

### **Administrative Certificates of Appropriateness**

Attached are Certificates of Appropriateness issued administratively in July 2018.

- COA #18-54, 223 N 2<sup>nd</sup> Street – Repaint peak of the house
- COA #18-58, 906 Delaware Avenue – Wall Demolition
- COA #18-60, 517 Beach Court – Replace twelve (12) windows and one (1) door.
- COA #18-61, 1 Avenue A – New dingy docks, concrete slab and railings
- COA #18-62, 635 N 2<sup>nd</sup> Street – Replace roof
- COA #18-63, 647 N 2<sup>nd</sup> Street – Replace roof (flat part only)
- COA #18-64, 1140 Avenue D – Replace roof



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

COA#18-54     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address: 223 N 2<sup>nd</sup> Street

Contributing     Non-Contributing     Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Repaint peak in the front and the south side of the residence. Proposed color: peach  Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

**APPROVED:**

*Board Approval*

*Administrative Approval*

\_\_\_\_\_  
 Paul Samson, Chair  
 Historic Preservation Board

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Maria Lewicka, AICP  
 Historic Preservation Planner

\_\_\_\_\_  
 7/06/18  
 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](mailto: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	Jeanne Arias 223 N 2 <sup>nd</sup> Street Fort Pierce, FL 34950	E-Mail <a href="mailto:jpony@aol.com">jpony@aol.com</a>
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# 18-54

## Certificate of Appropriateness Application



### Building & Site Information

Address of the Site: 223 N 2nd St  
 Parcel ID #: 2410-503-0031-000-5  
 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): Jeanne Arias  
 Mailing Address: 223 N 2nd St, Ft Pierce, FL 34950  
 Phone Number(s): 561-714-7528 Email: jpony@aol.com

Applicant Name(s): Jeanne Arias  
 Mailing Address: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Representative Name(s): Jeanne Arias  
 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, Jeanne Arias as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

*Jeanne Arias*  
Signature of Owner

7/3/2018  
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 type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

Site Improvements (describe) \_\_\_\_\_

Other (describe) Repaint peak from ugly green to pretty peach

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

The peak in the front and on the south side of the house need to be repainted

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

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

**Application Requirements**

- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
  - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
  - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the main façade of the site and photographs of any areas affected by the proposed project.
- Material(s) specifications and/or sample(s)
- Color samples.
- Demolition – Plans for what will be taking the demolished structure's place should be submitted.









# CITY OF FORT PIERCE

## PLANNING DEPARTMENT

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



### Certificate of Appropriateness Application

#### Building & Site Information

**Address of the Site:** 906 Delaware Avenue, Fort Pierce, Florida 34950  
**Parcel ID #:** 2410-705-0017-000-1  
**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): Jeri L. Batsche  
Mailing Address: 2503 Lazy Hammock Lane, Fort Pierce, Florida 34981  
Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant**  
Name(s): L.E.B. Demolition & Consulting Contractors, Inc.  
Mailing Address: 7 Harbour Isle Drive East 204, Fort Pierce, Florida 34949  
Phone Number(s): 772-461-4545 / 772 216-1286 Email: iwreckn@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, Jeri L. Batsche as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Jeri Batsche  
Signature of Owner

July 16, 2018  
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 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:** \_\_\_\_\_

Removal of storm damaged knee wall

**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.









PRESTIGE TAX  
SERVICES  
772.899.2078



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

COA#18-60     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address: 517 Beach Court

Contributing                       Non-Contributing                       Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
<ul style="list-style-type: none"> <li>Replace twelve (12) windows with impact windows to match existing design.</li> <li>Replace one (1) non original door with impact door.</li> </ul> <p>Please see attached.</p>		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

  
 \_\_\_\_\_ 7/23/18  
 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](mailto: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	Ethel Reconco 517 Beach Court Fort Pierce, FL 34950	E-Mail <a href="mailto:ethel@pers.com">ethel@pers.com</a>
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# 18-60

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 517 Beach Ct Fort Pierce Fl. 34950

Parcel ID #: 2410-709-0044-000-1

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): Ethel P. Reconco / Frederick A. Aliaga

Mailing Address: 517 Beach Ct Fort Pierce Fl. 34950

Phone Number(s): (209) 704-3512 Email: ethel@pers.com  
(772) 577-4145

### 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, Ethel Reconco / Frederick Aliaga as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.

[Signature]  
Signature of Owner

7/19/2018  
Date

**Description of Requested Work**

Please indicate the type of work requested:

- |   |   |   |                                     |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Fence                | <input type="checkbox"/> Shed             | <input checked="" 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) \_\_\_\_\_
- Other (describe) \_\_\_\_\_

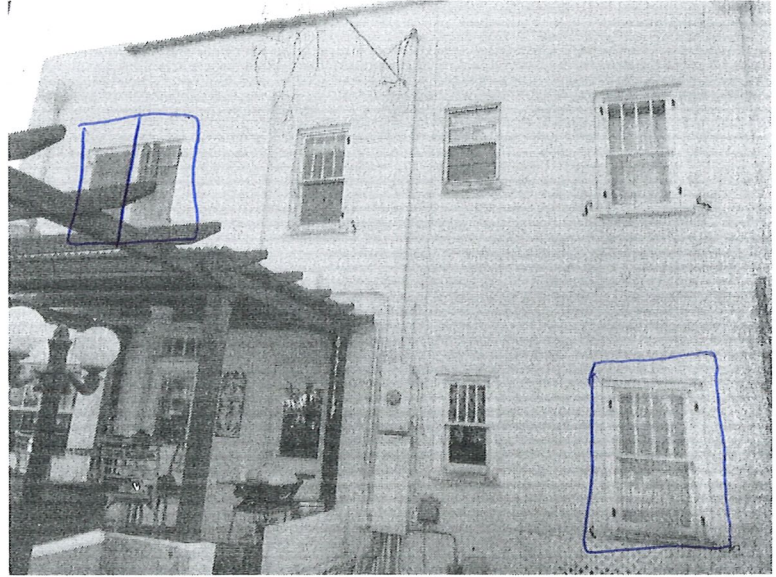
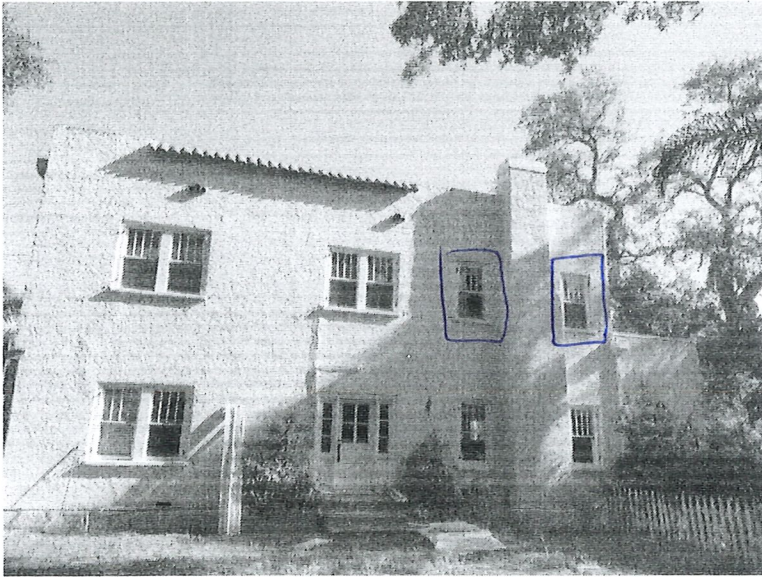
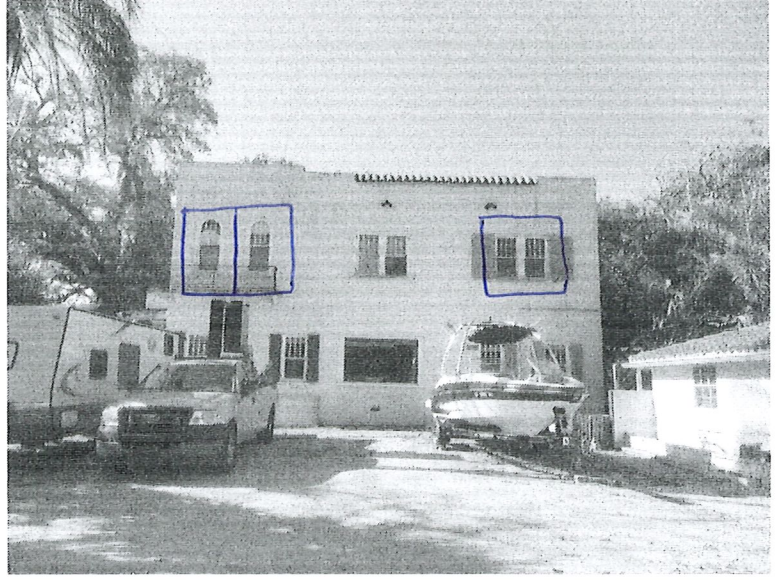
Please provide a detailed description of the proposed work to be performed: Changing windows & doors with hurricane impact windows & doors. Opening to remain the same.

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.



- Adding 12 windows to match existing design, openings size to remain the same.
- Adding 1 door existing door is not original to the home, opening will remain the same, new door is hurricane impact with sidelites.




**SALES AGREEMENT WITH NOTES**

<b>Last Modified Date:</b> 05/23/2018 12:16:39
<b>PO#:</b>
<b>Job Name:</b> 517 BEACH CT PATTY MASTER BED
<b>Job Address:</b>
Quote # 5248341
<b>Sales Person:</b> Rob Springer

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

<b>Customer</b> 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: 4.00	<u>Sell Price</u> \$549.27	<u>Ext Price</u> \$2,197.08
<b>Configuration:</b> 27.X67.X53.5,ARCH,5/8" FL,W,EQUAL,7/8 LIG,CL,ES Max,9/16" GBG,3V0H/0V0H,DBL,SWEEP,1816K-INSTALLED,CMFRT LFT HNDL				
		<p>Certification Type: MIAMI            Frame Type: .625FLANGE            Window Style: ARCH            Size Ref: ACTUAL            Height: 67.0000            Leg Height: 53.5000            Rough Masonry: 28 3/4 X 68            Frame Color: W - White            Glass Family: LI - Laminated Insulating            Glass Makeup: LIA207AA5            Does unit need to meet Turtle Code: NO            Low E: ENERGY SHIELD MAX            Privacy Glass: NONE - NONE            Grid Style: U.COL.LITES            Summary Top: 4A1D LITES (3V0H BARS)            Reinf. Upgrade: NONE - None            Screen Frame Type: ROLLFORM            WOCD: N            Upgrade Hardware Finish: N            Lift Rail: N            Anchor Group: A.SH5500            Acc Glass Breakage: N            Vent Ht: 33.1430            PositiveDesignPressure: 50.0000            PANumber: FL-239            CondensationResistance: 56.0000            SolarHeatGainCoeff: 0.1900            VTCOG: 0.6300</p> <p>NOA Selection: 17-0630.05            Vent Configuration: EQUAL            Size Selection: CUSTOM            Width: 27.0000            Drop: 13.5000            Actual Size: 27 X 67            Wood Frame Opening: 27 1/4 X 67 1/4            Balance Type: CONSTANT            Interlayer Type: PVB090            Glass: 7/8" LIG (1/8 AN - 7/16 AIR -5/16 AN/AN            Glass Color: CL - CLEAR            Argon Gas: NONE            Grid Type: GBGF0563 - 9/16" Flat GridBETWEEN            Grid Location: UNIT            Summary Bottom: 1A1D LITES (0V0H BARS)            Screen Type: 1816K - 1816 Charcoal            Vent Latch: N            Lock Type: SWEEP - Sweep Latch            Comfort Lift: Y            Lock Quantity: 2.0000            Boxing Options: N - None            Decalite: N            CAR#: 17-0630.05            NegativeDesignPressure: 50.0000            EnergyStar: 1.0000            UF: 0.3200            VT: 0.4300</p>		
<b>Location:</b> master bedroom		<b>Notes:</b>		

<b>TOTAL SALE AMT:</b>	\$2,197.08
<b>TOTAL CUSTOMER TAX:</b>	\$142.81
<b>NET SALE AMOUNT:</b>	\$2,339.89

Quote # 5248341  
 Print Date 5/23/2018  
 Page 1 of 2



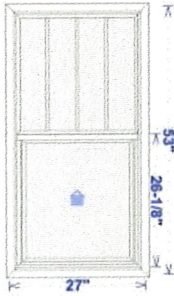
**SALES AGREEMENT WITH NOTES**

<b>Last Modified Date:</b> 05/23/2018 11:49:43
<b>PO#:</b>
<b>Job Name:</b> R & R SH IMPACT
<b>Job Address:</b> PATTY 517 BEACH CT
<b>Quote #</b> 5236136
<b>Sales Person:</b> Rob Springer

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

<b>Customer</b> ROB COD CONTRACTOR
<b>Account #</b>
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: 12.00	<u>Sell Price</u> \$351.77	<u>Ext Price</u> \$4,221.24
<b>Configuration:</b> 27.X53.X.,STD,5/8" FL,W,EQUAL,7/8 LIG,CL,ES Max,9/16" GBG,3V0H/0V0H,DBL,SWEEP,1816K-INSTALLED,CMFRT LFT HNDL				

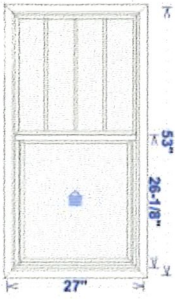


Certification Type: MIAMI  
 Frame Type: .625FLANGE  
 Window Style: STD  
 Size Ref: ACTUAL  
 Height: 53.0000  
 Rough Masonry: 28 3/4 X 54  
 Egress Opening: 22 3/4 X 21 7/8 (3.4512 SQFT)  
 Balance Type: CONSTANT  
 Interlayer Type: PVB090  
 Glass: 7/8" LIG (1/8 AN - 7/16 AIR -5/16 AN/AN  
 Glass Color: CL - CLEAR  
 Argon Gas: NONE  
 Grid Type: GBGF0563 - 9/16" Flat GridBETWEEN  
 Grid Location: UNIT  
 Summary Bottom: 1A1D LITES (0V0H BARS)  
 Screen Type: 1816K - 1816 Charcoal  
 Vent Latch: N  
 Lock Type: SWEEP - Sweep Latch  
 Comfort Lift: Y  
 Lock Quantity: 2.0000  
 Boxing Options: N - None  
 Decralite: N  
 CAR#: 17-0630.05  
 NegativeDesignPressure: 50.0000  
 EnergyStar: 1.0000  
 UF: 0.3200  
 VT: 0.4300

NOA Selection: 17-0630.05  
 Vent Configuration: EQUAL  
 Size Selection: CUSTOM  
 Width: 27.0000  
 Actual Size: 27 X 53  
 Wood Frame Opening: 27 1/4 X 53 1/4  
 Frame Color: W - White  
 Glass Family: LI - Laminated Insulating  
 Glass Makeup: LIA207AA5  
 Does unit need to meet Turtle Code: NO  
 Low E: ENERGY SHIELD MAX  
 Privacy Glass: NONE - NONE  
 Grid Style: U.COL.LITES  
 Summary Top: 4A1D LITES (3V0H BARS)  
 Reinf. Upgrade: NONE - None  
 Screen Frame Type: ROLLFORM  
 WOCD: N  
 Upgrade Hardware Finish: N  
 Lift Rail: N  
 Anchor Group: A.SH5500  
 Acc Glass Breakage: N  
 Vent Ht: 26.1430  
 PositiveDesignPressure: 50.0000  
 PANumber: FL-239  
 CondensationResistance: 55.0000  
 SolarHeatGainCoeff: 0.1900  
 VTCOG: 0.6300

<b>Location:</b>	<b>Notes:</b>
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0002 (2.00)	SH5500 VINYL SINGLE HUNG 5500	Ordered: 12.00	<u>Sell Price</u> \$351.77	<u>Ext Price</u> \$4,221.24
<b>Configuration:</b> 27.X53.X.,STD,5/8" FL,W,EQUAL,7/8 LIG,CL,ES Max,9/16" GBG,3V0H/0V0H,DBL,SWEEP,1816K-INSTALLED,CMFRT LFT HNDL				



Certification Type: MIAMI  
 Frame Type: .625FLANGE  
 Window Style: STD  
 Size Ref: ACTUAL  
 Height: 53.0000  
 Rough Masonry: 28 3/4 X 54  
 Egress Opening: 22 3/4 X 21 7/8 (3.4512 SQFT)  
 Balance Type: CONSTANT  
 Interlayer Type: PVB090  
 Glass: 7/8" LIG (1/8 AN - 7/16 AIR -5/16 AN/AN  
 Glass Color: CL - CLEAR  
 Argon Gas: NONE  
 Grid Type: GBGF0563 - 9/16" Flat GridBETWEEN  
 Grid Location: UNIT  
 Summary Bottom: 1A1D LITES (0V0H BARS)  
 Screen Type: 1816K - 1816 Charcoal  
 Vent Latch: N  
 Lock Type: SWEEP - Sweep Latch  
 Comfort Lift: Y  
 Lock Quantity: 2.0000  
 Boxing Options: N - None  
 Decralite: N  
 CAR#: 17-0630.05  
 NegativeDesignPressure: 50.0000  
 EnergyStar: 1.0000  
 UF: 0.3200  
 VT: 0.4300

NOA Selection: 17-0630.05  
 Vent Configuration: EQUAL  
 Size Selection: CUSTOM  
 Width: 27.0000  
 Actual Size: 27 X 53  
 Wood Frame Opening: 27 1/4 X 53 1/4  
 Frame Color: W - White  
 Glass Family: LI - Laminated Insulating  
 Glass Makeup: LIA207AA5  
 Does unit need to meet Turtle Code: NO  
 Low E: ENERGY SHIELD MAX  
 Privacy Glass: NONE - NONE  
 Grid Style: U.COL.LITES  
 Summary Top: 4A1D LITES (3V0H BARS)  
 Reinf. Upgrade: NONE - None  
 Screen Frame Type: ROLLFORM  
 WOCD: N  
 Upgrade Hardware Finish: N  
 Lift Rail: N  
 Anchor Group: A.SH5500  
 Acc Glass Breakage: N  
 Vent Ht: 26.1430  
 PositiveDesignPressure: 50.0000  
 PANumber: FL-239  
 CondensationResistance: 55.0000  
 SolarHeatGainCoeff: 0.1900  
 VTCOG: 0.6300

Location:

Notes:

<b>TOTAL SALE AMT:</b>	\$8,442.48
<b>TOTAL CUSTOMER TAX:</b>	\$548.76
<b>NET SALE AMOUNT:</b>	\$8,991.24

\*\* PRICES ARE GOOD FOR 30 DAYS. --- BEFORE SIGNING OFF PLEASE VERIFY SIZES, QUANTITIES, MODEL AND PRICES. THIS IS A SPECIAL ORDER AND CANNOT BE CHANGED OR CANCELLED ONCE IT IS PLACED. SPECIAL ORDERED ITEMS ARE NOT RETURNABLE--ALL SALES ARE FINAL.

\*\*NOTE:IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR, ARCHITECT OR OWNER TO SELECT PRODUCTS IN COMPLIANCE WITH APPLICABLE LAWS AND BUILDING CODES.

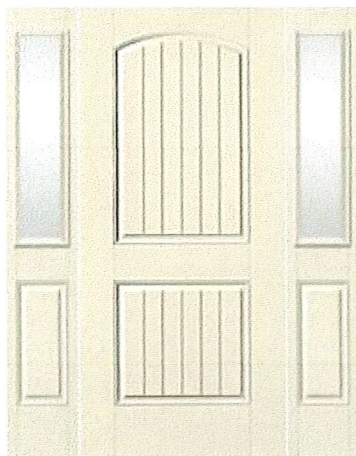
# Quotation

East Coast Lumber - Fort Pierce,  
FL

**Quote ID** SQANO000880-1

**P.O. Number**

Line	Label	Qty	UOM	Family/Part Number	Unit	Extended
1		1.0000	EA	Entry Door Entry Door System	1,742.90	1,742.90



1-0/3-0/1-0 X 6-8, Right Hand Inswing, Smooth-Star Embossed Plank, No glass, WBDR-COMPLIANT, S205, Door and Both Sidelites, Double Bore, 2-3/8" Backset, 2-1/8" BoreDia, 2-1/8" Deadbolt Dia, 5 1/2" Center to Center, Sidelite 12" X 6-8, Clear, S210SL-ILE, Final Frame Rot Proof Btm Jamb, 4-9/16", Boxed (Un Attached), No Casing, Basic Inswing Fixed Sill, Sill Finish Mill, Smooth Comp Mullion - 2", 3 Self-Aligning Hinges, Satin Brass (Zinc Dichromate) - US2D, Wh Comp Weatherstrip, \*\*\* 6'8" CutDown height - 4-1/4" (4.25) \*\*\*

All prices are in USD

<b>Adjusted Subtotal (Discounted)</b>		1,742.90
Tax	6.50%	113.29
Labor Tax	0.00%	0.00
Shipping and Handling	0.00	0.00
Other Charges (Specify)	0.00	0.00
<b>Total Quote Value</b>		<b>1,856.19</b>

Entry door

308 Avenue A  
Fort Pierce,  
United States

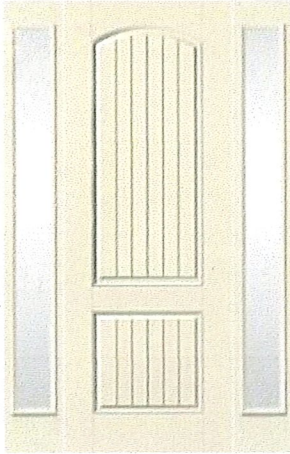
# Quotation

East Coast Lumber - Fort Pierce,  
FL

Quote ID SQANO000879-1

P.O. Number

Line	Label	Qty	UOM	Family/Part Number	Unit	Extended
1		1.0000	EA	Entry Door Entry Door System	1,777.42	1,777.42



1-0/3-0/1-0 X 8-0, Right Hand Inswing, Smooth-Star Embossed/Molded Open, No glass, WBDR-COMPLIANT, S8201, Door and Both Sidelites, Double Bore, 2-3/8" Backset, 2-1/8" BoreDia, 2-1/8" Deadbolt Dia, 5 1/2" Center to Center, Sidelite 12" X 8-0, Clear, S81086SL-ILE, Final Frame Rot Proof Bitm Jamb, 4-9/16", Boxed (Un Attached), No Casing, Basic Inswing Fixed Sill, Sill Finish Mill, Smooth Comp Mullion - 2", 4 Self-Aligning Hinges, Satin Brass (Zinc Dichromate) - US2D, Wh Comp Weatherstrip,

All prices are in USD

<b>Adjusted Subtotal (Discounted)</b>		1,777.42
Tax	6.50%	115.53
Labor Tax	0.00%	0.00
Shipping and Handling	0.00	0.00
Other Charges (Specify)	0.00	0.00
<b>Total Quote Value</b>		<b>1,892.96</b>





COA# 18-61

Bldg. Permit # \_\_\_\_\_

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 1 AVE A CITY OF FT. PIERCE MARINA

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): CITY OF FT. PIERCE

Mailing Address: 100 N. US1 FT. PIERCE, FLA. 34950

Phone Number(s): 772-467-3000 Email: \_\_\_\_\_

Applicant  
Name(s): BROTHERS CONSTRUCTION FL. INC

Mailing Address: 6526 S. KANNER HWY. #345

Phone Number(s): 772-263-2805 Email: ben@brothersconstructionfl.com

Representative  
Name(s): BEN BAUMHARD for JACK ANDREWS

Mailing Address: 6526 S. KANNER HWY #345

Phone Number(s): 772-263-2805 Email: ben@brothersconstructionfl.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, TRACY TELLE <sup>← REPRESENTATIVE</sup> as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]  
Signature of Owner

7-19-18  
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) NEW DINGY DOCKS & CONC. SLAB

Other (describe) \_\_\_\_\_

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

SEE ATTACHED SKETCH OF THE RAILING

\_\_\_\_\_

\_\_\_\_\_

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

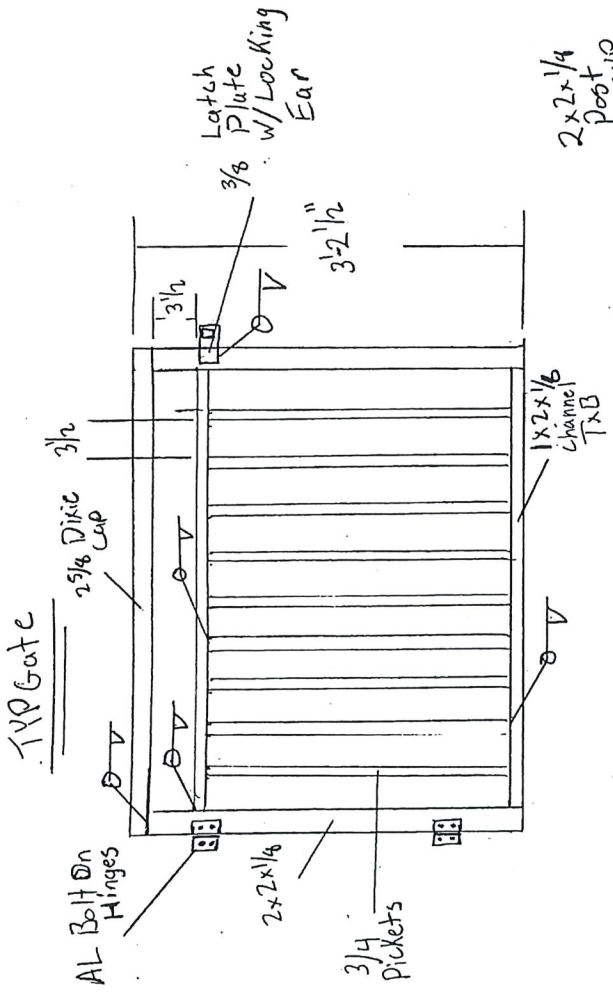
Will the proposed work require a Zoning Variance?  No     Yes, Code Section(s): \_\_\_\_\_

\_\_\_\_\_

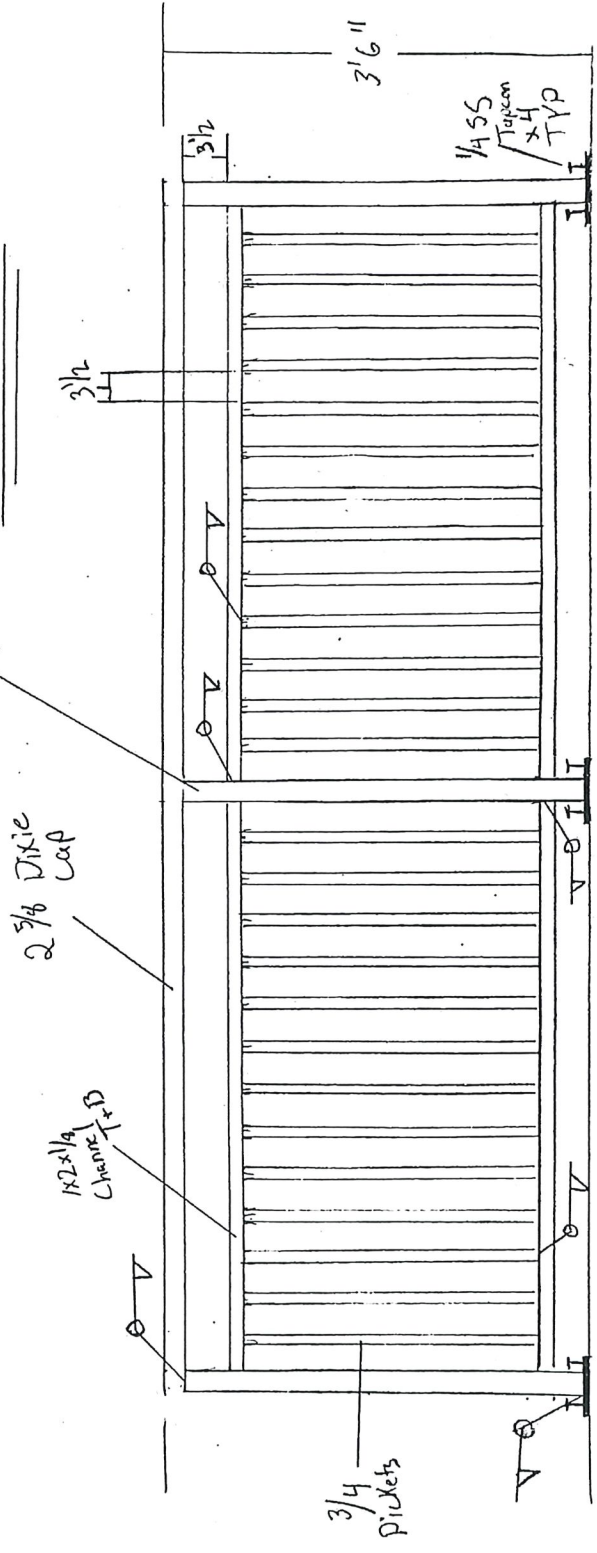
**Application Requirements**

- \$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.

# Dingy Dock Rails



## TYP Section









COA# 18-62

Bldg. Permit # \_\_\_\_\_

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 635 N 2nd Street  
Parcel ID #: 2403 705 0036 000 8  
Type of Designation:  Contributing  Non-contributing Site within the Edgartown Historic District  
 Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

### Property Owner/ Applicant Information

Property Owner(s)  
Name(s): AABAA International Inc  
Mailing Address: C/O 1365 Bayshore Dr, FP - 34949  
Phone Number(s): 772-519-6786 Email: Donna@SouthernCastles.com

Applicant  
Name(s): Donna  
Mailing Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Representative  
Name(s): Donna Beaton  
Mailing Address: 1365 Bayshore Dr., FP - 34949  
Phone Number(s): 772-519-6786 Email: Donna@SouthernCastles.com

*Property Owner(s) Acknowledgements:- This application will not be considered complete without the signature of all property owners of record, which shall serve as an acknowledgement of the submission of this application. The property owner's signature below shall also authorize the Applicant (if other than the property owner) and/or Representative to act in his/her behalf for the purposes of seeking approval for the application described herein. The undersigned consents to inspection and photographing of the subject property by the Historic Preservation staff for purposes of consideration of this Application and/or presentation to the Historic Preservation Board.*

I / We, Donna Beaton Hal Lashlee as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Donna Beaton Rep.  
Signature of Owner

7/19/18  
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) New Roof  
 Other (describe) \_\_\_\_\_

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

Replace roof - grey Shingles

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): \_\_\_\_\_

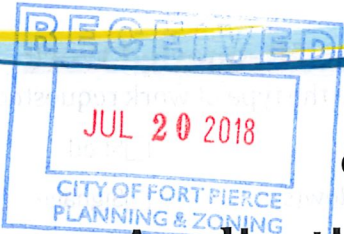
**Application Requirements**

- \$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 # \_\_\_\_\_

COA# 18-63

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 647 N 2nd St.

Parcel ID #: 2403 705 0034 000 4

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

Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

### Property Owner/ Applicant Information

Property Owner(s) Name(s): AA BAA International Inc.

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

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

### Applicant

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

### Representative

Name(s): Donna Benton

Mailing Address: 1365 Bayshore Dr FP, FL 34949

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

*Property Owner(s) Acknowledgements:- This application will not be considered complete without the signature of all property owners of record, which shall serve as an acknowledgement of the submission of this application. The property owner's signature below shall also authorize the Applicant (if other than the property owner) and/or Representative to act in his/her behalf for the purposes of seeking approval for the application described herein. The undersigned consents to inspection and photographing of the subject property by the Historic Preservation staff for purposes of consideration of this Application and/or presentation to the Historic Preservation Board.*

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

Donna Benton Rep.  
Signature of Owner

7-18-18  
Date

**Description of Requested Work**

Please indicate the type of work requested:

- Fence
- Shed
- Door(s)
- Roof
- Window(s)
- Signage
- Shutter(s)
- Porch

- Rehabilitation
- New Construction
- Demolition
- Relocation

- Site Improvements (describe) Repair roof - Flat part -
- Other (describe) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.







THE SUNRISE CITY  
**FORT PIERCE**  
 PLANNING DEPARTMENT  
*Florida*



Bldg. Permit # \_\_\_\_\_

COA# 18-64

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 1140 AVENUE D, Fort Pierce  
 Parcel ID #: 2409-501-0307-000-1  
 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): Cephus Cruickshank  
 Mailing Address: 2312 N 44th St Fort Pierce, FL 34946  
 Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Applicant  
 Name(s): Rod Waller Sunrise City CHDO Inc.  
 Mailing Address: 130 S Indian River Drive Suite 202, Fort Pierce FL  
 Phone Number(s): 772-201-2850 Email: rodwaller1@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, Cephus Cruickshak as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Cephus Cruickshak  
 Signature of Owner

7/23/18  
 Date

**Description of Requested Work**

Please indicate the type of work requested:

- |                                    |                                  |                                     |  |
|------------------------------------|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Fence     | <input type="checkbox"/> Shed    | <input type="checkbox"/> Door(s)    | <input checked="" type="checkbox"/> Roof |
| <input type="checkbox"/> Window(s) | <input type="checkbox"/> Signage | <input type="checkbox"/> Shutter(s) | <input type="checkbox"/> Porch           |

- |   |   |                                     |                                     |
|---|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |
|---|---|-------------------------------------|-------------------------------------|

Site Improvements (describe) \_\_\_\_\_

Other (describe) \_\_\_\_\_

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

**Re-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.
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- 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





Google earth

Google earth



