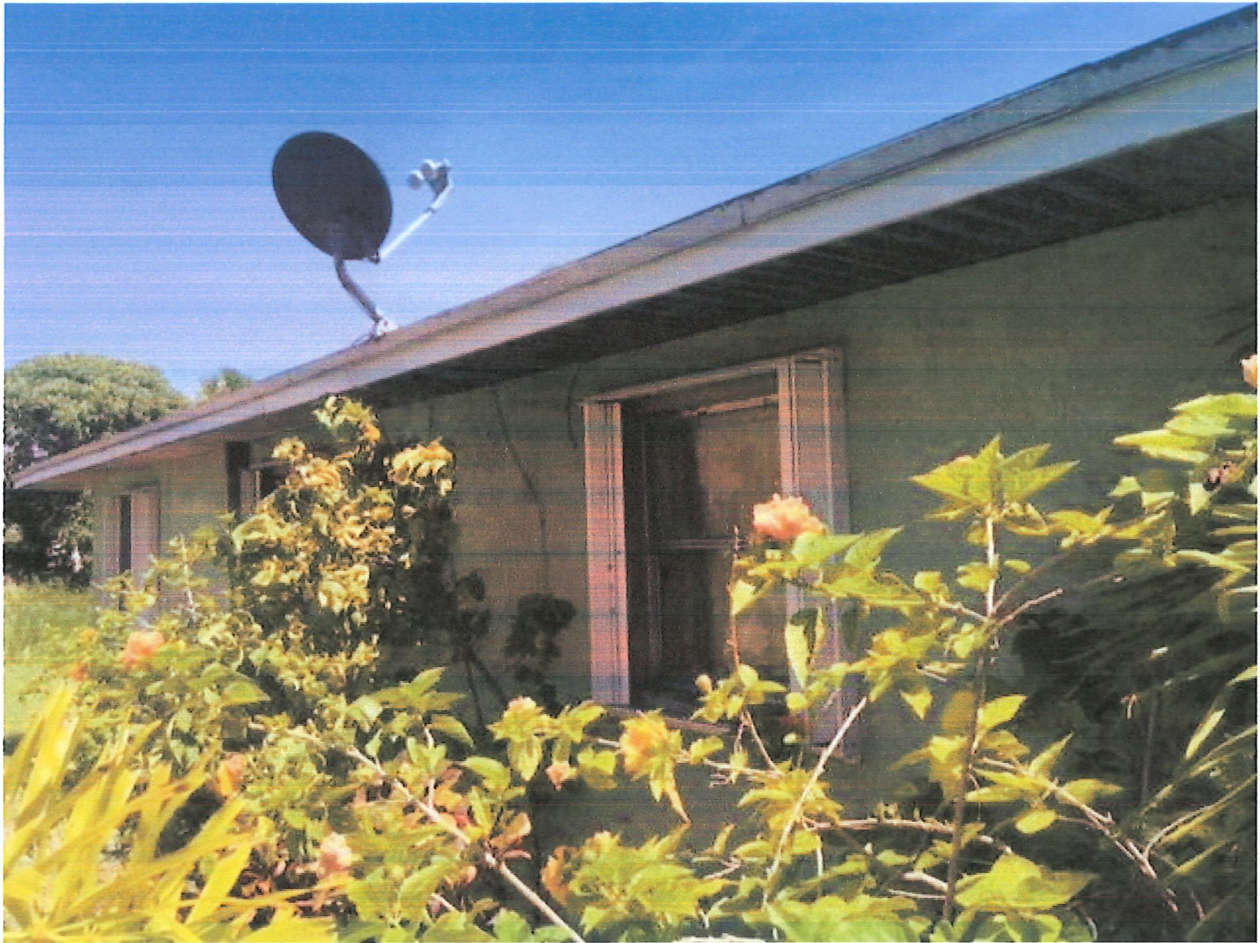
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.















EXACT COPY

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

Permit # 17-1646
FBC 2014 (5th edition)
PIN # 792476

*Property Address 524 N 14TH ST *Date 6-11-17 *# of plans submitted _____ *# of CD's submitted _____
Parcel ID# 2409-502-0017-0008 Phone # (772) 940-3098 Fax # ()
(Located on your tax bill) Email Address _____ Cell # ()
*Owner Name RUTH VERA *Owner Address 524 N 14TH ST

Type of permit WINDOW REPLACEMENT *Valuation \$ 750.00
*Description of Work REMOVE WINDOWS AND REPLACE WITH NEW ONES 5 WINDOWS
Architect: N/A Phone () Fax ()
Engineer: N/A Phone () Fax ()

*CONTRACTOR/APPLICANT INFORMATION: City License # _____ State License # CGCO23890
Company Name BSL CONSTRUCTION CO Qualifier BYRON LENOFF
Address 5693 HUNN MACEDO BLVD City/State PSL Zip 34983
Phone # (561) 346-1346 Fax # (272) 621-7905 Cell # (561) 346-1346
Email Address _____

RECEIVED

SUBCONTRACTORS: See Subcontractor Verification Sheet. It may be Required to accompany this application
Occupancy DR Construction Type BLK # of Units 1 # of Stories 1
Sq. Ft. Conditioned Space 864 Total Sq. Ft. 864

JUN 12 2017
Building Department

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 Byron Lenoff Signature of Property Owner _____
State of Florida, County of H Lee State of Florida, County of _____
Affirmed to and subscribed before me this 12th day of June, 2017, by Byron Lenoff
personally known to me or who has produced as identification.

Notary Signature: Amaris Gil Signature: _____
Notary (print name) Amaris Gil Notary (print name) _____
EXPIRES: August 30, 2019
Bonded Thru Budget Notary Services

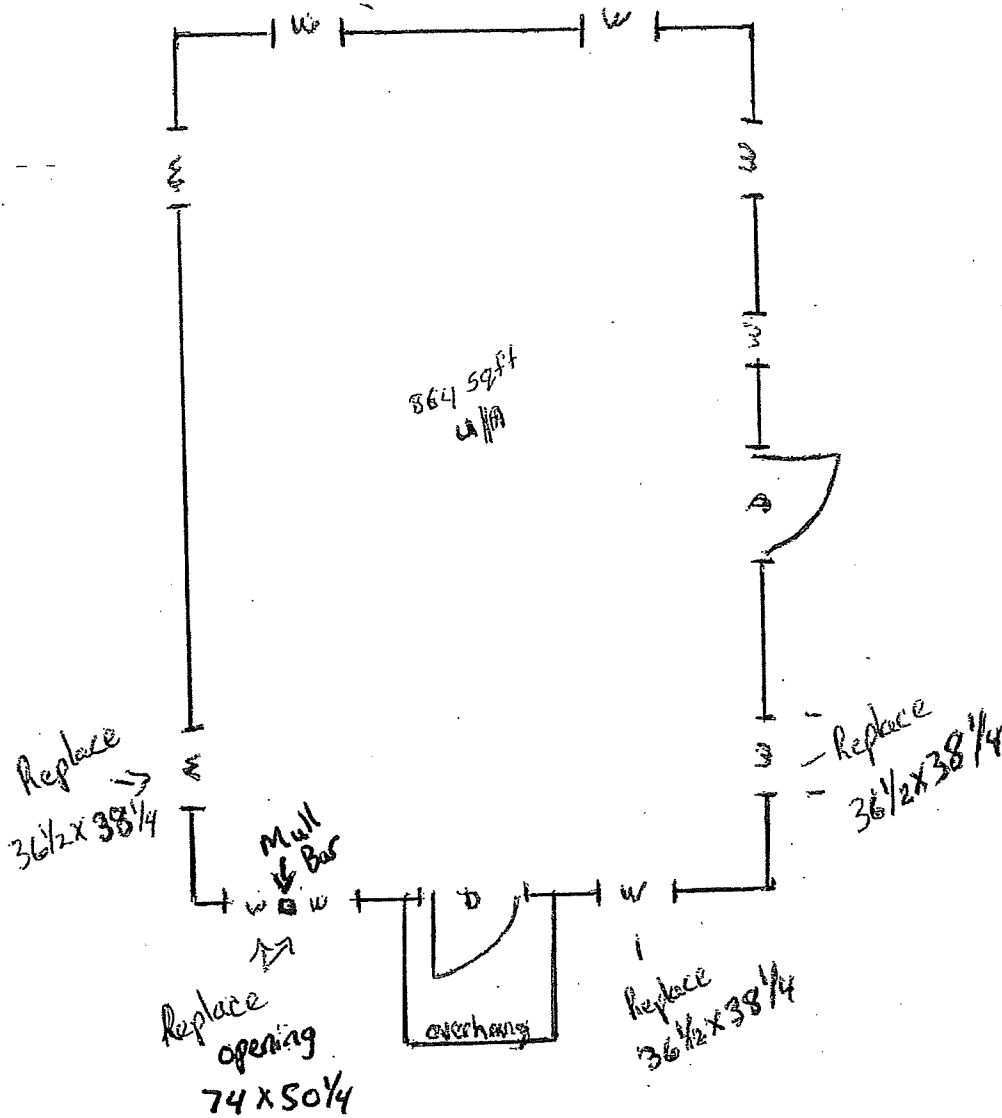
Construction documents must accompany this application. The Florida energy code submitted becomes an integral part of this plan and must pass final inspection. *Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in 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 Debris / wind / clear Form / FR / PN / P/A's.

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 \$ 120.25 \$ 15.00 Arch PL 100 PL 73 CA
Remarks _____
Reviewed by _____ Date _____ Final Check _____ Date _____
Codes OK Need Elevation Verification

CITY OF FORT PIERCE REVIEWED BY

02B DATE 6-15-17



"REVIEWED FOR CODE COMPLIANCE"

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 codes

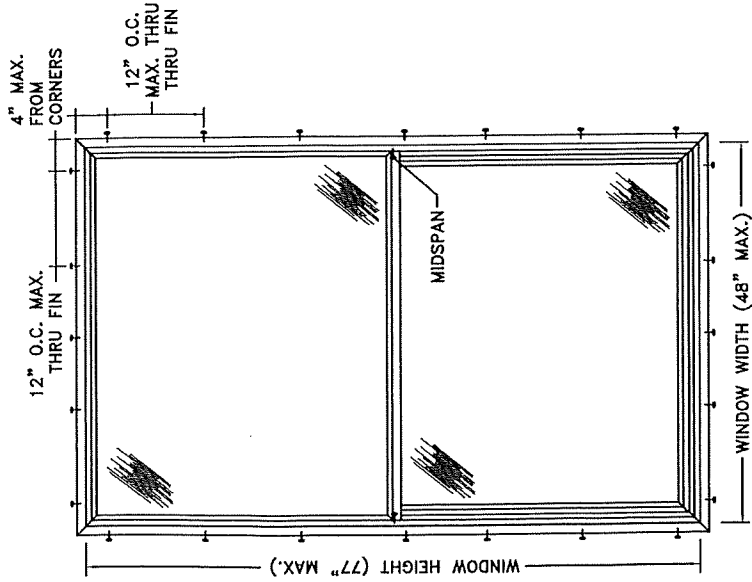
A permit issued shall be construed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, 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.

Front

17-1646
Client: Ruth Vera
Phone # (772) 940-3098
Address: 524 N. 14th St.
City: Ft. Pierce, FL 34950

Concrete Block
Shutters Yes / No

NAIL FIN INSTALLATION



TYPICAL ELEVATION WITH FASTENER SPACING

Installation Notes:

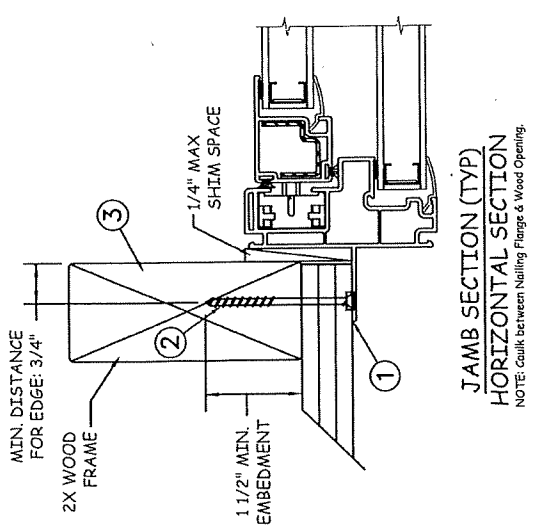
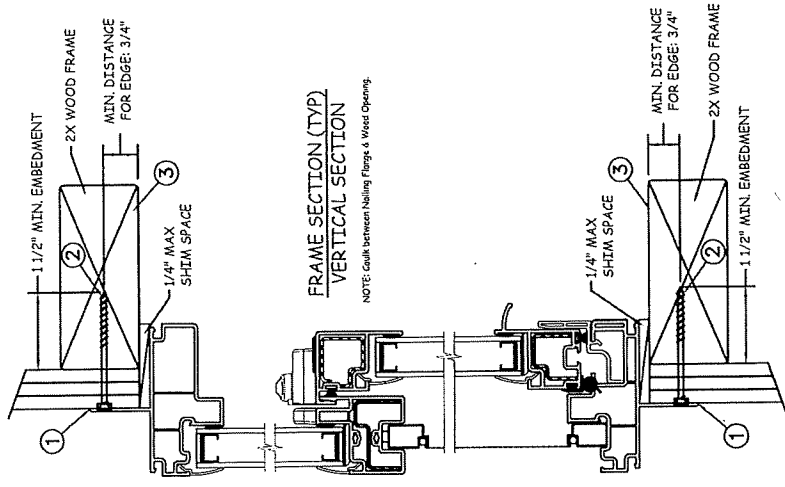
1. Seal flange/frame to substrate.
2. Use #8 PH or greater fastener through the nail fin with sufficient length to penetrate a minimum of 1 1/2" into the wood framing. For 2X wood frame substrate (min. S.G. = 0.42).
3. Host structure (wood buck, masonry, steel) to be designed and anchored to properly transfer all loads to the structure. The host structure is the responsibility of the architect or engineer of record for the project of installation.

Digitally signed by Hermes F. Norero, P.E.
Reason: I am approving this document
Date: 2014.09.04 11:55:41-0400'

This schedule addresses only the fasteners required to anchor the window to achieve the rated design pressure up to the size limitations noted. It is not intended as a guide to the installation process and does not address the sealing consideration that may arise in different wall conditions. For the complete installation procedure, see the instructions packaged with the window or go to www.jeld-wen.com/resources/installation.

DISCLAIMER:

This drawing and its contents are confidential and are not to be reproduced or copied in whole or in part or used or disclosed to others except as authorized by JELD-WEN Inc.

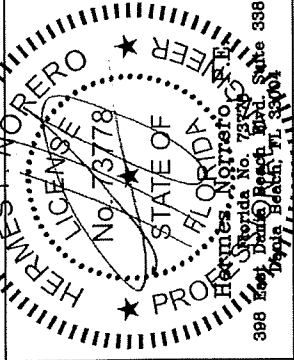


BUILDERS VINYL SINGLE HUNG

Max Frame	DP RATING	IMPACT
48 x 77	+50/-50	NO

General Notes:

1. The product shown herein is designed, tested and manufactured to comply with the wind load criteria of the adopted International Building Code(IBC), the International Residential Code(IRC), the Florida Building Code(FBC) and the industry requirement for the stated conditions.
2. All glazing shall conform to ASTM E1300.
3. At minimum, glazing shall be single strength annealed insulating glass.
4. Use structural or composite shims where required.
5. Maximum sizes are buck sizes and do not include fin or flange.



PROJECT ENGINEER:	DATE:	07/17/2014
DRAWN BY:	SCALE:	NTS
CHECKED BY:	TITLE:	
APPROVED BY:		
PART/PROJECT NO.:		
IDENTIFIER NO.:		
PLANT NAME AND LOCATION:		

JELD-WEN
3737 Lakeport Blvd
Klamath Falls, OR, 97601
Phone: (541) 882-3451

Builders Vinyl Tilt Single Hung

CAD DWG. No.: Bldrs/VinylTSH
REV: 00
SHEET 1 OF 4

Professional Regulation



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Product Approval
USER: Public User

17-1646

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > [Application Detail](#)

FL #
Application Type
Code Version
Application Status

FL14104-R13
Revision
2014 ✓
Approved

FL 14104.1

*Approved by DBPR. Approvals by DBPR shall be reviewed and ratified by the POC and/or the Commission if necessary.

Comments
Archived

Product Manufacturer
Address/Phone/Email

JELD-WEN
3737 Lakeport Blvd
Klamath Falls, OR 97601
(800) 535-3936
fbc1@jeld-wen.com

Authorized Signature

Kaede McLaughlin
fbc1@jeld-wen.com

Technical Representative
Address/Phone/Email

JELD-WEN Corporate Customer Service
3737 Lakeport Blvd.
Klamath Falls, OR 97601
(800) 535-3936
customerserviceagents@jeld-wen.com

Quality Assurance Representative
Address/Phone/Email

Category
Subcategory

Windows
Single Hung

Compliance Method

Certification Mark or Listing

Certification Agency
Validated By

American Architectural Manufacturers Association
American Architectural Manufacturers Association

Referenced Standard and Year (of Standard)

Standard
AAMA/WDMA/CSA 101/I.S.2/A440

Year
2008

Equivalence of Product Standards
Certified By

Product Approval Method

Method 1 Option A

Date Submitted

10/21/2016

Date Validated

10/28/2016

Date Pending FBC Approval

Bldg. Permit # _____

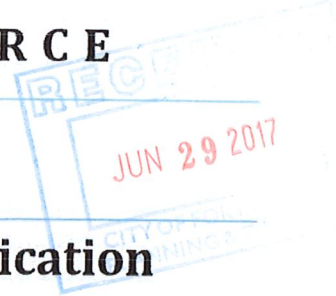
COA# 17-41



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: 519 N 14th Street
Parcel ID #: 2409-503-0006-000-7
Type of Designation: Contributing Non-contributing Site within the X Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
Name(s): Roberto Garcia
Mailing Address: 285 NW Biltmore Street, Port Saint Lucie, FL 34983
Phone Number(s): 772-985-7374 Email: _____

Applicant
Name(s): Lippard Construction Inc.
Mailing Address: 1200 Driftwood Lane, Fort Pierce FL. 34982
Phone Number(s): 772-370-7548 Email: lippardconstruction@comcast.net

Representative
Name(s): Kenneth I. Lippard
Mailing Address: 1200 Driftwood Lane, Fort Pierce FL. 34982
Phone Number(s): 992-370-7547 Email: lippardconstruction@comcast.net

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

Roberto Garcia
Signature of Owner

06-27-17
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 checked="" 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) Replace existing broken and/or non functioning windows
- Other (describe) _____

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

Remove and replace broken and/or non functioning windows according to local and State code and requirements.

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.

RH 0
 LH 0
 20 x 6-8
 Brick mold

Job Address: VINYL IMPACT LOW E

Quote # 693824

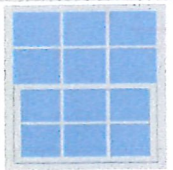
Sales Person: Rob Springer

SALES AGREEMENT WITH NOTES

ShipTo: EAST COAST LUMBER & SUPPLY CO
 Account#: A00271
 308 AVENUE A 003708-6
 FORT PIERCE, FL 34950-4417
 Phone# Fax# (772) 461-5957

Customer ROB COD CONTRACTOR
 Account #
 ROB SPRINGER
 Phone# (772) 626-9977 Fax# (772) 461-5957

Line #	Item Description	Quantity	Line Pricing	
0001 (1.00)	SH5500 VINYL SINGLE HUNG 5500	Ordered: 6.00	<u>Sell Price</u> \$408.38	<u>Ext Price</u> \$2,450.28
Configuration: ,.,35.75X48.75X.,STD,5/8" FL,W,EQUAL,7/8 LIG,CL,SB 70XL,9/16" GBG,2V1H/2V1H,SWEEP,1816K,CMFRT LFT HNDL.,x.				



36 1/2 x 50 1/2
 35 1/2 x 50
 Overall
 73 1/2

Certification Type: MIAMI
 Frame Type: .625FLANGE
 Window Style: STD
 Size Ref: ACTUAL
 Height: 48 3/4
 Rough Masonry: 37 1/2 X 49 3/4
 Egress: 31 1/2 X 19 3/4 (4.313 SQFT)
 Does unit need to meet Turtle Code: NO
 Glass: 7/8" LIG (1/8 AN - 7/16 AIR -5/16 AN/AN
 Argon Gas: NONE
 Low E: ENERGY SHIELD MAX
 Grid Type: 9/16" Flat GridBETWEEN GLASS
 Grid Location: UNIT
 Summary Bottom: 3A2D LITES (2V1H BARS)
 Screen Frame Type: ROLLFORM
 Boxing Options: None
 Comfort Lift: Y
 WOCD: N
 Decralite: N
 Acc Glass Breakage: N
 CAR#: 16-0714.03
 NegativeDesignPressure: 50.0000
 EnergyStar: 1.0000
 UF: 0.3200
 VT: 0.4300

NOA Selection: 16-0714.03
 Vent Configuration: EQUAL
 Size Selection: CUSTOM
 Width: 35 3/4
 Actual Size: 35 3/4 X 48 3/4
 Wood Frame: 36 X 49
 Frame Color: White
 Glass Family: Laminated Insulating
 Interlayer Type: PVB090
 Glass Color: CLEAR
 Privacy Glass: NONE
 Grid Style: STD
 Summary Top: 3A2D LITES (2V1H BARS)
 Screen Type: 1816 Charcoal
 Anchor Group: A.SH5500
 Vent Latch: N
 Lift Rail: N
 Lock Type: Sweep Latch
 Reinf. Upgrade: None
 Vent Ht: 24.0180
 PositiveDesignPressure: 50.0000
 PANumber: FL-239
 CondensationResistance: 55.0000
 SolarHeatGainCoeff: 0.1900
 VTCOG: 0.6300

Location: **NOT REVIEWED FOR CODE COMPLIANCE.** Notes:

0002 (2.00)	MULL MULL BARS	Ordered: 3.00	<u>Sell Price</u> \$50.58	<u>Ext Price</u> \$151.74
Configuration: ,48.75,W,.625FLANGE,SERIES 5500,MULL/CVR/CLPS,2				

Product Family Series: 5500.0000
 NOA Selection: 16-0218.03
 Frame Type: .625FLANGE
 Mull Clip Qty: 2.0000
 Size Selection: CUSTOM
 Frame Color: W

Certification Type: MIAMI
 Part Selection: MULL/CVR/CLPS
 Mull Bar Type: 1.25X3.25X.100
 Mull Clip Type: T-CLIP/T-CLIP
 Length: 48.7500
 Packaging Options: N

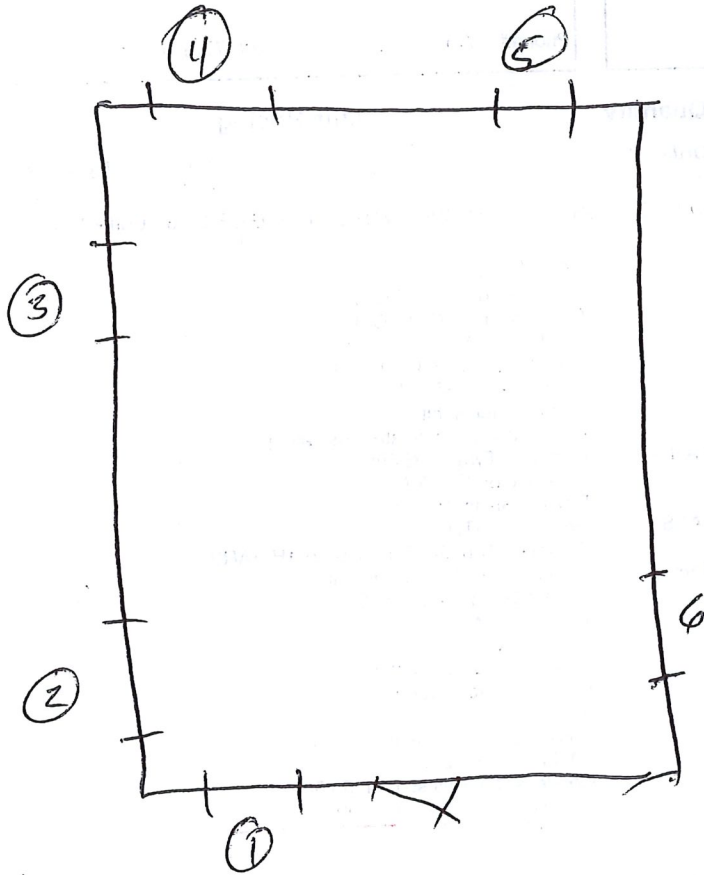
Location: *Kenneth Springer* Notes:

Quote # 693824

Print Date 3/23/2017

Page 1 of 2

17-1679
519 N 14th St



CITY OF FT. PIERCE PLAN REVIEW	
REVIEWED BY:	
BLDG.	PB
DATE:	6-15-17
ELEC:	SPB
DATE:	6-15-17
PLUMB:	X
DATE:	X
MECH:	X
DATE:	X

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 codes

"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.

Permit # 17-1679



OFFICE COPY

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

FBC 2014(5th edition)

PIN # 390328

*Property Address 519 N 14th Street *Date 09/24/2016 *# of plans submitted 0 *# of CD's submitted 0 Parcel
ID# 2409-503-0006-000-7 Phone # (772) 985-7374 Fax # () -
(Located on your tax bill) Email Address _____ Cell # () -
*Owner Name Roberto Garcia *Owner Address 285 NW Biltmore St. P.S.L. 34983

Type of permit Replace damaged drywall, damaged interior doors, 6 windows, exterior door weather stripping *Valuation \$ \$2376.00

*Description of Work Case Letter Attached

Impact windows

Architect: _____ Phone () - Fax () - 2,150

Email Address _____

Engineer: _____ Phone () - Fax AV 23,900 / 7,170.00

Email Address _____

*CONTRACTOR/APPLICANT INFORMATION: City License # _____ State License # CGC1515384

Company Name Lippard Construction Inc. Qualifier Kenneth I. Lippard

Address 1200 Driftwood lane City/State Fort Pierce FL Zip 34982 RECEIVED

Phone # (772) 370 - 7548 Fax # (772) 465 - 6739 Cell # () -

email address lippardcomstruction@comcast.net

SUBCONTRACTORS: See Subcontractor Verification Sheet. It may be Required to accompany this application Occupancy 31
Building Department

Residential SF Construction Type Frame wood frame # of Units 1 # of Stories 1

Sq. Ft. Conditioned Space 1858 Total Sq. Ft. 1506

Is the property located in a Special Flood Hazard Area (floodplain) per the current Flood Insurance Rate Map (FIRM)

Yes No CF

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 Kenneth Lippard

Signature of Property Owner _____ RECEIVED BY BLDG. DEPT.

State of Florida, County of Sx. Lucie

State of Florida, County of _____ JUN 14 2017

Affirmed to and subscribed before me this 14th
June, 2017, by Kenneth Lippard
personally known to me or who has produced
as identification.

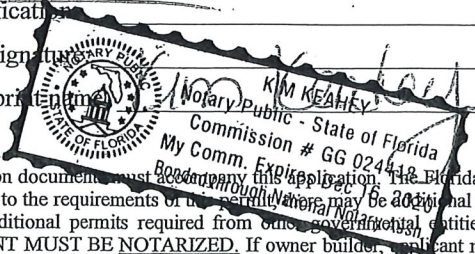
Affirmed to and subscribed before me this
20____, by _____
personally known to me or who has produced
as identification. FROM DEPARTMENT

Notary Sign _____

Notary Signature: _____

Notary (print name) _____

Notary (print name) _____



Construction documents submitted with 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 the Florida Building Code, 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

Total Due: 220.25 P/A

Debris wind/clo Form PL 75.00 CH# 352
BP 100.00 DF 100.00
ST 5.25
RT 15.00

Reviewed By: _____

Date: _____

ACTIVE CODE CASE



