

Motion - Jon Hepnerd
2nd EO

CWC Approved

DUPLICATE

12/22/17 - ADDED QUOTE for
ADDITIONAL
IMPROVEMENTS



Application Date: 10-2-17

Received by City: (Date/Time): 10-2-17

Do not write in this space

Received by (City Staff Name): CW

Do not write in this space

PLEASE READ THIS ENTIRE DOCUMENT BEFORE BEGINNING.

**2016-2017 COMMERCIAL FAÇADE GRANT
APPLICATION**

The City of Fort Pierce is excited to provide this grant opportunity to commercial property owners for façade improvements. The grant award is a 1:1 match, meaning, the City of Fort Pierce will pay \$1 for every \$1 the grantee contributes to the project, or 50% of façade improvement costs, up to \$5,000.

The City of Fort Pierce's Commercial Façade Grant Program is aimed at revitalizing existing commercially-zoned buildings within the program target areas. See page 2 of this document for maps of the Target Areas for this grant opportunity.

The target areas for the 2016-2017 Commercial Façade Grant Opportunity are:

- Orange Avenue, from Hwy. 1 west, through 25th Street; and
- Commercial Property located on Avenue D, from Hwy. 1 west, through 25th Street

Please refer to a map of the target areas on Page 2 of the Grant Guidance.

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COMMERCIAL PROPERTY ADDRESS: 1400 ORANGE AVE

AMOUNT OF COMMERCIAL FAÇADE GRANT REQUEST: \$ 5,000.00

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PROPERTY OWNER INFORMATION (as listed with SLC Property Appraiser)

Name of Property Owner/Grant Applicant: DAVID HOUSTON

Mailing Address: (address, city, state, zip code)

1400 ORANGE AVE FT. PIERCE FLA 34950

Telephone: 772-332-2661 Email: _____

CONTACT INFORMATION If we have questions regarding this application, who shall we contact?

Name: DAVID HOUSTON

Telephone: 772-332-2661 Email: _____

2016-2017 COMMERCIAL FAÇADE GRANT APPLICATION

What is the current zoning of the property? COMMERCIAL

(Please include printout from St. Lucie County Property Appraiser that lists zoning information.)

Are there presently Code Violations registered against this property? Yes No

If yes, describe and/or attach documentation:

GENERAL INFORMATION:

1. Is the application for a single- or multi-tenant commercial structure?

Single-tenant Multi-tenant

2. Is the building occupied or vacant? Occupied Vacant

3. If occupied, provide the name of the business(s) and the business type(s):

DEH AUTO SALES

4. If vacant, does the building currently meet all local and state code requirements? Yes No

5. If No, will you be making improvements concurrently with your façade grant improvements so that the building meets all local and state code requirements? Yes No

6. If vacant, do you currently have a signed lease with a business to occupy the building?

Yes No *If Yes, please provide a copy of the lease.

7. If Yes, what is the business name and type?

Name: DEH AUTO SALES

(select one) Retail Service Professional Not-for-profit Other: _____

Please Note the Following: Vacant commercial buildings are eligible for this grant program, as long as owners intend to re-activate the building with a predominantly commercial use.

Owners should provide proof of tenant agreements if a specific tenant is scheduled to occupy the space. If no tenant is scheduled to occupy the space at the time of application, the owner must provide proof that the property is in habitable condition as defined by the City's Building Code, or that it will be made to be in habitable condition via a rehabilitation project that will coincide with the façade grant project.

2016-2017 COMMERCIAL FAÇADE GRANT APPLICATION

PAST GRANT INFORMATION

Has the property owner **OR** any of the business owners located on this property received grants **(of any kind)** from the City of Fort Pierce? Yes No

If **Yes**, please complete the following for **EACH** grant received. Use additional pages, as necessary.

Grant Recipient's Name: _____

Name of Organization/Business that received the grant: _____

Grant Amount: \$ _____ Year Grant Awarded: _____

Name of Grant Program: _____

Grant Recipient's Name: _____

Name of Organization/Business that received the grant: _____

Grant Amount: \$ _____ Year Grant Awarded: _____

Name of Grant Program: _____

Grant Recipient's Name: _____

Name of Organization/Business that received the grant: _____

Grant Amount: \$ _____ Year Grant Awarded: _____

Name of Grant Program: _____

Grant Recipient's Name: _____

Name of Organization/Business that received the grant: _____

Grant Amount: \$ _____ Year Grant Awarded: _____

Name of Grant Program: _____

Has the City of Fort Pierce or the Fort Pierce Redevelopment Agency ever provided a Commercial Façade Grant for this property?

If Yes, please explain, listing the year(s) and amount(s) of the grant award(s):

No Unknown

2016-2017 COMMERCIAL FAÇADE GRANT APPLICATION

PROJECT INFORMATION

1. **Scope of Work and Cost Estimates:**

A detailed Scope of Work must be included for the application to be complete. It must adequately describe the work to be done, services needed, products required to complete the façade grant project and timeline for each improvement.

A cost estimate must also be included for the application to be complete. It must adequately estimate the price of the work to be done and all of the materials/products required in completing the façade grant project. Three cost estimates from licensed contractors are preferred and should be provided on contractor letterhead and include contractor contact information.

2. After obtaining a signed Grant Contractual Agreement, how many weeks will it take for you to start construction? 1 Weeks

3. How many months do you expect it to take to complete your project? 1 Months

4. Estimated Total Project Cost per lowest cost estimate (Façade Grant-eligible improvements only): \$5000.00

5. **Amount of grant funds requested (50% of the Estimated Total Project Cost above, not to exceed \$5,000:** \$5000.00

6. Are you undertaking additional improvements at this time which are not Façade Grant eligible? ___Yes No *It is important to include this information because it helps with leveraging calculations, which affect the grant application in a positive way.

7. If Yes, what is the estimated cost of these improvements: \$ _____

8. Please describe these improvements (attach additional pages, if necessary):

9. Will you complete these façade improvements if none or only a portion of this grant request is awarded? ___Yes No

Please explain your Yes or No answer: I DON'T HAVE THE

FUND TO DO THE WORK THAT IS NEEDED

10. In the last year, have you made improvements to the façade, site, or interior of this property? ___Yes No

11. If **Yes**, estimate the total cost of these improvements: \$ 2500.00

LEGAL AUTHORIZATION FROM THE OWNER OF COMMERCIAL BUILDING

As the legal owner(s) of the property listed in this Commercial Façade Grant application, I/we hereby authorize completion of the façade improvements indicated in this application. My/Our proof of ownership is attached, along with proof that the taxes on this property are not delinquent.

Signature(s) of Owner(s) of Commercial Building Must Be Notarized (use additional pages if necessary)

Property Owner: _____ Today's Date: 6/23/20
[Signature] _____ DAVID HOUSTON _____
Signature Print Name Here

Telephone Number: 772-332-2661 Email: _____

NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared David Houston, who is personally known to me or produced FL DL, as identification, and acknowledged he/she executed the forgoing Agreement for the use and purposes mentioned in it and that the instrument is his/her act and deed.

IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this 4th day of October, 2020

NOTARY PUBLIC Karen Mike My Commission Expires: 6/5/2020

Property Owner: _____ Today's Date: 10/4/17
[Signature] _____ DAVID HOUSTON _____
Signature Print Name Here

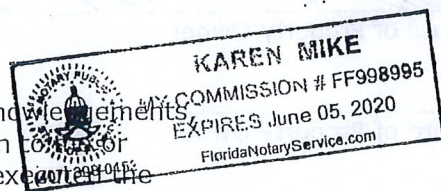
Telephone Number: 772-332-2661 Email: _____

NOTARY STATE OF FLORIDA, COUNTY OF ST. LUCIE

BEFORE ME, an officer duly authorized by law to administer oaths and take acknowledgements, personally appeared David Houston, who is personally known to me or produced FL DL, as identification, and acknowledged he/she executed the forgoing Agreement for the use and purposes mentioned in it and that the instrument is his/her act and deed.

IN WITNESS OF THE FORGOING, I have set my hand and official seal in the State and County aforesaid in this 4th day of October, 2017

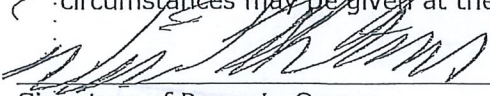
NOTARY PUBLIC Karen Mike My Commission Expires: 6/5/2020



2016-2017 COMMERCIAL FAÇADE GRANT APPLICATION

I acknowledge the following:

- ✓ All statements provided in the application are true and any misrepresentation will void any subsequent Grant Contractual Agreement and or/funding.
- ✓ The Commercial Façade Grant will be used for the project described in this application. A Grant Contractual Agreement must be signed before entering into any contracts, purchasing any materials, or performing any work included in the façade grant project. I understand that failure to comply with the Grant Contractual Agreement may result in forfeiting the grant award.
- ✓ The City of Fort Pierce or the Department of Urban Redevelopment is obligated only to administer the grant procedures and is not liable to the applicant, owner, or third parties for any obligations or claims of any nature growing out of, arising out of, or otherwise related to the project or application undertaken by the applicant and/or owner. Additionally, all required permits are the responsibility of the owner/applicant.
- ✓ Acceptable proofs of payment of an eligible invoice include: 1 - A copy of the front and back of a cancelled check to the vendor/contractor containing the vendor/contractor's name, the date the payment was made, the amount paid, a memo line stating what the payment is purchasing, and a signature of the property owner and a receipt on vendor/contractor letterhead with contact information for the vendor/contractor; or 2 - A credit card statement showing the facade grant eligible charges, along with a print-out showing payment of these charges, receipt on vendor/contractor letterhead with contact information for the vendor/contractor.
- ✓ Any unapproved changes to project plans as stated in the approved Scope of Work will void the grant and result in non-payment of funds. If changes to the Scope of Work are necessary, it is the responsibility of the Grant Recipient to immediately contact the City's Grants Administrator in writing for additional project review and written approval before continuing with the project.
- ✓ Funding awards will not be increased after notification of the initial award.
- ✓ Reimbursement will occur after project completion or after each phase is completed (if phases are approved) and upon submission of appropriate invoices and proof of payment documents as outlined in the Guidelines.
- ✓ Grant Recipient will regularly submit monthly progress reports to the Department of Urban Redevelopment throughout the duration of project, until the project is completed.
- ✓ The Façade Grant will be completed, meaning all close-out documents, reports, requests for reimbursement, etc. and submitted before September 30, 2017. Extensions due to extenuating circumstances may be given at the discretion of the Department of Urban Redevelopment.



Signature of Property Owner

DAVID HOUSTON 6/23/17

Printed Name

Date

Signature of Property Owner

Printed Name

Date

CAUTION – PLEASE READ:

Project improvements that are part of this Commercial Façade Grant application shall not be started prior to the applicant having a signed Grant Contractual Agreement. This includes entering into any agreements or contracts with contractors or purchasing materials for these improvements. Starting the project prior to having a signed Grant Contractual Agreement with the City will result in a loss of awarded grant funds.

2016-2017 COMMERCIAL FAÇADE GRANT APPLICATION

APPLICATION CHECKLIST

One (1) 'original', two (2) copies, including all attachments, in this order:

- ___ A detailed Scope of Work, which must include all work proposed in the Façade Grant project, including the materials/products to be used.
- ___ At least two (2) cost estimates for work to be performed and list of materials/products needed. Three (3) estimates are preferred on contractor letterhead with contractor contact information.
- ___ Current photograph(s) of the property showing the façades of the building to be improved and notations on the photograph(s) describing where and what types of work will be performed.
- ___ Clear notations made on photographs of the building(s), and/or notations made on separate drawings, illustrating the areas or features of the building that will be improved. Describe in detail the building materials, doors, windows, awnings, landscaping, parking, and other features that will be part of the project.
- ___ Landscape plans showing property boundaries, adjacent roads, building footprints, paved areas, parking areas, existing vegetation, proposed plant names/species, size of plants at time of planting, and placement of each proposed plant on the site, if needed.
- ___ Parking lot plans and/or sketches plans/site plans showing property boundaries, adjacent roads, building footprints, paved areas for parking and circulation, parking spaces (existing and proposed), and other pertinent information, if needed.
- ___ Formal construction drawings, if available, relating to the proposed improvements.
- ___ A written explanation of the project and the improvements proposed, along with a written overview of the business currently in operation in the building to be improved, if applicable.

If the property is currently uninhabited, please provide written and photographic proof that the property is in habitable condition as defined by the City's Building Code, or that it will be made to be in habitable condition via a rehabilitation project that will coincide with the façade grant project.
- ___ Printout from St. Lucie County Property Appraiser's office showing property zoning and proof of ownership of this property.
- ___ Property Owner, as listed with St. Lucie County Property Appraiser's office signature on this application.
- ___ Proof that property taxes are up to date (not delinquent).

DO NOT INCLUDE:

Staples or Binding. Please use clips or rubber bands only.

D & H Auto Sales



1400 Orange Avenue Fort Pierce, FL 34950

Office: (772) 466-6800 Cell: (772) 332-2661

David Houston, Owner-Operator

TO WHOM THIS CONCERN
I DAVID HOUSTON OWNER OF
D & H AUTO SALES 1400 ORANGE
AVE OR TRYING TO GET HELP
FROM THE CITY OF FT. PIERCE
FLA URBAN REDEVELOPMENT
PROGRAM GRANT FOR \$5,000.00
I WANT TO UP GRADE MY
PROPERTY TO MAKE IT
LOOK LIKE SOMETHING
100% BETTER, PLEASE
HELP.

I THANK YOU





1786 SW Nantucket Ave
Port St. Lucie, FL 34943
grdpaintingfl@gmail.com
(772) 528-5402
Licence #: St. Lucie 21208, Martin 4932,

Get-R-Done Painting, LLC

Estimate

For: David 332-2661
1400 Orange Avenue
Fort pierce

Estimate No: 776
Date: 8/28/2017

| Description | Amount |
|---|------------|
| Exterior | \$3,200.00 |
| Pressure clean | |
| Prime and paint sides and front of building | |
| Paint around logos | |
| Subtotal | \$3,200.00 |
| Total | \$3,200.00 |

Total \$3,200.00

Notes

Please note: We are not responsible for any paint color or sheen chosen by the customer. All final pricing must be agreed by all parties prior to the start of the job. If you have any questions or concerns in regards to this estimate please do not hesitate to contact us. Thank you for choosing GRD Painting for your painting/pressure cleaning needs. We have been keeping the treasure coast beautiful one wall at a time since 2004 and we would like to do the same for you.

New
Quote



Andros Roofing*Construction, LLC

1305 Avenue D, Fort Pierce, FL 2016
Roofing Contractors LIC#CCC1327225 8/21/2217
SDVOSB contact 772 -475-4915

David E Houston
1400 Orange Ave
Fort Pierce, FL 34947

I/WE, the Owner(s) of the premises described above authorize **Andros Roofing*Construction, LLC** hereinafter referred to as "Contractor" to furnish all labors and materials to install/perform the below description of work in accordance to the current Florida Builder's Code (FBC). **Work** not to be performed includes: any interior, exterior or underground work and/or works not described in this contract.

a. Work Description: both duplexes

1. This flat roof work is consisting roughly of 41' x 33'
2. Install a tapered torch roof system over the existing rubberized roof system
3. cap the parapet wall with the rubberized torched materials

b. Payment: Contractor proposes to perform this job (subject to any additions and/or deductions pursuant authorized change orders) for the

Total Sum of: \$ 5,933.00
 Amount due at signing of contract: \$ 2,967.00
 Amount due at the first inspection: \$ 1,978.00
 Amount due at the end of this job: \$ 988.00

c. Commencement and Completion of Work: Commencement of work shall mean the physical delivery of materials onto the premises and/or the performance of any labor and commencement shall be subject to permissible delays.

d. Acceptance: This contract is approved and accepted. I (we) understand there are no oral agreements of understandings between the parties of this agreement. The written terms, provisions, plans (if any) and specifications in this contract is the entire agreement between the parties. Changes in this agreement shall be done by written change order only and with the express approval of both parties.* Changes may or not incur additional charges.

Warranty: the owner will be issued a five year written Labor warranty at the end of this job

Owner/ Authorized Agent Date 2017

Andros Rep Date 2017



001
 FORT PIERCE INDIAN RIVER DRIVE (766)
 603 NORTH INDIAN RIVER DRIVE
 FORT PIERCE, FL, 34950
 Cashbox 21

Business Date SEP 5, 2017
 Calendar Date SEP 5, 2017

Account Number XXXXXX2525

The balance in your account does not include any pending transactions submitted for posting to your account.

Balance \$ 389.59
 Available Balance \$ 1,653.72

Balance = The balance in an account at the beginning of each business day; which includes all deposits and withdrawals that were posted from the previous day's processing, whether or not funds have been collected.

Available Balance = The dollar amount available for immediate withdrawal, from a checking, savings or money market account.

Pending Transaction = These are authorized or submitted debits or credits not yet processed against your account. When these items are posted, they will be reflected in your Balance amount.

To check your account balance and get detailed account information, visit our website at pnc.com or call 1-888-762-2265

FOR MORE INFORMATION AND EXAMPLES OF WHEN DEPOSITS BECOME AVAILABLE, GO TO WWW.PNC.COM/BANKWISELY



001
 FORT PIERCE INDIAN RIVER DRIVE (766)
 603 NORTH INDIAN RIVER DRIVE
 FORT PIERCE, FL, 34950
 Cashbox 09

Business Date SEP 5, 2017
 Calendar Date SEP 5, 2017

Deposit
 Transaction Number 15:08
 Account Type 00287 Checking/Savings
 Account Number XXXXXX2525
 Transaction Amount \$ 2,101.01
 Check Amount \$ 2,101.01

This deposit or payment is accepted subject to verification and to the rules and regulations of this bank. Deposits may not be available for immediate withdrawal. Receipt should be held until verified with your statement.

FOR MORE INFORMATION AND EXAMPLES OF WHEN DEPOSITS BECOME AVAILABLE, GO TO WWW.PNC.COM/BANKWISELY



City of Fort Pierce

BUSINESS TAX RECEIPT

Please post in a conspicuous place or keep on person.

| | |
|---|----------------|
| Business Name / Mailing Address: | Owner: |
| D & H AUTO SALES 1400 ORANGE AVE FT PIERCE FL 34950 | HOUSTON, DAVID |

| |
|--|
| Business Location*: 1400 ORANGE AVE |
|--|

*This business tax receipt is valid at this location only.

| | | |
|--------------------|------------------------|-----------------------|
| Date Issued | Expiration Date | Control Number |
| August 03, 2017 | September 30, 2018 | 0006779 |

The business stated above may be engaged in the following business, profession or occupation at the location above-described.

| BTR # | Classification | Restrictions |
|-------------|------------------------------|--------------|
| 18-00006371 | MOTOR VEHICLE-USED CARS ONLY | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

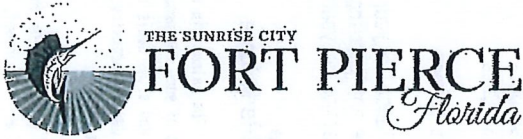


| | |
|------------------------|----------|
| Tax Amount | \$127.34 |
| New/Renewal Fee | \$5.00 |
| Penalty | \$0.00 |
| Total | \$0.00 |

Linda W. Cox

Linda W. Cox, City Clerk (SEAL)

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE. This receipt does not warrant that the receipt holder is competent to perform in the business, but that the hold has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/competency cards are valid for the current fiscal year as required by law. This receipt becomes null and void if business name, classification, ownership or address is changed.



CITY OF FORT PIERCE
*** CUSTOMER RECEIPT ***

Batch ID: NR10S 8/03/17 01 Receipt no: 11807

| Customer | Location Type | SvcCd | Description | Amount |
|----------|---------------|-------|------------------------|---------|
| 2017 | 22032 OR | | C C - OCC LIC/RENEWALS | \$28.88 |

D & H AUTO SALES
1400 ORANGE AVE
FT PIERCE, FL 34950
D&H AUTO SALES

Tender detail

| | | |
|-----------------|------|----------|
| CH Ref#: | 8291 | \$161.22 |
| Total tendered: | | \$161.22 |
| Total payment: | | \$28.88 |
| Change: | | \$132.34 |

Trans date: 8/03/17 Time: 14:12:00

THANK YOU!

183443

CITY OF FORT PIERCE
*** CUSTOMER RECEIPT ***

Batch ID: NR10S 8/03/17 01 Receipt no: 11808

| Customer | Location Type | SvcCd | Description | Amount |
|----------|---------------|-------|------------------------|----------|
| 2017 | 6371 OR | | C C - OCC LIC/RENEWALS | \$132.34 |

D & H AUTO SALES
1400 ORANGE AVE
FT PIERCE, FL 34950
D&H AUTO SALES

Tender detail

| | | |
|-----------------|------|----------|
| CH Ref#: | 8291 | \$132.34 |
| Total tendered: | | \$132.34 |
| Total payment: | | \$132.34 |

Trans date: 8/03/17 Time: 14:12:41

THANK YOU!

183444

