



Bldg. Permit # _____

COA# 17-90

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 528 N 12th St Fort Pierce, FLA

Parcel ID #: 2409-501-0086-000-5

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): Dwayne Fennell

Mailing Address: 316 N 15th St

Phone Number(s): 772-332-5851 Email: MOBstyle.vn@gmail.com

Applicant

Name(s): Dwayne Fennell

Mailing Address: 316 N 15th St

Phone Number(s): 772-332-5851 Email: MOBstyle.vn@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.

Dwayne Fennell
Signature of Owner

12-19-17
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 checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

Site Improvements (describe) _____

Other (describe) _____

Please provide a detailed description of the proposed work to be performed: *The Building has to Be demolished, and Begin New construction.*

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.





















