

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in October 2017.

- COA #17-68, 715 Georgia Avenue – Windows replacement
- COA #17-69, 658 N 2nd Street – New gate
- COA #17-70, 921 Orange Avenue – Partial roof replacement
- COA #17-71, 211 Avenue A – New sign face
- COA #17-75, 411 N US Hwy 1 – Re-roof (rear only)
- COA #17-76, 715 Georgia Avenue – Roof replacement
- COA #17-77, 411 N 2nd Street – Walk-in Cooler, sidewalk addition
- COA #17-79, 1121 Lincoln Court – Carport (existing/after the fact)
- COA #17-80, 739 Delaware Avenue - Replace rotten wood and repair stairs.
- COA # 17-81, 732 Delaware Avenue – Exterior painting



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#17-68 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 715 Georgia Ave

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Replace not original windows with impact glass windows. New windows will have the same design and color (white). 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, MCP 10/10/17
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	David Lahti & Alison Leffew 715 Georgia Ave Fort Pierce, FL 34950	E-Mail leffewatty@bellsouth.net
Applicant	Hartnett Building Group 101 Avenue D Fort Pierce, FL 34950	E-Mail hbgllc123@comcast.net
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# 17-68

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: _____

715 GEORGIA AV, Ft. Pierce, FL 34950

Parcel ID #: _____

2415-601-0010-000-8

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): _____

DAVID LAHTI / ALISON LEFFEW

Mailing Address: _____

715 GEORGIA AVE

Phone Number(s): _____

772-538-7418

Email: _____

leffewatty@bellsouth.net

Applicant

Name(s): _____

HARTMAN BUILDING GROUP

Mailing Address: _____

101 AVE "D"

Phone Number(s): _____

772-429-5243

Email: _____

hbqll123@comcast.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, _____

Alison Leffew
Alison Leffew
Signature of Owner

as Owner(s) of the subject property do

hereby authorize the filing of this application on my/our behalf.

Date

10/3/17

Description of Requested Work

Please indicate the type of work requested:

- Fence
 - Window(s)
 - Shed
 - Signage
 - Door(s)
 - Shutter(s)
 - Roof
 - Porch
-
- Rehabilitation
 - New Construction
 - Demolition
 - Relocation

- Site Improvements (describe) _____
- Other (describe) _____

Please provide a detailed description of the proposed work to be performed: CHANGE OUT
ALREADY CHANGED WINDOWS TO IMPACT, NOTE: WINDOWS
HAVE ALREADY BEEN CHANGED SEE PICS
NOTE: NEW WINDOWS WILL BE SAME COLOR WHITE

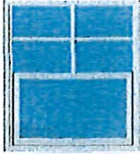
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.





Certification Type: MIAMI
 Frame Type: 1.125FIN
 Window Style: STD
 Size Ref: DLO
 Height: 37 1/4
 Rough Masonry: 27 1/4 X 38 1/4
 Egress: 23 X 12 7/8 (2.056 SQFT)
 Does unit need to meet Turtle Code: NO
 Glass: 5/16" LAMI (1/8AN - .090 PVB- 1/8 AN)
 Glass Color: GRAY
 Privacy Glass: NONE
 Grid Style: U.COL.LITES
 Summary Top: 2A2D LITES (1V1H BARS)
 Screen Type: 1816 Charcoal
 Boxing Options: None
 Decralite: N
 Vent Ht: 19.3310
 Prep for Mull: N
 PositiveDesignPressure: 64.0000
 PANumber: FL-239
 CondensationResistance: 13.0000
 SolarHeatGainCoeff: 0.4800
 VTCOG: 0.5900

NOA Selection: 16-0714.06
 Vent Configuration: EQUAL
 Size Selection: CUSTOM
 Width: 25 1/2
 Actual Size: 25 1/2 X 37 1/4
 Wood Frame: 25 3/4 X 37 1/2
 Frame Color: White
 Glass Family: Laminated
 Interlayer Type: PVB090
 Low E: NONE
 Grid Type: 1" Raised Ex/Flat Bar In
 Grid Location: UNIT
 Summary Bottom: 1A1D LITES (0V0H BARS)
 Stainless Steel Package: N
 Lock Type: Sweep Latch
 Lmtd Sash Stop: N
 High Rise Sill: N
 CAR#: 16-0714.06
 NegativeDesignPressure: 80.0000
 EnergyStar: NONE
 UF: 1.0700
 VT: 0.4400

Location: SIDE

Notes:

0012
(13.00)

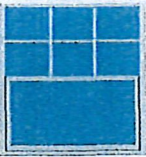
SH700 ALUM SINGLE HUNG 700

Ordered:
2.00

Sell Price

Ext Price

Configuration: ,,36.X49.625X,,24,STD,1-1/8" FIN,W,EQUAL,G/G 5/16,GR,1" RM/FB,2V1H/0V0H,SGL,SWEEP,1816K,LSILL,,x.



Certification Type: MIAMI
 Frame Type: 1.125FIN
 Window Style: STD
 Size Code: 24.0000
 Actual Size: 36 X 49 5/8
 Wood Frame: 36 1/4 X 49 7/8
 Frame Color: White
 Glass Family: Laminated
 Interlayer Type: PVB090
 Low E: NONE
 Grid Type: 1" Raised Ex/Flat Bar In
 Grid Location: UNIT
 Summary Bottom: 1A1D LITES (0V0H BARS)
 Stainless Steel Package: N
 Lock Type: Sweep Latch
 Lmtd Sash Stop: N
 High Rise Sill: N
 CAR#: 16-0714.06
 NegativeDesignPressure: 80.0000
 EnergyStar: NONE
 UF: 1.0700
 VT: 0.4400

NOA Selection: 16-0714.06
 Vent Configuration: EQUAL
 Size Selection: COMMODITY
 Size Ref: DLO
 Rough Masonry: 37 3/4 X 50 5/8
 Egress: 33 1/2 X 19 1/16 (4.435 SQFT)
 Does unit need to meet Turtle Code: NO
 Glass: 5/16" LAMI (1/8AN - .090 PVB- 1/8 AN)
 Glass Color: GRAY
 Privacy Glass: NONE
 Grid Style: U.COL.LITES
 Summary Top: 3A2D LITES (2V1H BARS)
 Screen Type: 1816 Charcoal
 Boxing Options: None
 Decralite: N
 Vent Ht: 25.5190
 Prep for Mull: N
 PositiveDesignPressure: 64.0000
 PANumber: FL-239
 CondensationResistance: 13.0000
 SolarHeatGainCoeff: 0.4800
 VTCOG: 0.5900

Location: SIDE

Notes:

0013
(14.00)

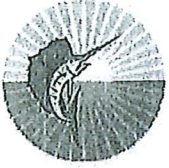
SH700 ALUM SINGLE HUNG 700

Ordered:
12.00

Sell Price

Ext Price

Configuration: ,,34.X58.X,,STD,1-1/8" FIN,W,EQUAL,G/G 5/16,GR,1" RM/FB,2V1H/0V0H,SGL,SWEEP,1816K,LSILL,,x.



THE SUNRISE CITY
FORT PIERCE
 PLANNING DEPARTMENT *Florida*

Bldg. Permit # _____

COA# _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 658 N. 2nd Street

Parcel ID #: 2403-801-0006-000-4

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): Tyler, Taryn Trevor Horvath
 Mailing Address: 2301 River Hammock Lane Fort Pierce FL
 Phone Number(s): 772-979-5970 Email: _____ 34981

Applicant Name(s): Constance + Kevin DeGolie
 Mailing Address: 2400 S. Ocean Dr. # 7622 Ft. Pierce, FL 34950
 Phone Number(s): 561.252.7641 Email: degeo@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, _____ as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Taryn Horvath
 Signature of Owner
Taryn Horvath

10/3/17
 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) Add additional Exit/Entrance gate on South side

Other (describe) _____

Please provide a detailed description of the proposed work to be performed: the gate will match the North gate but smaller in scale. (12' Tall posts gate 6' tall, width 8') double gate (2 4' gates)

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.

existing
North entrance

12-13'



12'

Proposed South entrance
12' →



8' ←→

Fence 6' High

Design
will
match
North
gate



THE SUNRISE CITY
FORT PIERCE
PLANNING DEPARTMENT
Florida

OCT 05 2017

COA# 17-70

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 921 Orange Avenue

Parcel ID #: 2409-411-0001-0000

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): Saint Mark Missionary Baptist

Mailing Address: 921 Orange Ave.

Phone Number(s): (772) 465-7554 Email: docs@constructionbygeorge.com

Applicant Name(s): John L. George

Mailing Address: 921 Orange Ave.

Phone Number(s): (772) 834-7601 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, John L. George as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

10/5/2017
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) Remove & Replace with same material on
 Other (describe) roof.

Please provide a detailed description of the proposed work to be performed: Peel & stick is the underlayment & cap with torch down

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

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

Application Requirements

- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
 - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
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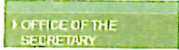


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Product Approval
USER: Public User

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



FL #	FL16027-R1												
Application Type	Revision												
Code Version	2014												
Application Status	Approved												
Comments													
Archived	<input type="checkbox"/>												
Product Manufacturer	Tri-Built Materials Group, LLC												
Address/Phone/Email	PO Box 70 Rutherford, NJ 07070 (800) 516-1485 david.ruiz@tribuiltmg.com												
Authorized Signature	David Ruiz david.ruiz@tribuiltmg.com												
Technical Representative	C Richard Schurman												
Address/Phone/Email	9050 Louisiana Street Merrillville, IN 46410 rich.schurman@alliedbuilding.com												
Quality Assurance Representative	C Richard Schurman												
Address/Phone/Email	9050 Louisiana Street Merrillville, IN 46410 rich.schurman@alliedbuilding.com												
Category	Roofing												
Subcategory	Modified Bitumen Roof System												
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received												
Florida Engineer or Architect Name who developed the Evaluation Report	Robert Nieminen												
Florida License	PE-59166												
Quality Assurance Entity	UL LLC												
Quality Assurance Contract Expiration Date	03/31/2019 ✓												
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received												
Certificate of Independence	FL16027 R1 COI 2015 01 COI Nieminen.pdf												
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>ASTM D6163</td> <td>2000</td> </tr> <tr> <td>ASTM D6164</td> <td>2005</td> </tr> <tr> <td>ASTM D6222</td> <td>2008</td> </tr> <tr> <td>FM 4470</td> <td>1992</td> </tr> <tr> <td>FM 4474</td> <td>2004</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	ASTM D6163	2000	ASTM D6164	2005	ASTM D6222	2008	FM 4470	1992	FM 4474	2004
<u>Standard</u>	<u>Year</u>												
ASTM D6163	2000												
ASTM D6164	2005												
ASTM D6222	2008												
FM 4470	1992												
FM 4474	2004												
Equivalence of Product Standards Certified By													



CITY OF FORT PIERCE
BUILDING DEPARTMENT
RE-ROOF FORM

PHONE: 772-467-3529 or 467-3724
FAX: 772-467-3849

Owner Name: Saint Mark Missionary Baptist

Property Address: 921 Orange Avenue

Description of Work: Re-Roofing

Roof Spec's: FL16027-R1

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

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

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

2014 (5th Edition) FBC Residential Section 905

2014 (5th Edition) FBC Building Section 1507

Roof Dimensions: 105 x 56

Square Footage: 6000

Rotten Wood: Yes No

Roof Type: Gable Hip Flat Other

Roof Material Shingle Metal Tile Tar & Gravel Other

Pitch/Slope: 0/12

Underlayment: peel & stick # Felt: _____ Other: _____

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



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

Permit # _____
FBC 2014(5th edition)
PIN # _____

*Property Address 921 Orange Ave *Date _____ *# of plans submitted _____ *# of CD's submitted _____
Parcel ID# 2409-411-0001-10000 Phone # (772) 465-7454 Fax # ()
(Located on your tax bill) Email Address _____ Cell # (772) 701-1453
*Owner Name Saint Mark Mission Owner Address 921-Orange-Ave

Type of permit Renovate - Re-Roof per \$50,000.00 *Valuation \$ 40,000.00
*Description of Work Water Damage with Ceiling, Paint and Replace Roof.
Architect: _____ Phone() _____ Fax () _____
Email Address _____
Engineer: _____ Phone() _____ Fax () _____
Email Address _____

*CONTRACTOR/APPLICANT INFORMATION: City License # _____ State License # CLC 1513360
Company Name George & Associates Contractors, Inc. Qualifier John L. George
Address 706 Boat Creek Drive City/State Ft. Pierce Zip 34947
Phone # (772) 834-7001 Fax # (888) 430-5936 Cell # () _____
Email Address docs@constructionbygeorge.com

SUBCONTRACTORS: See Subcontractor Verification Sheet. It may be Required to accompany this application
Occupancy Comm Construction Type Renovate # of Units 1 # of Stories 3
Sq. Ft. Conditioned Space 4900 Total Sq. Ft. 4900

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 [Signature] Signature of Property Owner _____
State of Florida, County of St. Johns State of Florida, County of _____
Affirmed to and subscribed before me this 5th Affirmed to and subscribed before me this _____

October, 2017, by _____ 20 _____, by _____
personally known to me or who has produced personally known to me or who has produced
as identification. _____ as identification. _____

Notary Signature: [Signature] Notary Signature: _____
Notary (print name) Anthony Johnson Notary (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.

OFFICE USE ONLY

FEES: * See the break Down Fee Sheet

Total Fees Due \$ _____

Remarks _____
Reviewed by _____ Date _____ Final Check _____

**CITY OF FORT PIERCE
Planning & Zoning Dept
APPROVED**

Reviewed by: [Signature]
Date: 10/05/2017

ANTHONY C. JOHNSON
MY COMMISSION #FF116463
EXPIRES: APR 27, 2018
Bonded through 1st State Insurance



Bldg. Permit # _____

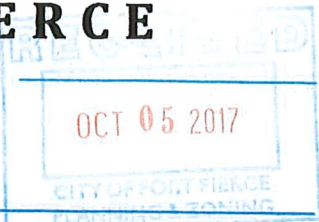
COA# 17-71



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: 221 Ave A, Fort Pierce, FL

Parcel ID #: 24105030075000-5

Type of Designation:

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

Property Owner/ Applicant Information

Property Owner(s)

Name(s): James E. Hatfield

Mailing Address: 221 Marina Way Ft Pierce 34950

Phone Number(s): 772-216-1565

Email: _____

Applicant

Name(s): _____

Mailing Address: _____

Phone Number(s): _____

Email: SIGNATURESNL@AOL.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, James E. Hatfield as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

10/4/17
Date

Description of Requested Work

Please indicate the type of work requested:

- Fence
- Window(s)
- Rehabilitation
- Shed
- Signage
- New Construction
- Door(s)
- Shutter(s)
- Demolition
- Roof
- Porch
- Relocation

Site Improvements (describe) NEW SIGN FACE

Other (describe) _____

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

NEW SIGN FACE / NEW COMPANY

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

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

Application Requirements

- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
 - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
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- 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: _____

Date: _____

Metal sign refacing on 2'x8' existing sign

VINYL

Review

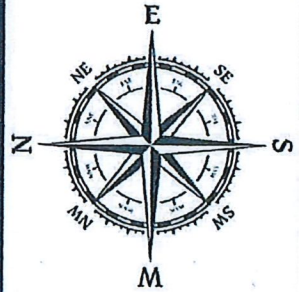
96"



24"

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.

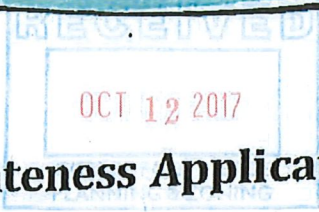


Calypso Yacht Sales

www.calypsoyachtsales.com

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.





Bldg. Permit # _____

COA# 17-75

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 411 N. US 4., Fort Pierce FL
 Parcel ID #: 2410-603-0015-000-4
 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): Homar Investments LLC
 Mailing Address: 2400 S Ocean Dr PH 4200 D., Ft. Pierce FL 34949
 Phone Number(s): 772-971-7424 Email: Haytmurphy@hotmail.com

Applicant
 Name(s): Collins Roofing Inc
 Mailing Address: P.O. Box 128167., Ft. Pierce FL
 Phone Number(s): 772-201-1352 Email: Collinsroofinginc@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.

Hayt Murphy
 Signature of Owner Date 10-11-17

peg.sells@rebellsouth.net 772-370-1135

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 the flat roof on the rear.

Other (describe) _____

Please provide a detailed description of the proposed work to be performed: We will remove the existing torch down roofing and underlayment down to the plywood and reraul to code. Install a new Diturmen self adhesive system with a white granule surface

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.



411 N US HWY 1 - Collins Roofing Inc Pic

Christopher Collins

to:

mlewicka

10/11/2017 09:46 AM

Hide Details

From: Christopher Collins <collinsroofinginc@gmail.com>

To: mlewicka@city-ftpierce.com





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

Permit # 17-2853
FBC 2014(5th edition)
PIN # 280271

*Property Address 411 N US Hwy 1 *Date 10/6/17 *# of plans submitted _____ *# of CD's submitted _____
Parcel ID# 2410-603-0015-000-4 Phone # (N/A) _____ Fax # (N/A) _____
(Located on your tax bill) Email Address N/A Cell # (N/A) _____
*Owner Name Honour Investments *Owner Address 2410 S Ocean Dr Ft 4200 D., Ft Pierce FL 34949

Type of permit Re Roof *Valuation \$ 1,800.00
*Description of Work We will tear off the existing roof to the plywood decking re-nail to code and Re-roof. Torch down with compass SA-V/SA-P. NO hurricane

Architect: _____ Phone (_____) _____ Fax (_____) _____
Email Address N/A
Engineer: _____ Phone (_____) _____ Fax (_____) _____
Email Address N/A

*CONTRACTOR/APPLICANT INFORMATION: City License # _____ State License # CCC-058011
Company Name Collins Roofing Inc Qualifier Christopher Collins
Address PO Box 12867 City/State Fort Pierce., FL Zip 34979
Phone # (N/A) _____ Fax # (772) 489 - 6505 Cell # (772) 201 - 1352
Email Address Collinsroofinginc@gmail.com

SUBCONTRACTORS: See Subcontractor Verification Sheet. It may be **Required** to accompany this application

Occupancy N/A Construction Type _____ # of Units _____ # of Stories N/A
Sq. Ft. Conditioned Space N/A Total Sq. Ft. N/A

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 Stucie State of Florida, County of _____

Affirmed to and subscribed before me this 10 2017 by Casey D French Affirmed to and subscribed before me this _____
Casey D French 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) Casey D French Notary (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.

OFFICE USE ONLY

FEES: * See the break Down Fee Sheet

Total Fees Due \$ _____

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

*PF 100 SC46
PL 75
RT 15*

RECEIVED

OCT 10 2017

Building Department

OFFICE COPY

CITY OF FORT PIERCE
BUILDING DEPARTMENT
RE-ROOF FORM

PHONE: 772-467-3529 or 467-3724
FAX: 772-467-3849



Owner Name: Homar Investments LLC

Property Address: 411 NUS Hwy 1, Ft. Pierce FL

Description of Work: Tear Off & Re-Roof

Roof Spec's: Flat roof

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

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

2010 FBC Residential Section 905

2010 FBC Building Section 1507

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

Roof Dimensions: 20' x 10'

Square Footage: 200

Rotten Wood: Yes No

Roof Type:

Gable Hip Flat Other
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.

Roof Material polyglass SA-V/SA-P bitumen

Pitch/Slope: 1/2/12

Underlayment: _____ # Felt: _____ Other: polyglass SA-V

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

CITY OF FORT PIERCE

Reviewed: _____

Date: _____



Bldg. Permit # _____

COA# 17-76

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 715 Georgia Ave Fort Pierce, FL 34950
 Parcel ID #: 2415-601-0010-000-8
 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): Alison Leffew
 Mailing Address: 715 Georgia Ave Ft Pierce FL
 Phone Number(s): 538-7418 Email: leffewatya@bellsouth.net 34950

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

Representative
 Name(s): JOHN H F DURHAM @ HSKI.COM
 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, Alison Leffew as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.
Alison Leffew Signature of Owner Alison Leffew Date 10-17

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: ASPHALT Shingles
Roof Leaking, tear off existing roof
Install 50' Metal Roof

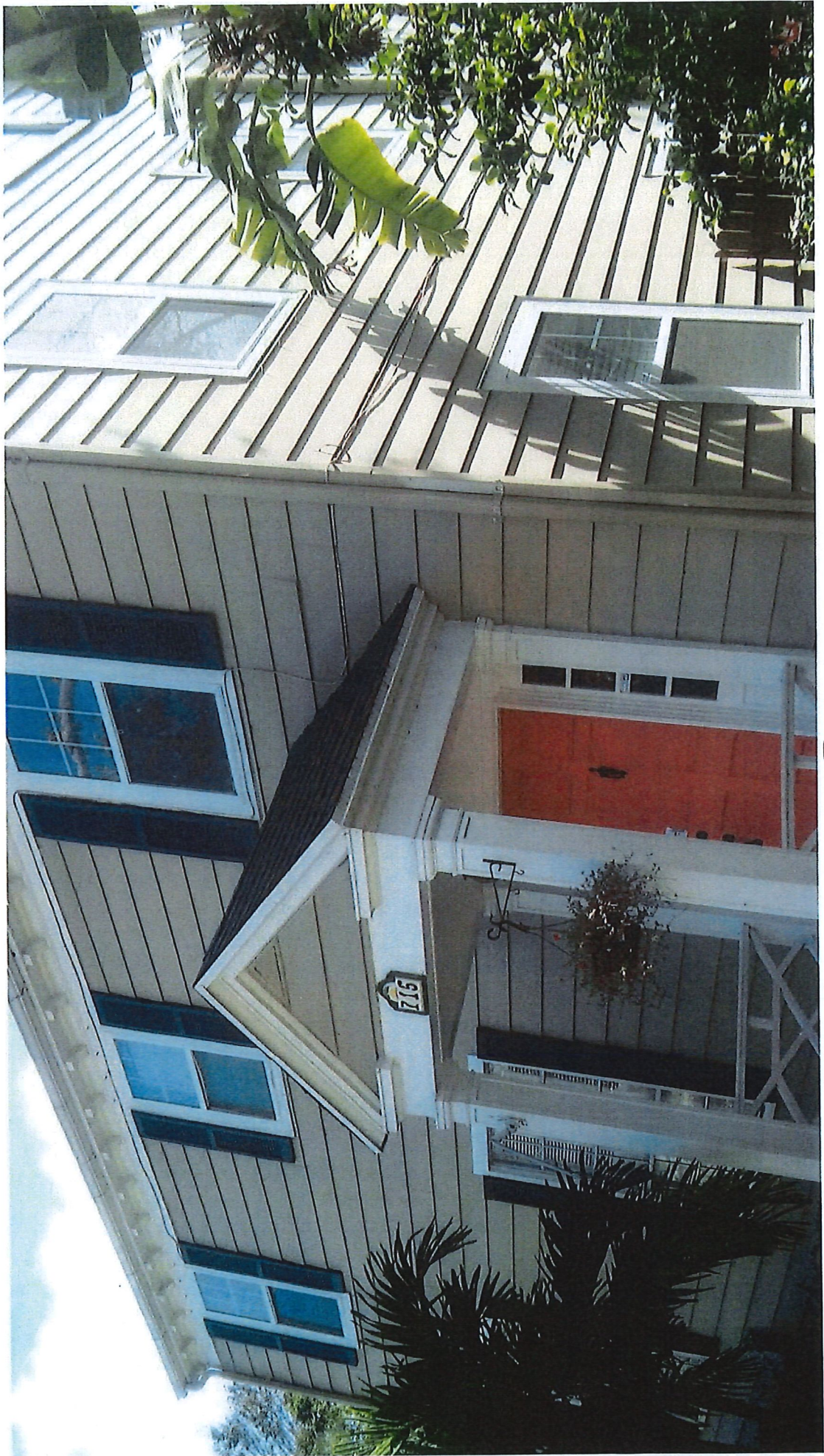
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.









Bldg. Permit # 17-00002778

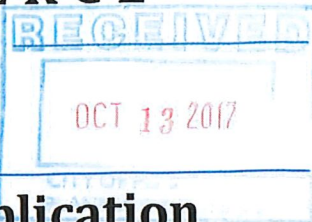
COA# 17-77



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: 411 N 2nd St Fort Pierce FL 34950

Parcel ID #: 2403-705-0119-000-4

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): Jon Nollis
Mailing Address: 411 N 2nd St Ft Pierce, FL 34950
Phone Number(s): 81-756-6457 Email: jonnollis@aol.com

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

[Signature]
Signature of Owner

10/13/17
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 checked="" type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

- Site Improvements (describe) Addition of walkin cooler & sidewalk
- Other (describe) _____

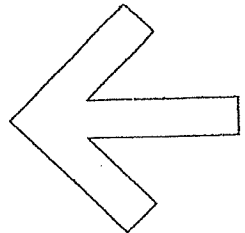
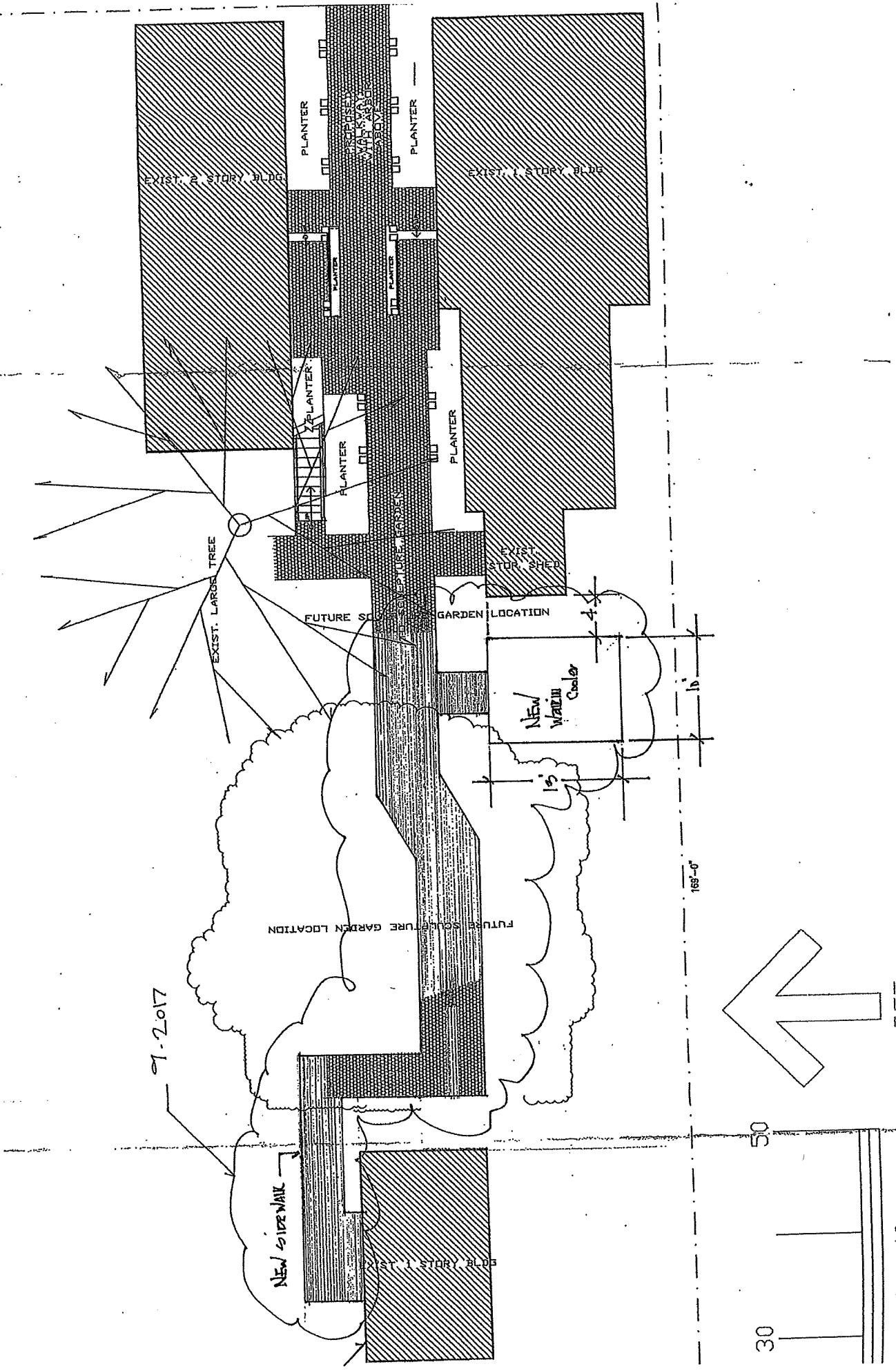
Please provide a detailed description of the proposed work to be performed: Interior work will be removal of walls changing outdoor building to bathrooms. Exterior work is the addition of Walkin Cooler

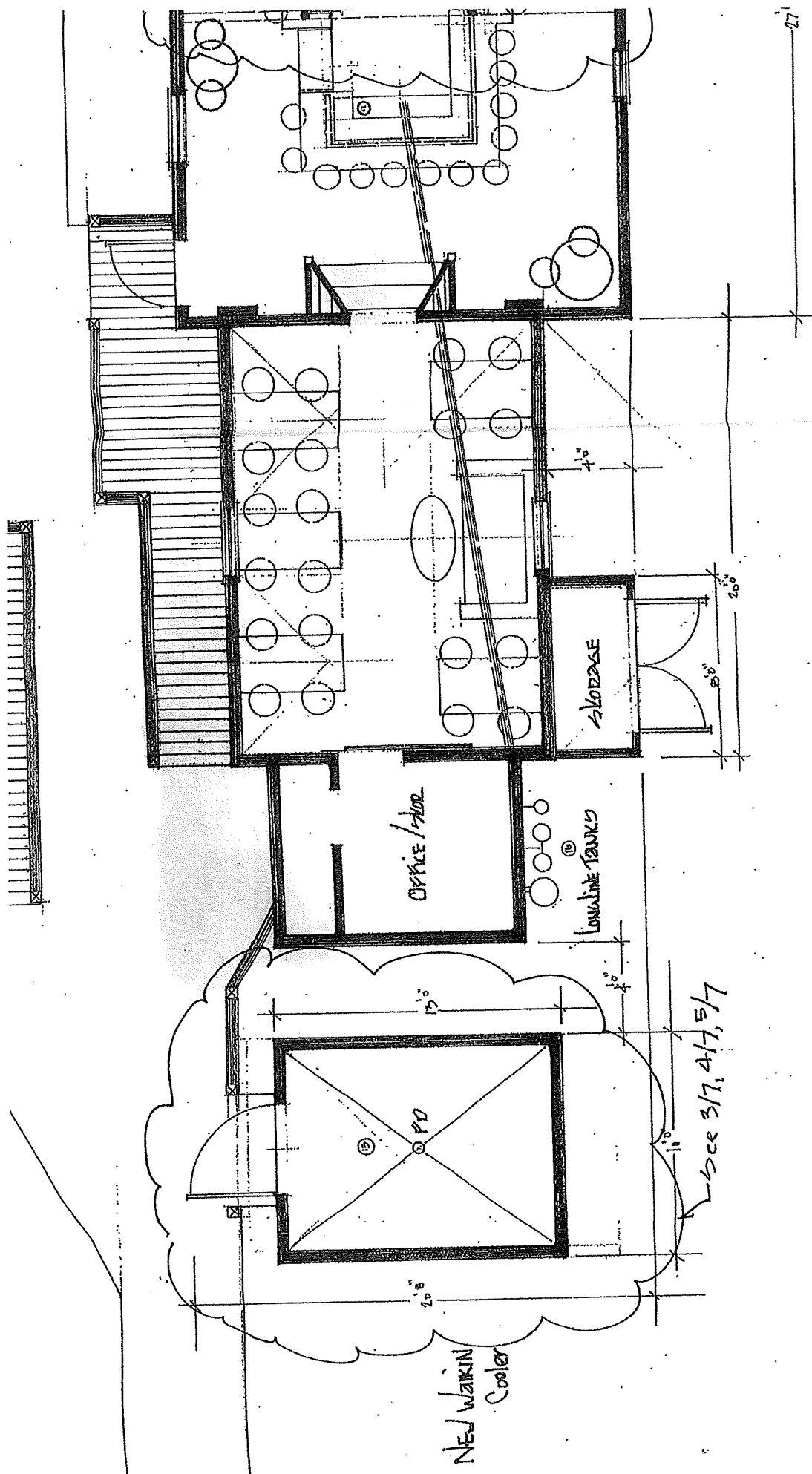
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.

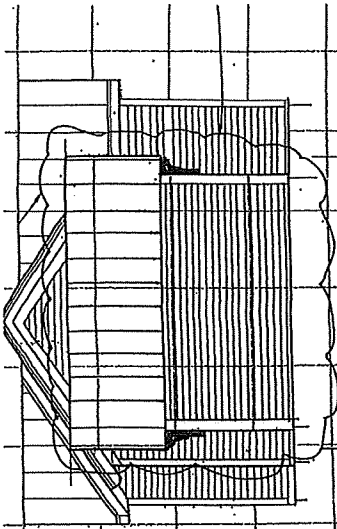




411

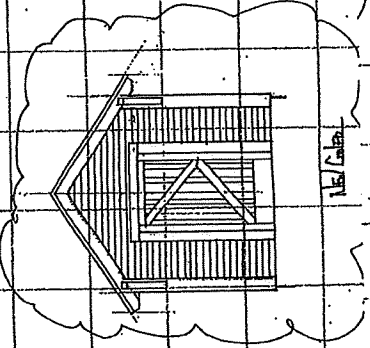
**4071409 NORTH SECOND STREET
FORT PIERCE, FLORIDA**

PLAN PRE
CLEVELAND DES
ASSOCIATES

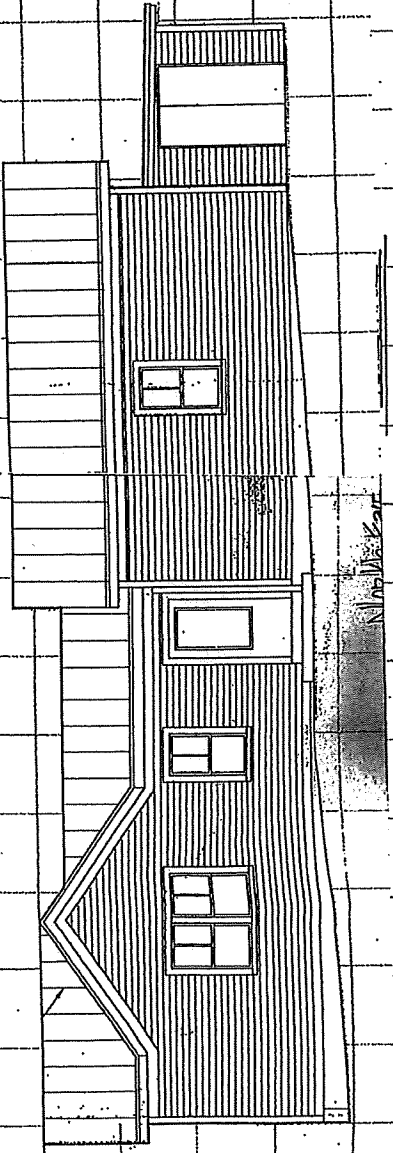


WEST FACE

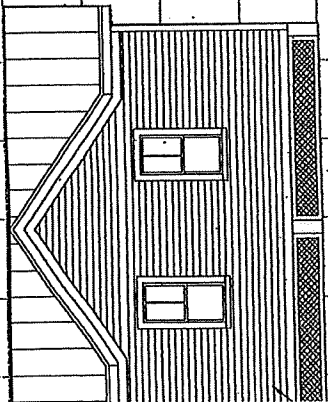
NEW GARAGE



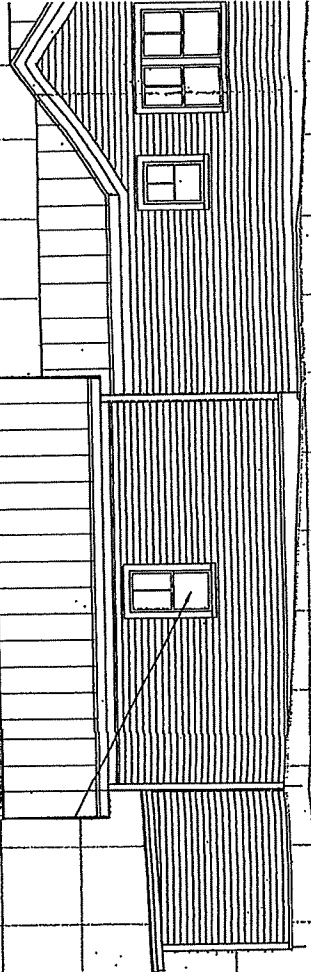
NEW GARAGE



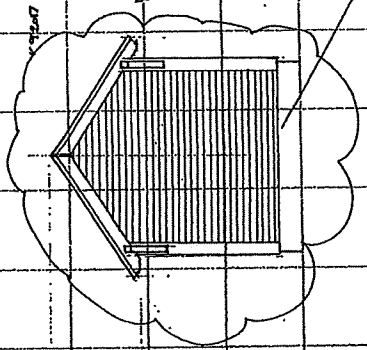
BACK FACE



EAST FACE



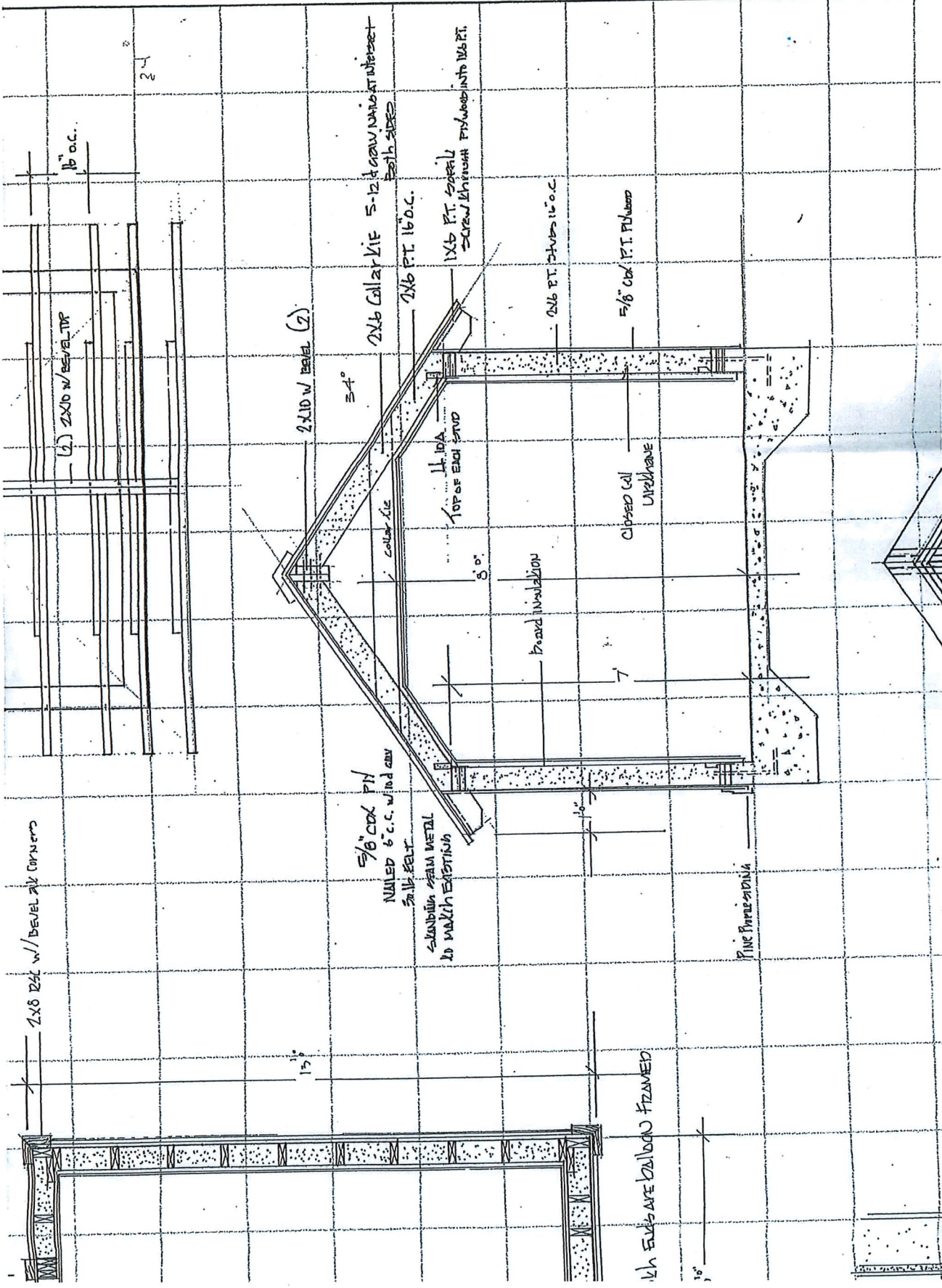
SOUTH FACE



NEW GARAGE

Cleveland Design Group Inc.

G H I J K L M N O P Q





CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#17-79 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 1121 Lincoln Court

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Carport (existing/built with no permit). Wood construction with seamless mealroof system. Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9 and 10.

APPROVED:

Board Approval

Administrative Approval

Paul Samson, Chair Date
Historic Preservation Board



Maria Lewicka, AICP 10/31/17
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	C.A. Bernard 1121 Lincoln Ct. Fort Pierce, FL 34950	E-Mail
Applicant	George & Associates Contractors, Inc. 786 Bent Creek Drive Fort Pierce, FL	docs@constructionbygeorge.com
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



RECEIVED
OCT 30 2017

COA# 17-79

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 1121 Lincoln Ct.
Parcel ID #: 2409-501-0234-0008
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): C. A. Bernard
Mailing Address: 1121 Lincoln Ct
Phone Number(s): _____ Email: _____

Applicant
Name(s): George & Associates Contractors, Inc
Mailing Address: 786 Bent Creek Drive
Phone Number(s): (772) 834 7001 Email: docs@constructionbygeorge.com

Representative
Name(s): John L. George
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, John George as Owner(s) of the subject property do
hereby authorize the filing of this application on my/our behalf.
[Signature] Signature of Owner 10/30/2017 Date

Description of Requested Work

Please indicate the type of work requested:

- | | | | |
|--|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Fence | <input checked="" 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) _____

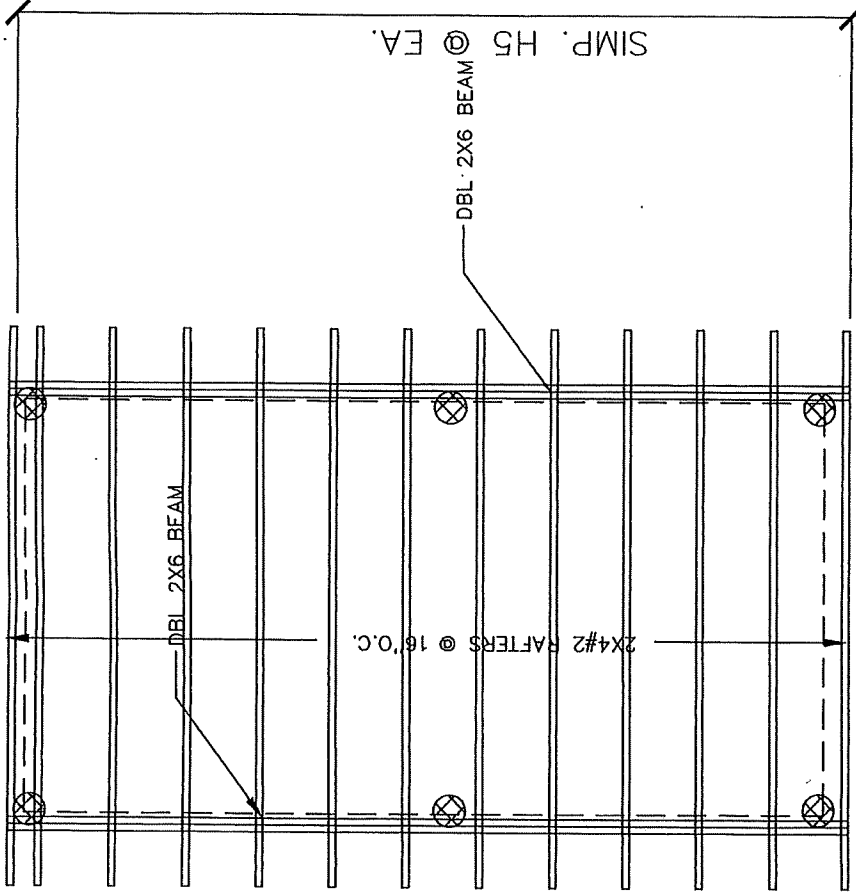
Please provide a detailed description of the proposed work to be performed: *shed that have been on property from existent, but not in record.*

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.



-IT

THICKEN EDGE SLAB
SIMP. H5 @ EA.

IT POLE COLUMN

CONCRETE
OVER 6
IN CLEAN
SLAB

ROOF FRAMING

SCALE : 1/4" = 1'-0"

TO BE #5
TED

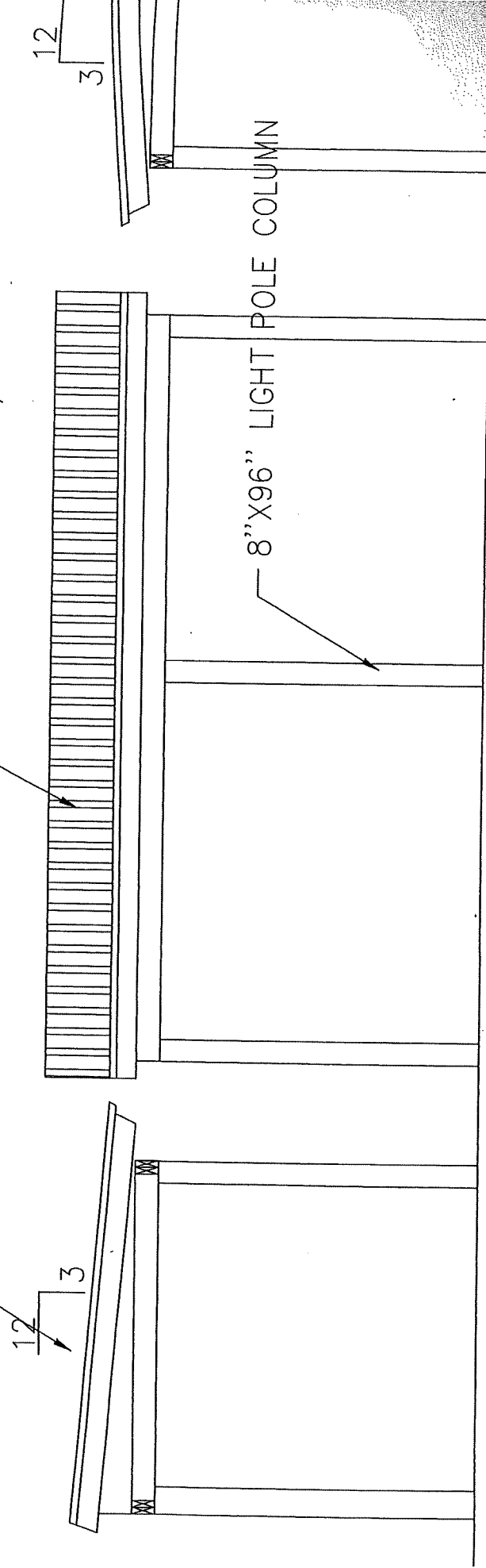
NEW GARAGE AREA: 132 sf

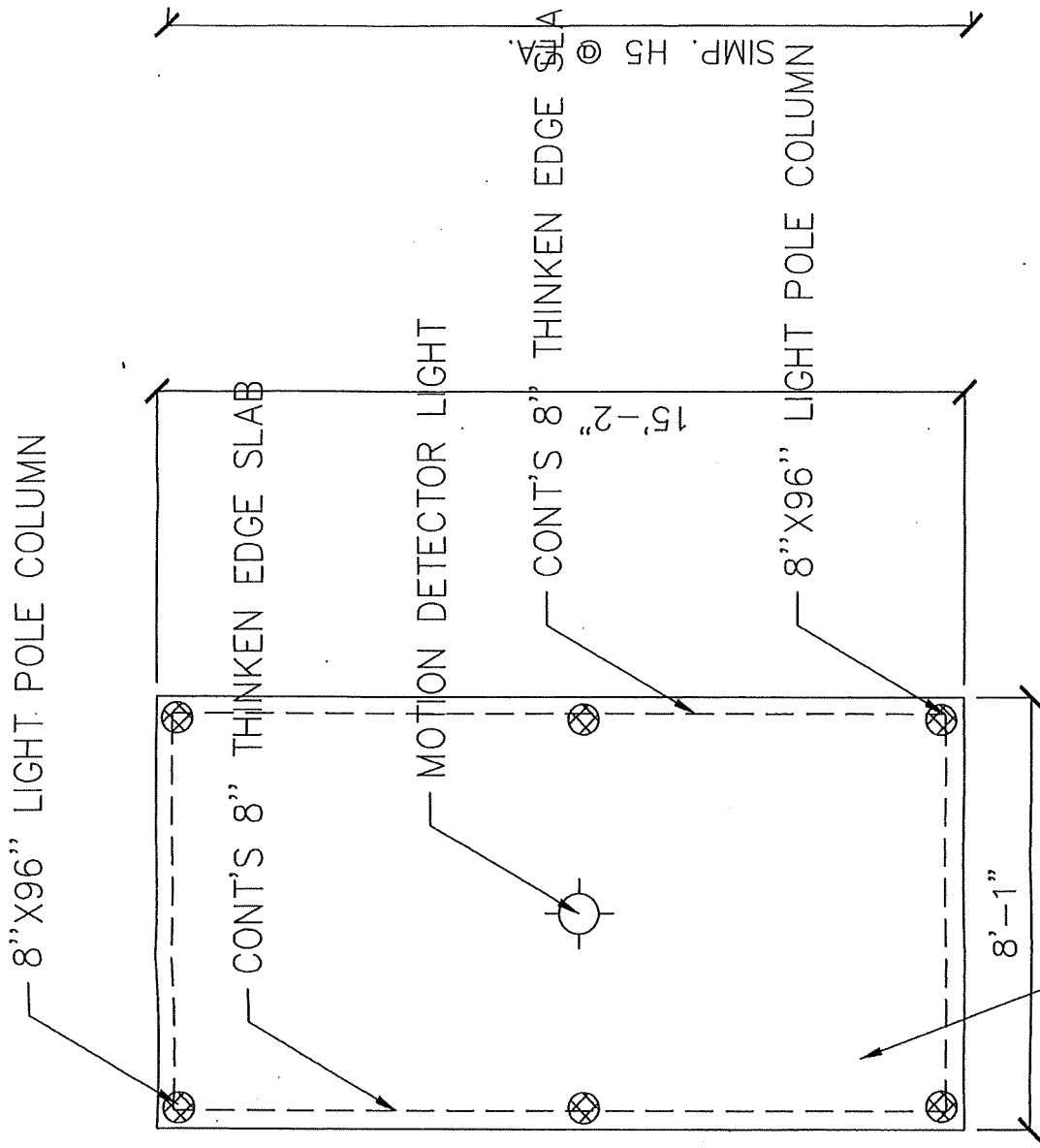
DAY GRADE 40' UNLESS NOTED OTHERWISE.

SEEMLESS MEALROOF SYSTEM OVER
1/2" CDX PLYWOOD SHEATHING WITH #8
RING SHANK NAILS @ 4" ON EDGE AND
6" IN CENTER W/ 30LB FELT.

8" X 96" LIGHT POLE COLUMN

8" X 96" LIGHT POLE COLUMN





EXISTING 2500 PSI 6" CONCRETE
 SLAB W/ FIBER MESH OVER 6
 MIL. VAPOR BARRIER ON CLEAN
 COMPACTED SOIL WITH SLAB

EXISTING COVERED SLAB

SCALE : 1/4" = 1'-0"

EXISTING AREA 120 SF



OCT 30 2017

COA# 17-80

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 739 Delaware Av.

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): Lisa H Spagnuolo

Mailing Address: 739 Delaware Av.

Phone Number(s): 772-465 5670 Email: delgirl.lisa@gmail.com
DELGIRL.LISA

Applicant
Name(s): Lisa H Spagnuolo

Mailing Address: STM 2

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

Lisa Spagnuolo
Signature of Owner
LISA Spagnuolo

10-30-17
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) repairs to stairs
- Other (describe) _____

Please provide a detailed description of the proposed work to be performed: replace
rotten wood and repair stairs.

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.







OCT 30 2017

COA# 17-80

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 239 Delaware Av.

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): Lisa H Spagnuolo

Mailing Address: 239 Delaware Av.

Phone Number(s): 772-465 5670 Email: delgirl.lisa@gmail.com

DELGIRL.LISA

Applicant

Name(s): Lisa H Spagnuolo

Mailing Address: STM?

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

Lisa Spagnuolo
Signature of Owner

10-30-17
Date

LISA Spagnuolo

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) repairs to stairs
- Other (describe) _____

Please provide a detailed description of the proposed work to be performed: replace
rotten wood and repair stairs.

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.







OCT 31 2017
CITY OF FORT PIERCE

Bldg. Permit # _____

COA# 17-81

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 732 Delaware Ave

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): KATHY De LEGER

Mailing Address: 732 DELAWARE AVE

Phone Number(s): 505-620-0323 Email: ti.wingedline@yahoo.com

Applicant
Name(s): Same

Mailing Address: _____

Phone Number(s): _____ Email: _____

Representative
Name(s): _____

Mailing Address: _____

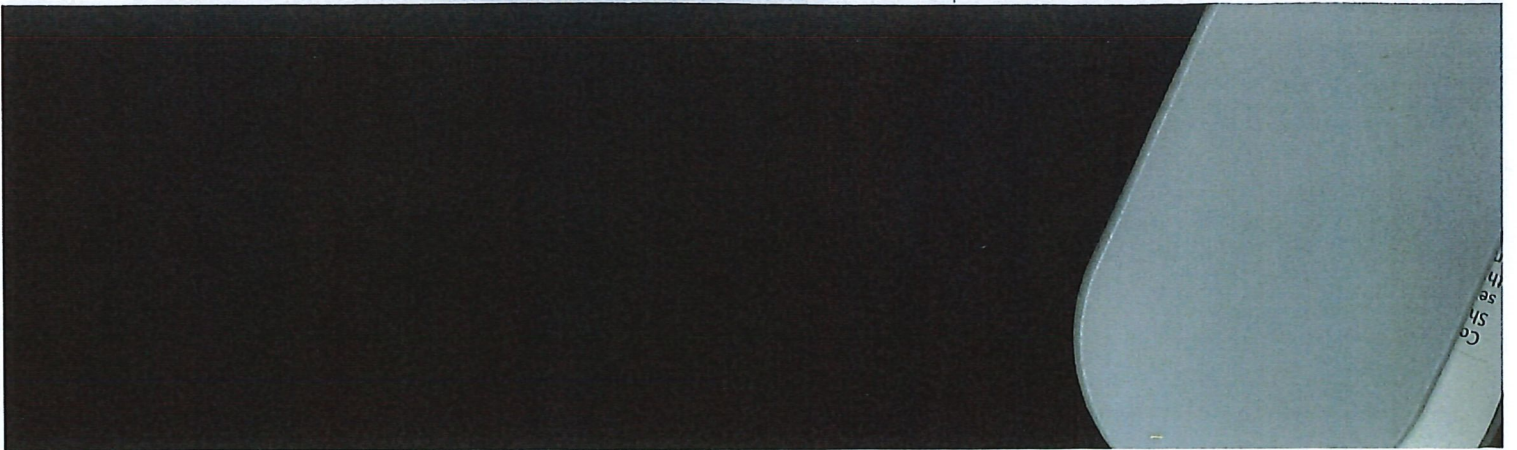
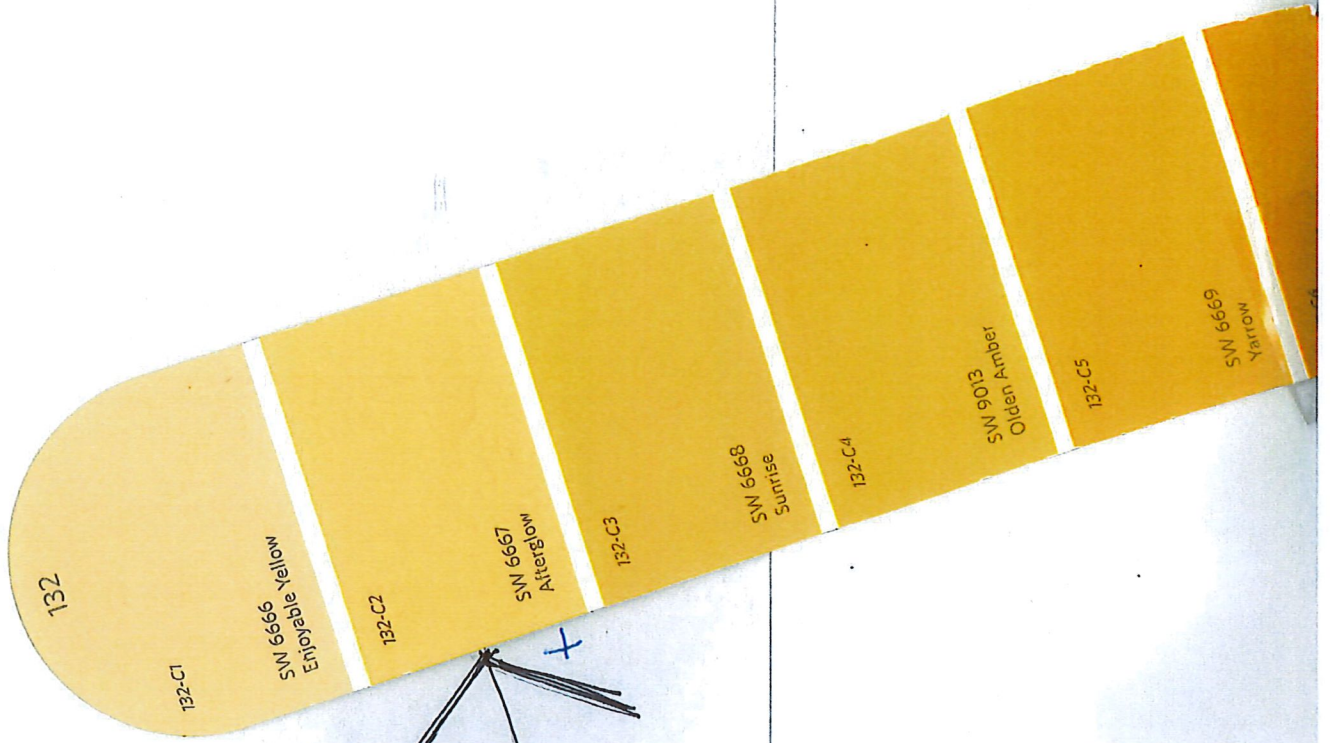
Phone Number(s): _____ Email: _____

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.

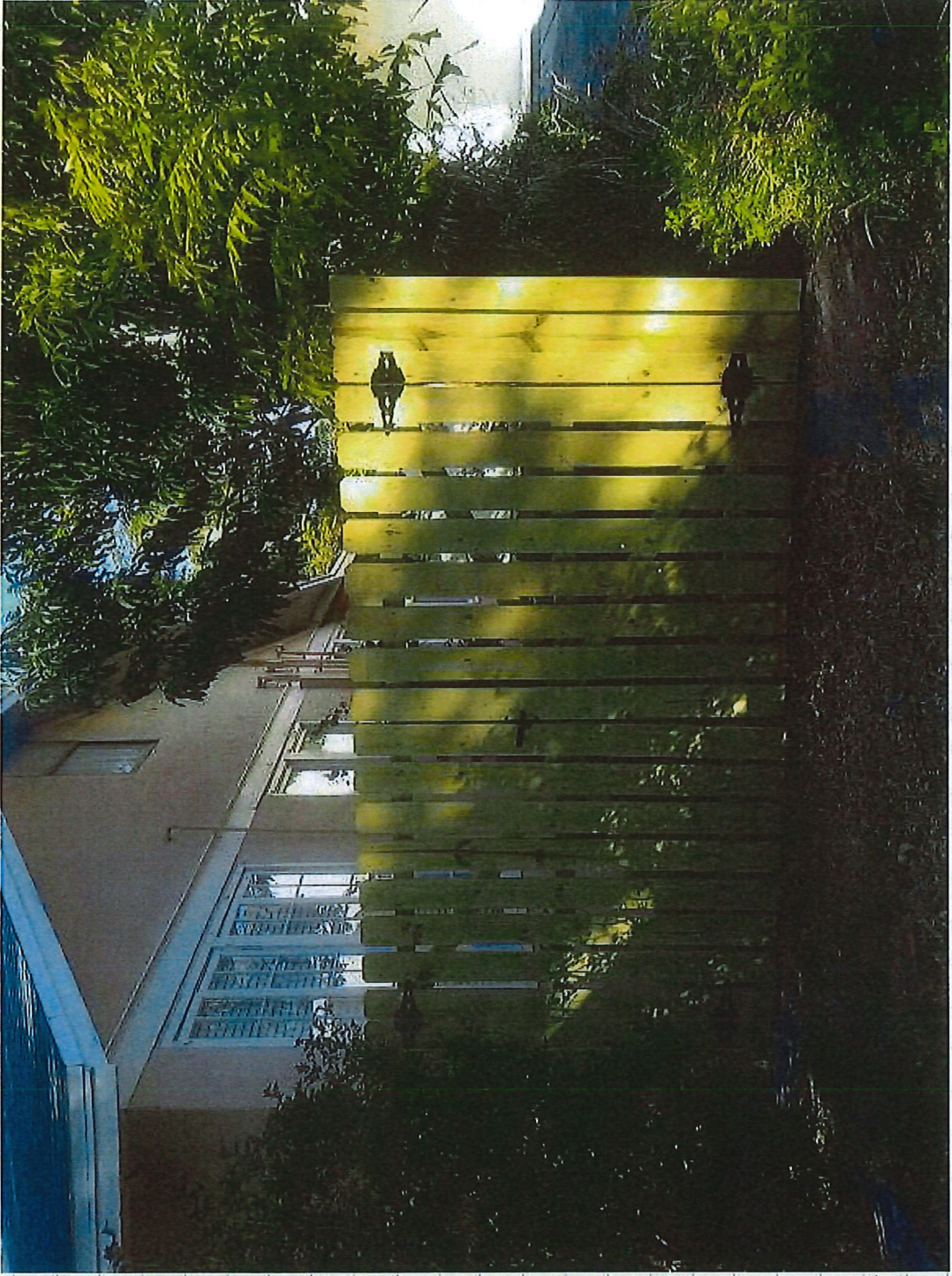
I / We, KATHY DE LEGER as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Kathy De Leger
Signature of Owner

10/31/2017
Date







6' White wood picket fence with double gate



4' White wood picket gate