

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in August 2018.

- COA #18-65, 518 Beach Court – Replace roof
- COA #18-66, 735 Orange Avenue – Replace roof (flat part only)
- COA #18-67, 511 N Indian Ricer Drive – Install hurricane windows and doors.
- COA #18-68, 435 N 14th Street – Replace roof and doors, new exterior paint
- COA #18-69, 712 S 9th Street – Renovations and repairs



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#18-65 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 518 Beach Court

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove existing shingle roof and install Owens Corning asphalt shingles in Quarry Grey color. 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


 _____ 8/14/18
 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.

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	Billie-Jo Parker 518 Beach Ct. Fort Pierce, FL 34950	E-Mail
Applicant	The Roof Authority, Inc. 6771 N Old Dixie Highway Fort Pierce, FL 34946	E-Mail tra1993@gmail.com joann.tra@gmail.com
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



COA# 18-65

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 518 Beach Ct. Fort Pierce, Fl. 34949

Parcel ID #: 2410-709-0058-000-2

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): Billie-Jo Parker

Mailing Address: 518 Beach Ct. Ft. Pierce, Fl. 34950

Phone Number(s): 772-467-9828 Email: _____

Applicant
Name(s): The Roof Authority, Inc.

Mailing Address: 6771 N. Old Dixie Hwy. Ft Pierce FL 34946

Phone Number(s): 772-468-7890 Email: joann.tca@gmail.com
+241993@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, Billie Jo Parker as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf

Billie Jo Parker Signature of Owner 8/6/18 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 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) Re-Roof

Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Tear off existing shingle roof.

Dry in with Tri-Built Sand Self Adhered membrane, install Owens Corning Tru Definition Dimensional Shingles.

Color to be Quarry Grey

Tribuilt Sand SA FL16048-R6, Owens Corning Shingles FL10674-R13

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

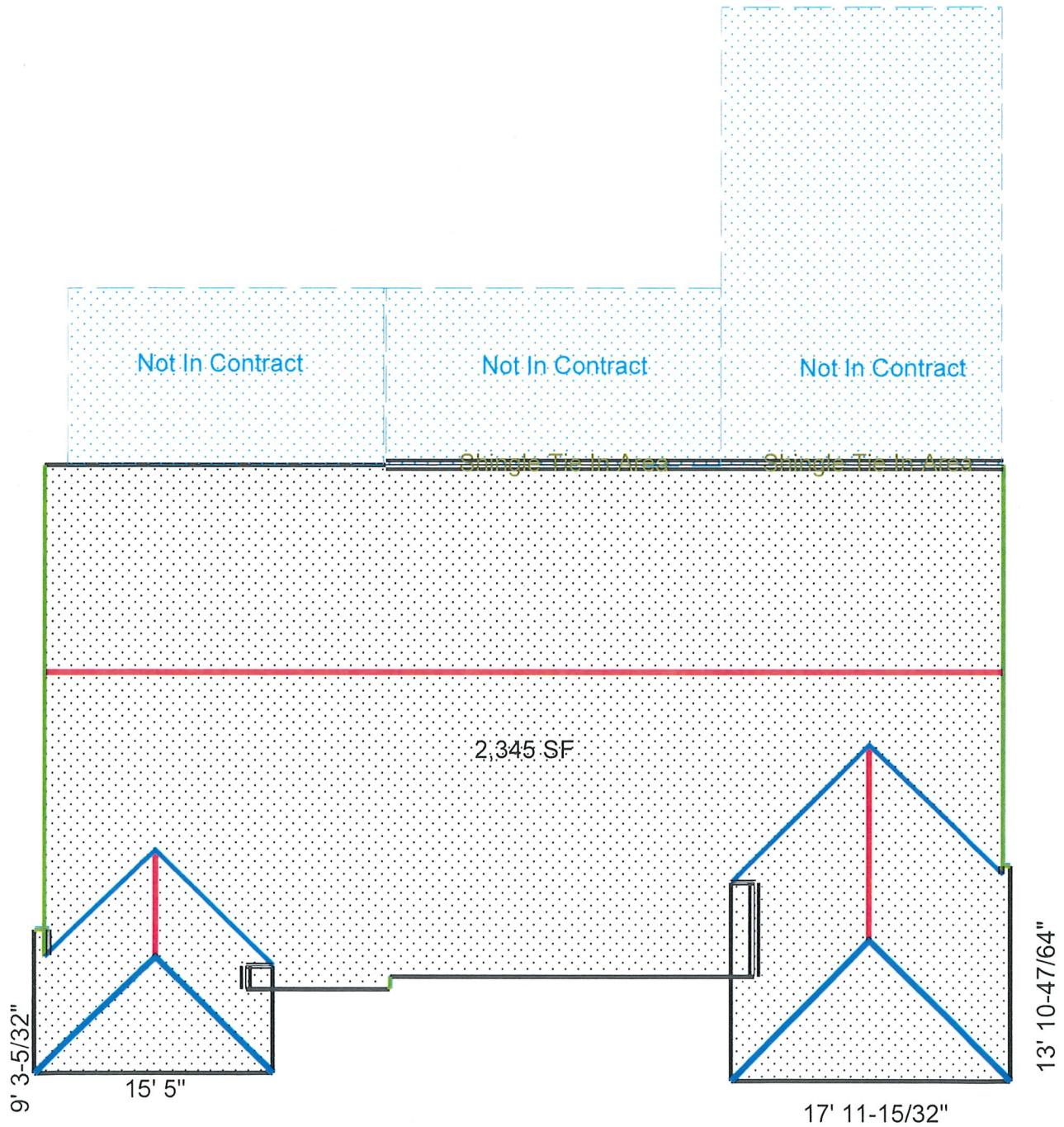
- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
 - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
 - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the main 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.



Drawing Report

Parker residence - Multi System Template 2016

Section: Reroof 30 Year Dimensionals
Page: SA/ 30 Year Dimensional "Lifetime" shingles Eagleview





EXTERIOR RESEARCH & DESIGN, LLC.

Certificate of Authorization #9503

353 CHRISTIAN STREET, UNIT #13

OXFORD, CT 06478

(203) 262-9245

EVALUATION REPORT

Owens Corning

One Owens Corning Parkway

Toledo, OH 43659

(740) 404-7829

Evaluation Report O37940.02.12-R8

FL10674-R13

Date of Issuance: 02/06/2012

Revision 8: 10/09/2017

SCOPE:

This Evaluation Report is issued under **Rule 61G20-3** and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been evaluated for compliance with the **6th Edition (2017) Florida Building Code** sections noted herein.

DESCRIPTION: Owens Corning Asphalt Roof Shingles

LABELING: Labeling shall be in accordance with the requirements the Accredited Quality Assurance Agency noted herein and **FBC 1507.2.7.1 / R905.2.6.1**.

CONTINUED COMPLIANCE: This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

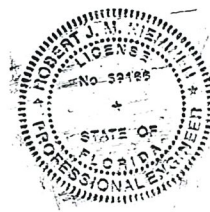
INSPECTION: Upon request, a copy of this entire Evaluation Report shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This Evaluation Report consists of pages 1 through 8.

Prepared by:

Robert J.M. Nieminen, P.E.

Florida Registration No. 59166, Florida DCA ANE1983

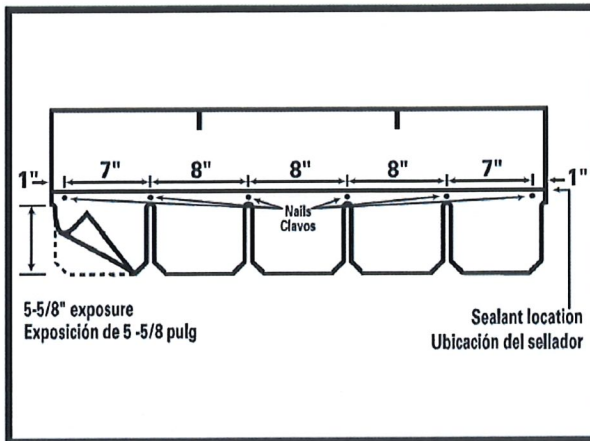


The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 10/09/2017. This does not serve as an electronically signed document.

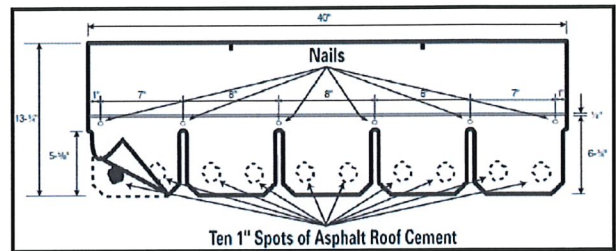
CERTIFICATION OF INDEPENDENCE:

1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.
5. This is a building code evaluation. Neither Trinity|ERD nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.

6.2.8 Minimum Nailing – Devonshire™:

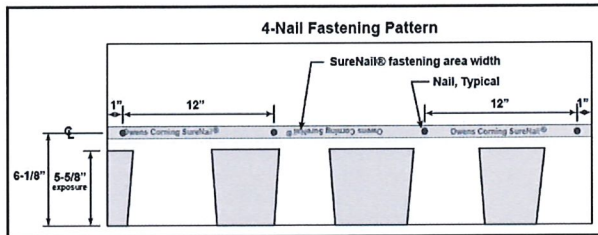


Standard 6-Nail Fastening Pattern

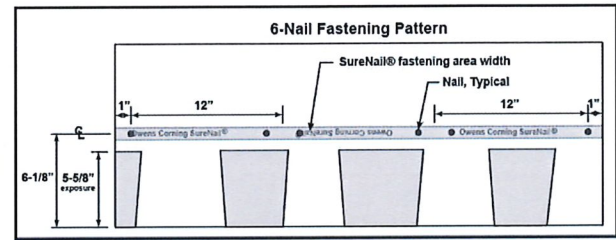


Mansard or Steep Slope Fastening Pattern

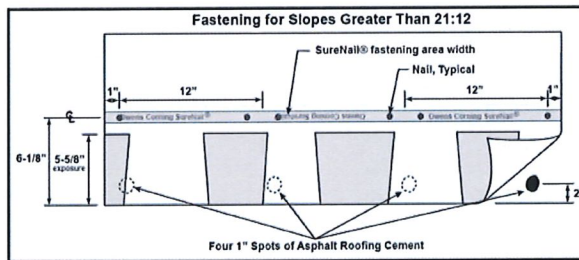
6.2.9 Minimum Nailing – Duration®, TruDefinition® Duration, Duration® Premium Cool & TruDefinition® Duration® Designer Color Collection:



Standard Fastening Pattern



6-Nail Fastening Pattern



Mansard or Steep Slope Fastening Pattern

ROOFING SYSTEMS EVALUATION:
1. SCOPE:

Product Category: Roofing
Sub-Category: Asphalt Shingles

Compliance Statement: Owens Corning Asphalt Roof Shingles, as produced by Owens Corning, have demonstrated compliance with the following sections of the 6th Edition (2017) Florida Building Code and Florida Building Code, Residential Volume through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1507.2.5, R905.2.4	Physical Properties	ASTM D3462	2010
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D3161	2016
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D7158	2011

3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
UL LLC (CER9626)	Physicals & Wind Resistance	File R2453, Vol. 3	02/15/2007
UL LLC (CER9626)	Physicals & Wind Resistance	20120516-R2453	05/16/2012
UL LLC (TST9628)	Physical Properties	06CA20263	04/18/2006
UL LLC (TST9628)	Wind Resistance	11CA34308	02/18/2012
UL LLC (TST9628)	Physicals & Wind Resistance	4786093137	02/01/2014
UL LLC (TST9628)	Wind Resistance	4786126532	02/10/2014
UL LLC (TST9628)	Physical Properties	Classification letter	02/13/2014
UL LLC (TST9628)	Physical Properties	Classification letter	10/02/2015
Miami-Dade (CER1592)	FBC HVHZ Compliance	Various NOAs	Various
UL LLC (QUA9625)	Quality Control	Service Confirmation	Exp. 05/16/2020

4. PRODUCT DESCRIPTION:
4.1 Asphalt Shingles:

- 4.1.1 Classic[®] and Supreme[®] are fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.1.2 Berkshire[®] are fiberglass reinforced, 4-tab asphalt roof shingles.
- 4.1.3 Devonshire[™] are fiberglass reinforced, 5-tab asphalt roof shingles.
- 4.1.4 Duration[®], TruDefinition[®] Duration[®], Duration[®] Premium Cool, TruDefinition[®] Duration[®] Designer Color Collection, TruDefinition[®] Oakridge[®], Oakridge[®] and WeatherGuard[®] HP are fiberglass reinforced, laminated asphalt roof shingles.

4.2 Hip & Ridge Shingles:

- 4.2.1 Berkshire[®] Hip & Ridge Shingles, High Ridge, WeatherGuard[®] HP Hip & Ridge Shingles, ProEdge Hip & Ridge Shingles and DuraRidge[™] Hip & Ridge Shingles are fiberglass reinforced, hip and ridge asphalt roof shingles.

4.3 Accessory Starter Strips:

- 4.3.1 Starter Strip Shingle, Starter Strip Plus and Starter Shingle Roll are starter strips for asphalt roof shingles.

5. LIMITATIONS:

- 5.1 This is a building code evaluation. Neither Trinity|ERD nor Robert Nieminen, P.E. are, in any way, the Designer of Record for any project on which this Evaluation Report, or previous versions thereof, is/was used for permitting or design guidance unless retained specifically for that purpose.
- 5.2 This Evaluation Report is not for use in FBC HVHZ jurisdictions.
- 5.3 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#18-66 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 735 Orange Avenue
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Repair and re-roof flat roof area. Remove and replaced soffit, fascia and gutters as noted on the drawing. 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

8/14/18
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.

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	Fort Pierce Haitian United Methodist Church, Inc. 735 Orange Ave. Fort Pierce, FL 34950	E-Mail adhemos@yahoo.com
Applicant	The Roof Authority, Inc. 6771 N Old Dixie Highway Fort Pierce, FL 34946	E-Mail tra1993@gmail.com joann.tra@gmail.com
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



COA# 18-66

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 735 Orange Avenue Fort Pierce, Fl. 34950
Parcel ID #: 2410-704-0001-000-3
Type of Designation: Contributing Non-contributing Site within the X Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
Name(s): Fort Pierce Haitian United Methodist Church, Inc.
Mailing Address: 735 Orange Avenue Fort Pierce, Fl. 34950
Phone Number(s): 772-581-9590 Email: adhemos@yahoo.com
(561) 379-9569

Applicant
Name(s): The Roof Authority, Inc.
Mailing Address: 6771 N. OLD DIXIE Hwy. Fort Pierce Fl. 34946
Phone Number(s): 772-468-7870 Email: TRA1993@gmail.com
JOANN.TRA@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, FT PIERCE HAITIAN UNITED METHODIST as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

8/6/18
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) Repairs and Re-roof Flat Roof Area FL1654-R22 - Shingle FL10674-R13
- Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Remove the three existing low-slope roof areas - (A,B,C) See Drawing report. Install 1/4" per ft. tapered insulation with minimum thickness of 1-1/2" Install Elastoflex SAV base and Elastoflex SAP Cap. Remove and replace damaged and missing shingles and Valley metal on NE Side of Church -See drawing. Remove and replace soffit and fascia in noted areas of the roof drawing. Painting to be done by others. Replace gutters in areas of the new fascia and soffit.

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): _____

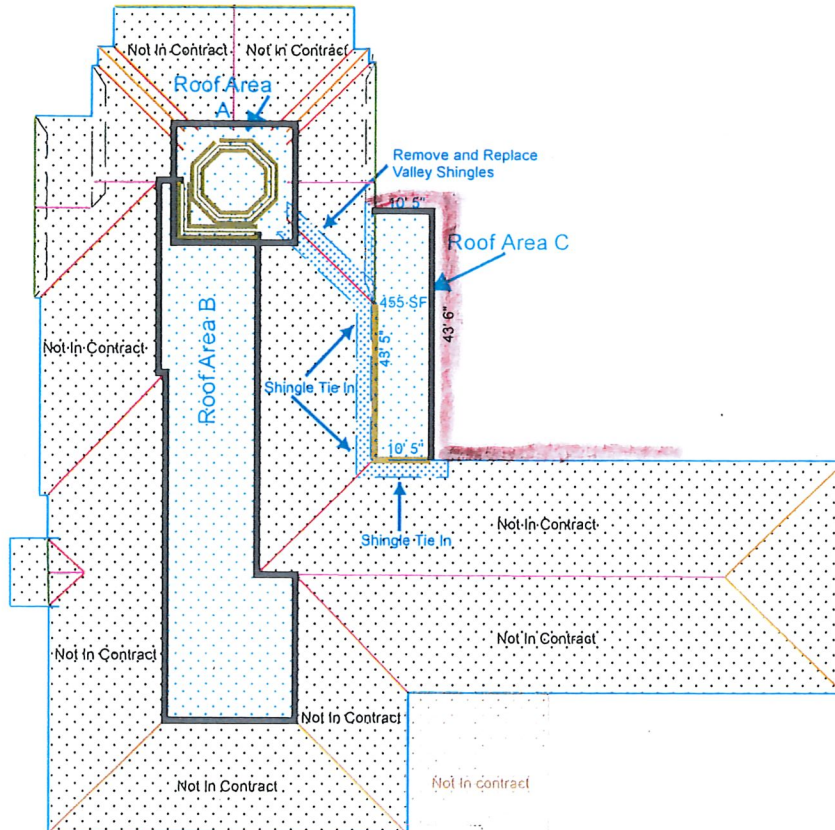
Application Requirements

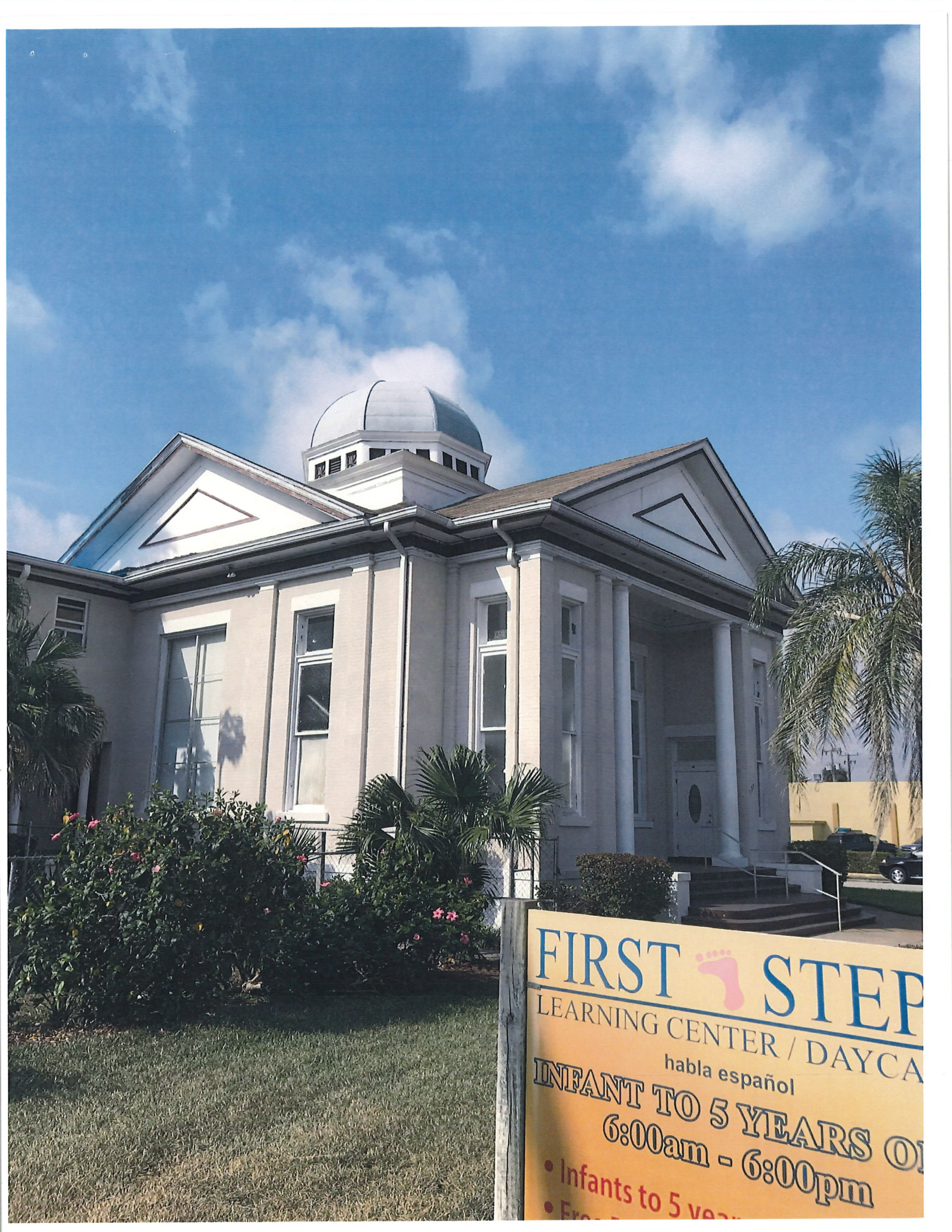
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 - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the main façade of the site and photographs of any areas affected by the proposed project.
- Material(s) specifications and/or sample(s)
- Color samples.
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.

Drawing Report

Fort Pierce Haitian United Methodist Church - Multi System Template 2016

Section: Reroof 30 Year Dimensionals
Page: SA/ 30 Year Dimensional "Lifetime" shingles.





FIRST STEP
LEARNING CENTER / DAYCARE
habla español
INFANT TO 5 YEARS OF AGE
6:00am - 6:00pm
• Infants to 5 years
• Free





EXTERIOR RESEARCH & DESIGN, LLC.

Certificate of Authorization #9503
353 CHRISTIAN STREET, UNIT #13
OXFORD, CT 06478
(203) 262-9245

EVALUATION REPORT

Owens Corning

One Owens Corning Parkway
Toledo, OH 43659
(740) 404-7829

Evaluation Report O37940.02.12-R8

FL10674-R13

Date of Issuance: 02/06/2012

Revision 8: 10/09/2017

SCOPE:

This Evaluation Report is issued under **Rule 61G20-3** and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been evaluated for compliance with the **6th Edition (2017) Florida Building Code** sections noted herein.

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Prepared by:

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Florida Registration No. 59166, Florida DCA ANE1983

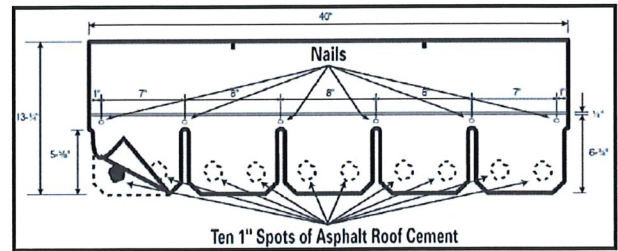
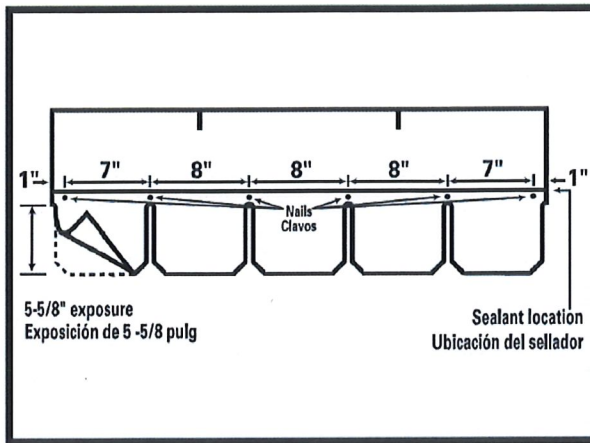


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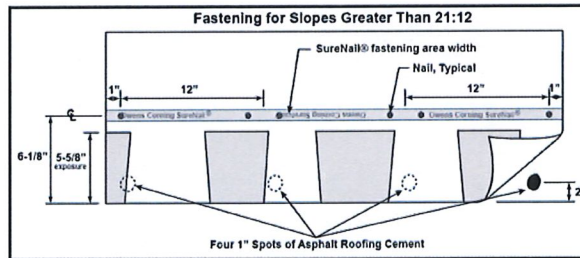
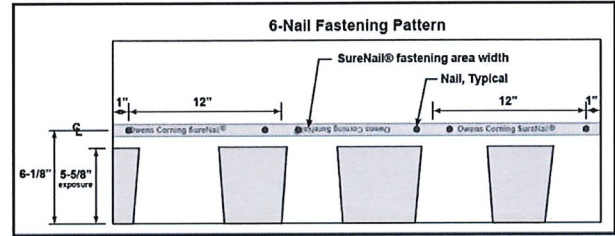
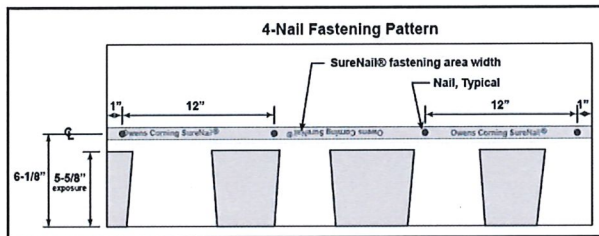
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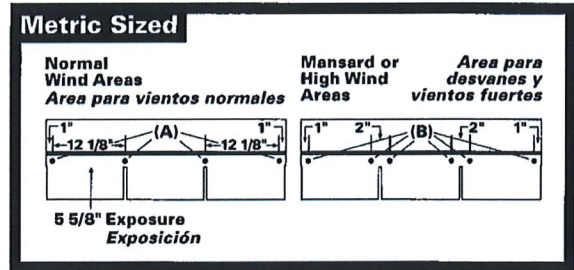
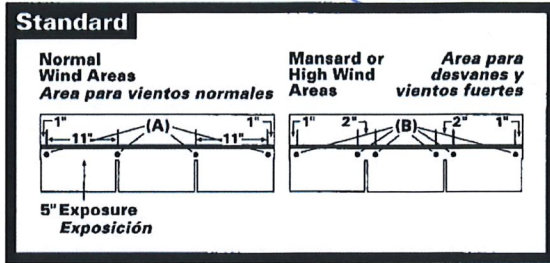
6.2.8 Minimum Nailing – Devonshire™:



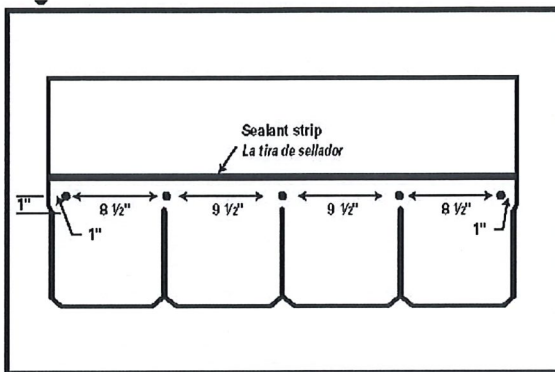
6.2.9 Minimum Nailing – Duration®, TruDefinition® Duration, Duration® Premium Cool & TruDefinition® Duration® Designer Color Collection:



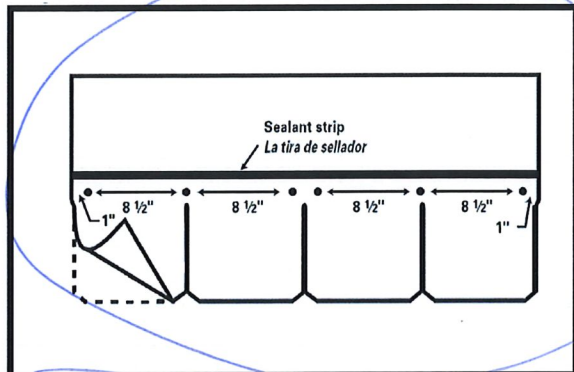
6.2.6 Minimum Nailing – Classic® & Supreme:



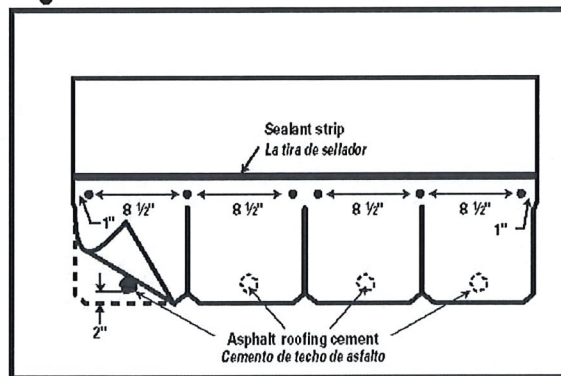
6.2.7 Minimum Nailing – Berkshire®:



Standard Fastening Pattern



6-Nail Fastening Pattern



Mansard or Steep Slope Fastening Pattern



THE SUNRISE CITY
FORT PIERCE
PLANNING DEPARTMENT
Florida

AUG 13 2018
CITY OF FORT PIERCE
PLANNING & ZONING

Bldg. Permit # _____

COA# 18-67

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 511 N Indian River Dr Ft Pierce
 Parcel ID #: 2403-801-0018-000-1
 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): Glynda Cavalcanti
 Mailing Address: 1503 Faber Ct Ft Pierce FL 34949
 Phone Number(s): 595-0500 Email: glynda @ MCLCPA.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, _____ as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.
Glynda Cavalcanti Signature of Owner 8/13/18 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) Installation of hurricane windows + doors by
 Other (describe) Vero Glass

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.

Reviewed: _____

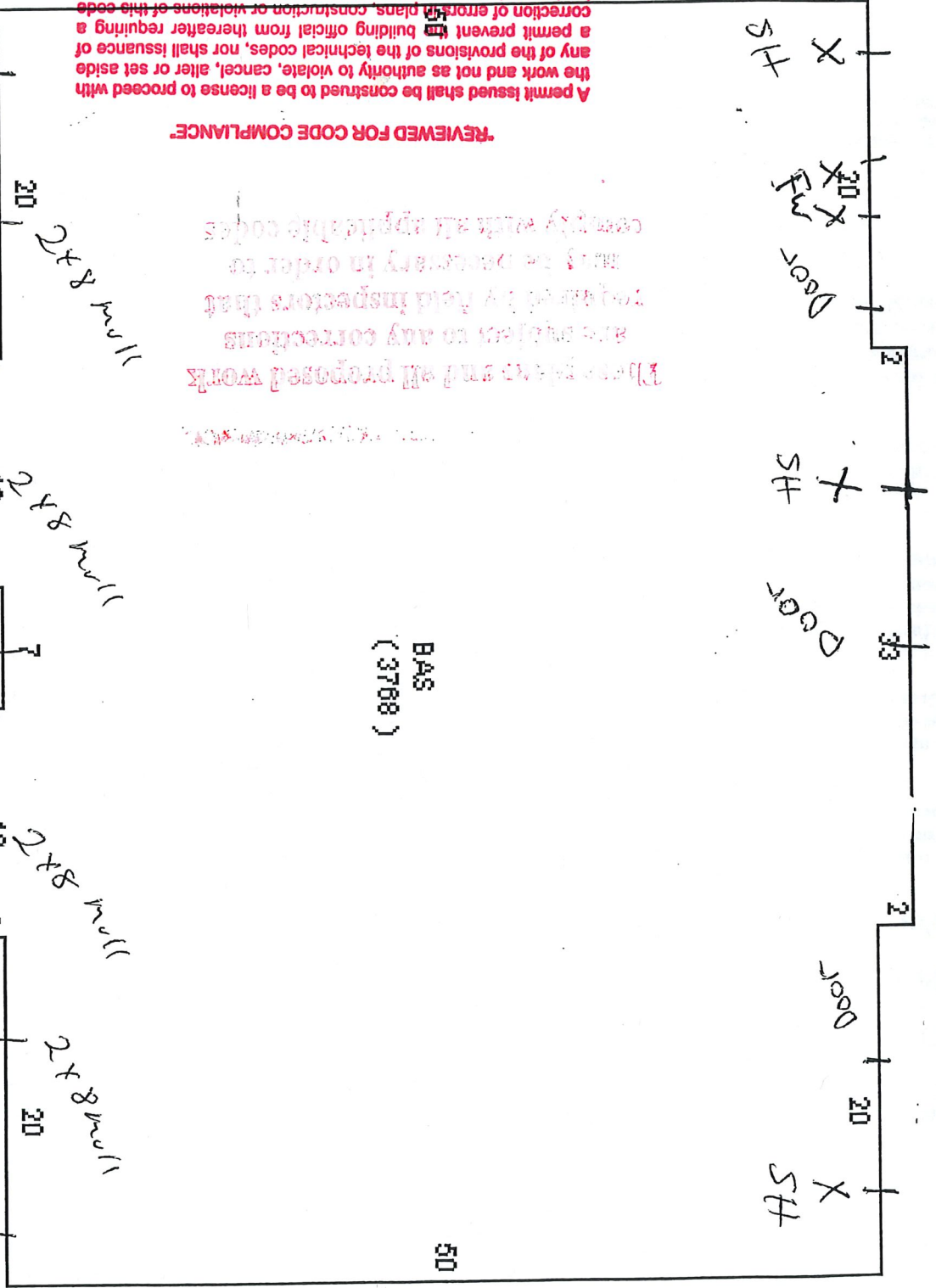
Date: _____

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 a 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.

REVIEWED FOR CODE COMPLIANCE

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

BAS
(3768)



Door
STH
Transom

Door
Double
Door
Transom

Door
STH
Transom







Commercial Architectural Products

2970 NW 75th Ave.
Miami, FL 33122

Tel: (305) 718-8890 / Fax: (305) 718-8892

ORDER CONFIRMATION

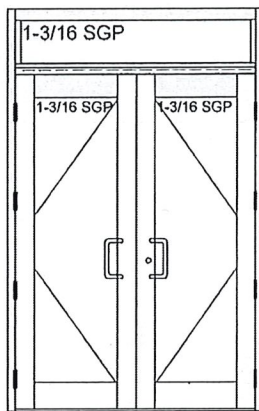
Job: 26021

Customer Name: VERO GLASS AND MIRROR
Contact Name: Joe Heaton
Customer Address: 1669 OLD DIXIE HIGHWAY
Vero Beach FL 32960

Ship To Address: 1669 OLD DIXIE HIGHWAY
Vero Beach FL 32960

Project:
Customer PO:
Entered by : Mario Morales
Lead Time:
Date 7/19/2018
Comments:

Item. 1 Mark: A SE3550 Storefront Entry Door (64" x 100 1/4") Qty: 1

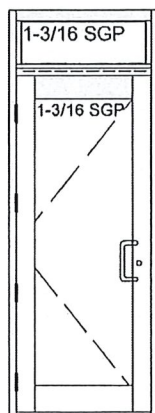


1-3/16 SGP = Laminated Insulating Glass (1/4" HS CLR SB70 #2 / 0.09" SG CLR / 1/4" HS CLR - 7/16" ALM BLK AIR - 1/4" TMP CLR /)

Finish: White - Standard Powder Coat
Glazing: Factory Glazed **Area (Sqft): 44.56**

- System: SE3550 Storefront Entry Door (64" x 100 1/4")
- Supply: Door & Frame
- Handing: Pair
- Swing: Outswing
- Active Door Leaf: Hinged Right
- Panel Height: 85.75
- Bottom Rail: Standard
- Threshold: Bumper with 1/2" ADA Cover
- Fabrication: Factory Assembled
- Missile Rating: Large Missile Rating
- Anchor Group: C
- Anchor Pattern: 4
- Lock Type: Commercial
- Lock Arrangement: Lock Option #4
- Active Lock: Commercial 3-Point Lock
- Inactive Lock: Commercial 2-Point Lock
- Handle Type: Standard Push/Pull Set
- Handle Color: [COL:CGI;CLR ANODIZED (HW FINISH)]
- Hardware Color: CLR ANODIZED
- Handle Supply: Supply Handle
- Handle Prep: Handle Prep
- Active Closer Model: SM_REGENT
- Active Closer Type: Surface Mounted Closer
- Inactive Closer Model: SM_REGENT
- Inactive Closer Type: Surface Mounted Closer
- Closer Supply: Supply Closer
- Closer Prep: Closer Prep
- Cylinder Series: Regent
- Cylinder Type: Key Cyl on Ext / Thumbturn on Int
- Cylinder Supply: Supply
- Cylinder Prep: Prep
- Hinge Supply: Supply Hinge
- Hinge Prep: Hinge Prep
- Left Substrate: Wall
- Right Substrate: Wall

Item. 2 Mark: B SE3550 Storefront Entry Door (37 1/2" x 100 1/4") Qty: 1

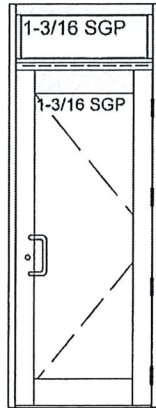


1-3/16 SGP = Laminated Insulating Glass (1/4" HS CLR SB70 #2 / 0.09" SG CLR / 1/4" HS CLR - 7/16" ALM BLK AIR - 1/4" TMP CLR /)

Finish: White - Standard Powder Coat
Glazing: Factory Glazed **Area (Sqft): 26.11**

- System: SE3550 Storefront Entry Door (37 1/2" x 100 1/4")
- Supply: Door & Frame
- Handing: Hinged Left
- Swing: Outswing
- Panel Height: 85.75
- Bottom Rail: Standard
- Threshold: Bumper with 1/2" ADA Cover
- Fabrication: Factory Assembled
- Missile Rating: Large Missile Rating
- Anchor Group: C
- Anchor Pattern: 4
- Lock Type: Commercial
- Lock Arrangement: Lock Option #4
- Active Lock: Commercial 3-Point Lock
- Handle Type: Standard Push/Pull Set
- Handle Color: [COL:CGI;CLR ANODIZED (HW FINISH)]
- Hardware Color: CLR ANODIZED
- Handle Supply: Supply Handle
- Handle Prep: Handle Prep
- Active Closer Model: SM_REGENT
- Active Closer Type: Surface Mounted Closer
- Closer Supply: Supply Closer
- Closer Prep: Closer Prep
- Cylinder Series: Regent
- Cylinder Type: Key Cyl on Ext / Thumbturn on Int
- Cylinder Supply: Supply
- Cylinder Prep: Prep
- Hinge Supply: Supply Hinge
- Hinge Prep: Hinge Prep
- Left Substrate: Wall
- Right Substrate: Wall

Item. 3 Mark: B1 SE3550 Storefront Entry Door (37 1/2" x 100 1/4") Qty: 1



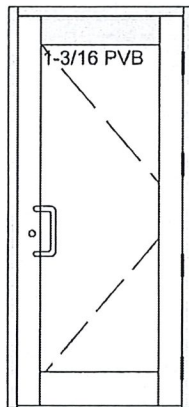
1-3/16 SGP = Laminated Insulating Glass (1/4" HS CLR SB70 #2 / 0.09" SG CLR / 1/4" HS CLR - 7/16" ALM BLK AIR - 1/4" TMP CLR /)

Finish: White - Standard Powder Coat
Glazing: Factory Glazed Area (Sqft): 26.11

System: SE3550 Storefront Entry Door (37 1/2" x 100")
Supply: Door & Frame
Handing: Hinged Right
Swing: Outswing
Panel Height: 85.75
Bottom Rail: Standard
Threshold: Bumper with 1/2" ADA Cover
Fabrication: Factory Assembled
Missile Rating: Large Missile Rating
Anchor Group: C
Anchor Pattern: 4
Lock Type: Commercial
Lock Arrangement: Lock Option #4
Active Lock: Commercial 3-Point Lock
Handle Type: Standard Push/Pull Set
Handle Color: [COL.CGI:CLR ANODIZED (HW FINISH)]
Hardware Color: CLR ANODIZED
Handle Supply: Supply Handle
Handle Prep: Handle Prep
Active Closer Model: SM_REGENT
Active Closer Type: Surface Mounted Closer
Closer Supply: Supply Closer
Closer Prep: Closer Prep
Cylinder Series: Regent
Cylinder Type: Key Cyl on Ext / Thumbtum on Int
Cylinder Supply: Supply
Cylinder Prep: Prep
Hinge Supply: Supply Hinge
Hinge Prep: Hinge Prep
Left Substrate: Wall
Right Substrate: Wall

Item. 4 Mark: C SE3550 Storefront Entry Door (36 1/2" x 79 7/8")

Qty: 2



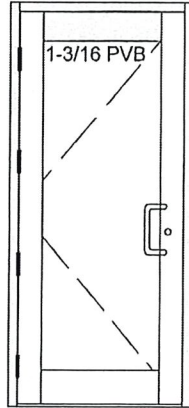
1-3/16 PVB = Laminated Insulating Glass (1/4" HS CLR SB70 #2 / 0.09" PVB CLR / 1/4" HS CLR - 7/16" ALM BLK AIR - 1/4" TMP CLR /)

Finish: White - Standard Powder Coat
Glazing: Factory Glazed Area (Sqft): 40.49

System: SE3550 Storefront Entry Door (36 1/2" x 79 7/8")
Supply: Door & Frame
Handing: Hinged Right
Swing: Outswing
Panel Height: 79.875
Bottom Rail: Standard
Threshold: Bumper with 1/2" ADA Cover
Fabrication: Factory Assembled
Missile Rating: Large Missile Rating
Anchor Group: C
Anchor Pattern: 4
Lock Type: Commercial
Lock Arrangement: Lock Option #4
Active Lock: Commercial 3-Point Lock
Handle Type: Standard Push/Pull Set
Handle Color: [COL.CGI:CLR ANODIZED (HW FINISH)]
Hardware Color: CLR ANODIZED
Handle Supply: Supply Handle
Handle Prep: Handle Prep
Active Closer Model: SM_REGENT
Active Closer Type: Surface Mounted Closer
Closer Supply: Supply Closer
Closer Prep: Closer Prep
Cylinder Series: Regent
Cylinder Type: Key Cyl on Ext / Thumbtum on Int
Cylinder Supply: Supply
Cylinder Prep: Prep
Hinge Supply: Supply Hinge
Hinge Prep: Hinge Prep
Left Substrate: Wall
Right Substrate: Wall

Item. 5 Mark: D SE3550 Storefront Entry Door (36 1/2" x 79 7/8")

Qty: 1



1-3/16 PVB = Laminated Insulating Glass (1/4" HS CLR SB70 #2 / 0.09" PVB CLR / 1/4" HS CLR - 7/16" ALM BLK AIR - 1/4" TMP CLR /)

Finish: White - Standard Powder Coat
Glazing: Factory Glazed

Area (Sqft): 20.25

System: SE3550 Storefront Entry Door (36 1/2" x 79 7/8")
Supply: Door & Frame
Handing: Hinged Left
Swing: Outswing
Panel Height: 79.875
Bottom Rail: Standard
Threshold: Bumper with 1/2" ADA Cover
Fabrication: Factory Assembled
Missile Rating: Large Missile Rating
Anchor Group: C
Anchor Pattern: 4
Lock Type: Commercial
Lock Arrangement: Lock Option #4
Active Lock: Commercial 3-Point Lock
Handle Type: Standard Push/Pull Set
Handle Color: [COL:CGI:CLR ANODIZED (HW FINISH)]
Hardware Color: CLR ANODIZED
Handle Supply: Supply Handle
Handle Prep: Handle Prep
Active Closer Model: SM_REGENT
Active Closer Type: Surface Mounted Closer
Closer Supply: Supply Closer
Closer Prep: Closer Prep
Cylinder Series: Regent
Cylinder Type: Key Cyl on Ext / Thumbturn on Int
Cylinder Supply: Supply
Cylinder Prep: Prep
Hinge Supply: Supply Hinge
Hinge Prep: Hinge Prep
Left Substrate: Wall
Right Substrate: Wall

Glass Details

1-3/16 PVB - NOA Type "E"

Glass Make-up: Laminated Insulating Glass

Outboard: 1/4" Heat Strengthened - Clear - Solarban 70XL Low-E(Surface #2)

Interlayer: 0.09" PVB - Clear

Centerlite: 1/4" Heat Strengthened - Clear

Spacer: 7/16" ALM - BLK - AIR -

Inboard: 1/4" Tempered - Clear

1-3/16 SGP - NOA Type "F"

Glass Make-up: Laminated Insulating Glass

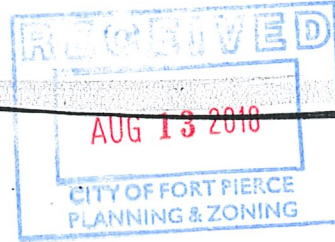
Outboard: 1/4" Heat Strengthened - Clear - Solarban 70XL Low-E(Surface #2)

Interlayer: 0.09" SentryGlas - Clear

Centerlite: 1/4" Heat Strengthened - Clear

Spacer: 7/16" ALM - BLK - AIR -

Inboard: 1/4" Tempered - Clear



COA# 18-68

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 435 N. 14th St.
 Parcel ID #: 2409-503-0047-000-6
 Type of Designation: Contributing Non-contributing Site within the Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
 Name(s): Marchella Barr
 Mailing Address: 435 N. 14th St.
 Phone Number(s): 772-332-9120 Email: _____

Applicant
 Name(s): Close Construction LLC
 Mailing Address: 301 NW 4th Ave
 Phone Number(s): 863-467-0831 Email: chrisselph@closeconstruction.us

Representative
 Name(s): Same as "Applicant" Sheryl@closeconstruction.us
 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, Marchella Barr as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Marchella Barr
Signature of Owner

8/10/2018
Date

Description of Requested Work

Please indicate the type of work requested:

Fence

Shed

Door(s)

Roof

Window(s)

Signage

Shutter(s)

Porch

Rehabilitation

New Construction

Demolition

Relocation

Site Improvements (describe) _____

Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Exterior repairs including: re-roof, replace exterior doors, add motion lights, electric panel replacement, paint exterior.

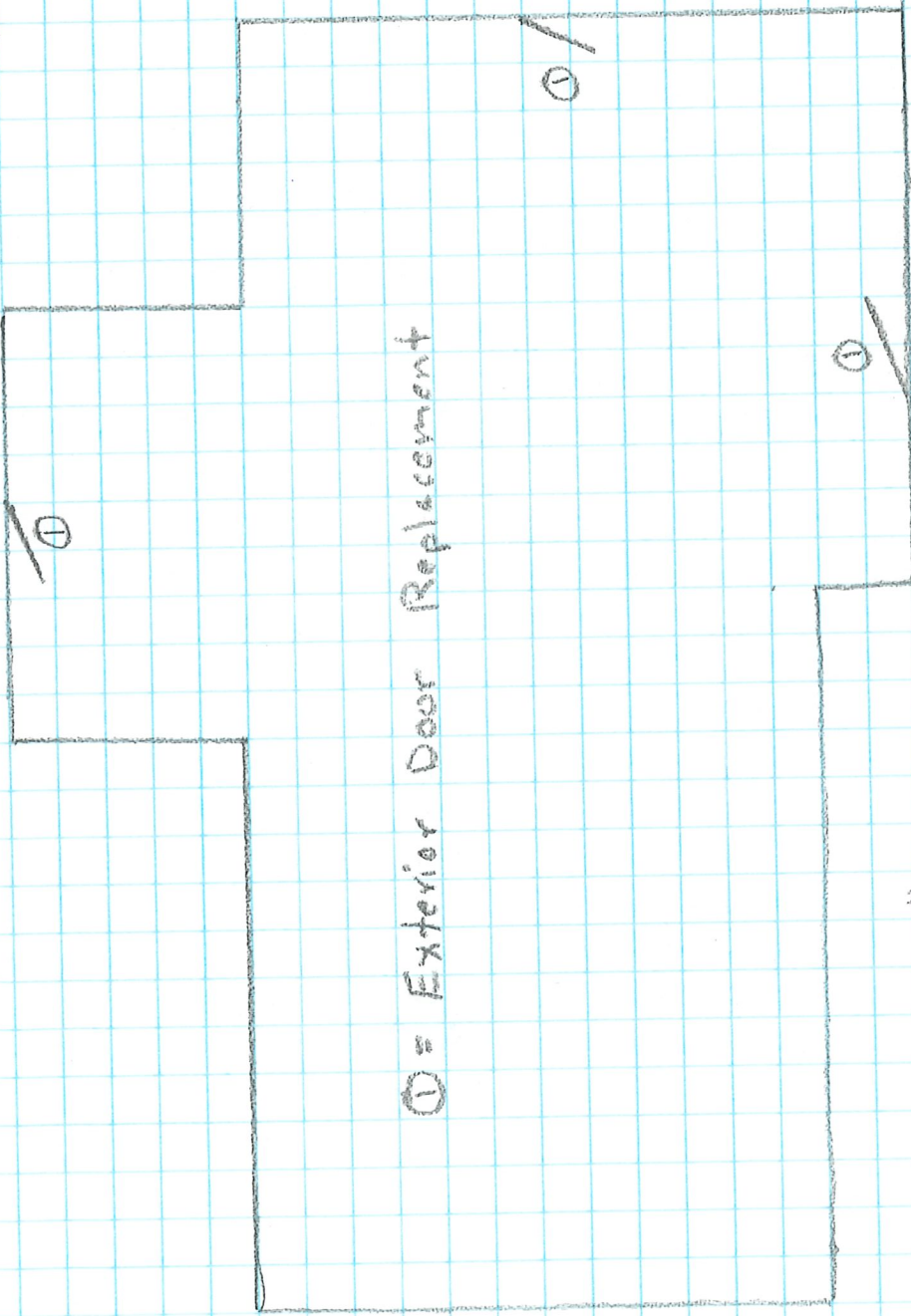
Have other alterations been made to the site within the last 12 months? No Yes, _____

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

Application Requirements

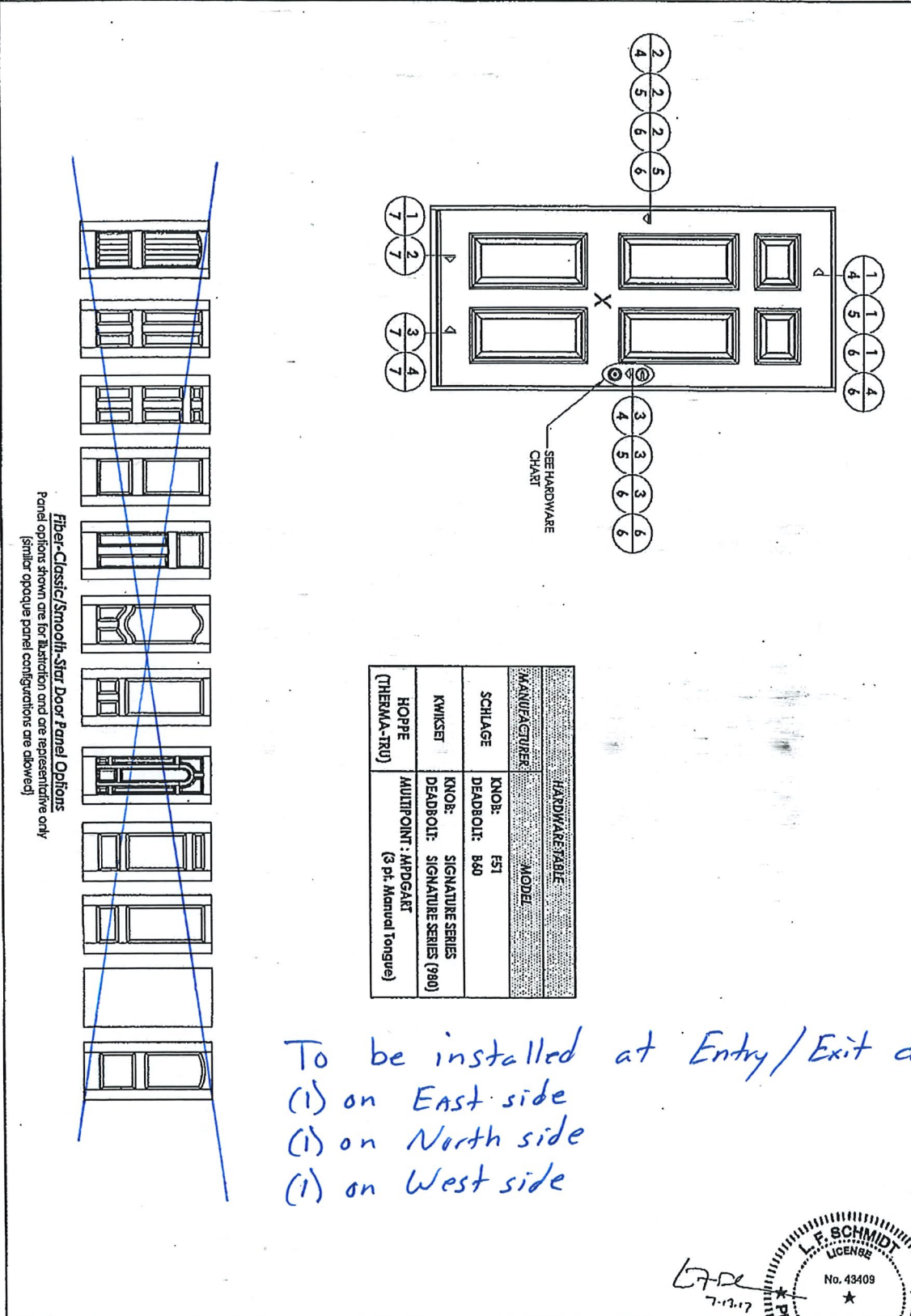
- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings: N/A
 - > Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
 - > Drawings should indicate materials to be used.
- Photos - One (1) color photograph 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.

N →

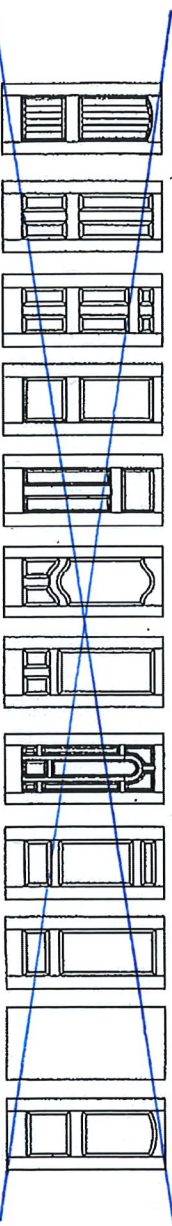


Ⓛ = Exterior Door Replacement

435 N. 14th St



Fiber-Classic/Smooth-Ster Door Panel Options
Panel options shown are for illustration and are representative only
(similar opaque panel configurations are allowed)



To be installed at Entry/Exit doors.
(1) on East side
(1) on North side
(1) on West side

L.F. SCHMIDT
 LICENSE
 No. 43409
 STATE OF FLORIDA
 PROFESSIONAL ENGINEER

L.F.S.
 7.17.17

Documents Prepared By:
 Lyndon F. Schmidt
 P.E. No. 43409

R.W. BUILDING CONSULTANTS, INC.
 P.O. Box 230, Valrico, FL 33595
 Phone No.: 813.659.9197
 FBPE C.A. No. 9813

DATE: 5/26/16	SCALE: N.T.S.	DWG. BY: JK	CHECK BY: LFS	DRAWING NO.: FL-20461.1	SHEET: 3 of 11
PRODUCT: THERMA-TRU FIBERGLASS DOOR		PART OR ASSEMBLY: ELEVATIONS		REVISIONS	
NO.	DATE	DESCRIPTION	BY		
1	7/7/17	UPDATE TO 6th ED (2017) FBC	JK		

Existing roof. To be replaced with same material.





Replace door + screen door.
West side of residence.

Replace door + screen door.
North side of residence.





Replace door + screen door.
East side of residence.



paint color

General Construction
Construction Management

https://www.sherwin-williams.com/homeowners/color/find-and-explore-colors/paint-colors-by-family/SW9134-delft#/9134?is-detail&pg=PS0

Delft SW 9134 - Sherwin-Will...
File Edit View Favorites Tools Help

Okeechobee, FL (34972) ... Day Counter Google Maps Google Close FTP eBay

Homeowners Help My Store Find a Store paint perks mySW.com Sign In / Register

SHERWIN-WILLIAMS. What can we help you find?

Paints & Supplies Color Inspiration Ask Sherwin-Williams Special Offers

Homeo *Exterior Wall Color SW-9134 - "Delft"*

SW 9134 Delft
Interior / Exterior
Locator Number: 219-C4

219

COORDINATING COLORS SIMILAR COLORS DETAILS

View All Blue Paint Colors +
R: 139 G: 159 B: 160 Hex Value: #8b9fa0 LRV: 33

EXPLORE IN COLORSAPP VISUALIZER

Emerald FIND INTERIOR PAINT FIND EXTERIOR PAINT Save to mySW.com Add to my Project List

Actual color may vary from on-screen representation. To confirm your color choices prior to purchase, please view a physical color chip, color card, or painted sample.

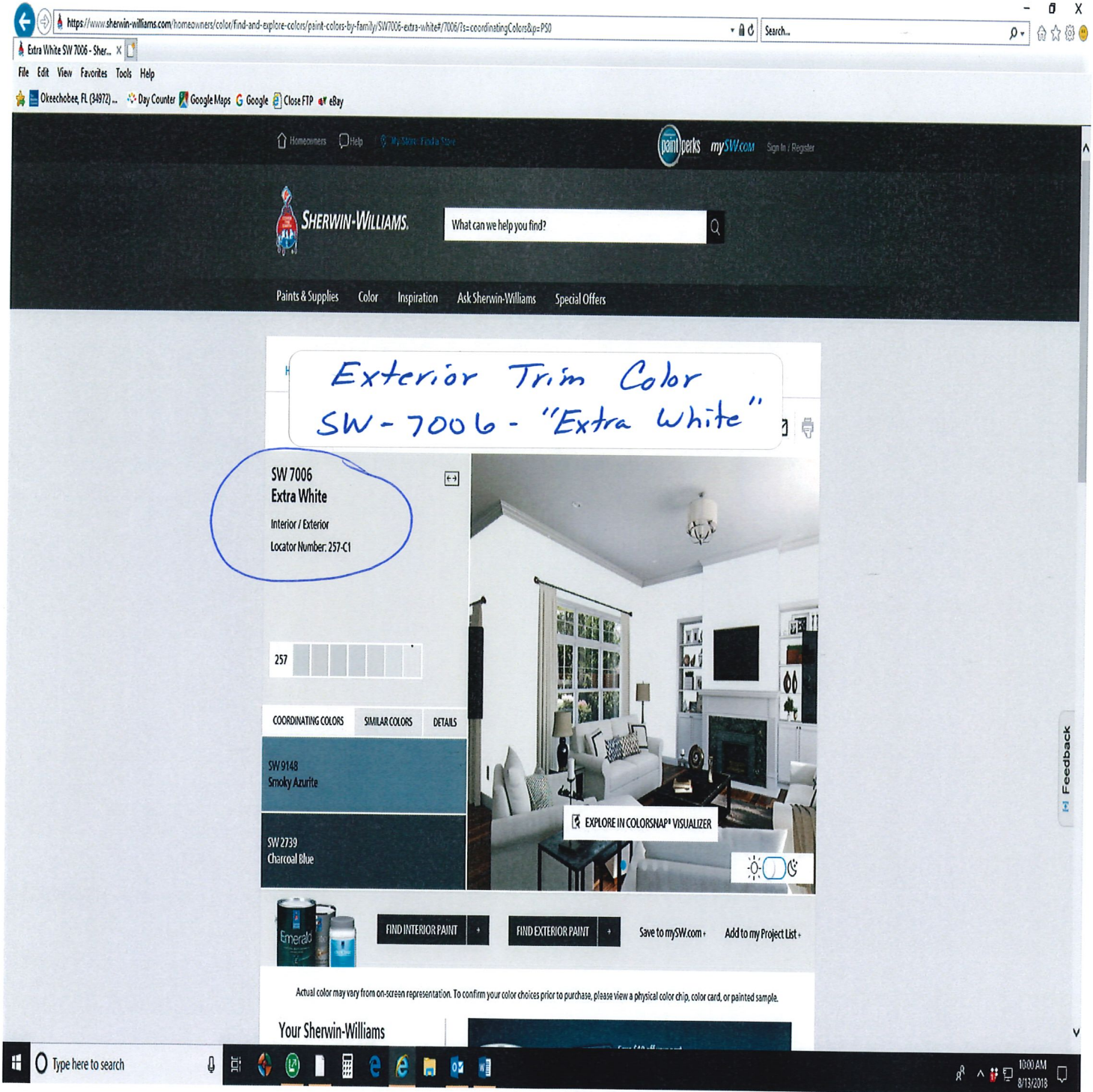
Your Sherwin-Williams

Type here to search

9:47 AM 8/13/2016

Paint (Trim color)

General Construction
Construction Management





CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#18-69 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 712 S 9th Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Exterior repairs including: <ul style="list-style-type: none"> • replace rotten siding • replace exterior doors • replace 2-3 windows • repair damaged fascia 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

8/22/18
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.

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	Mouse Works Investments LLC PO Box 13514 Salem, OR 97309	E-Mail davidthulme@gmail.com
Applicant	Windstorm Retrofit LLC 18 Sea Horse Lane Vero Beach, FL 32960	E-Mail homespector@gmail.com
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail

Bldg. Permit # _____

COA# 18-69



CITY OF FORT PIERCE

PLANNING DEPARTMENT

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

AUG 21 2018
CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 712 S 9TH STREET

Parcel ID #: 2410-710-0014-000-6

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

Property Owner/ Applicant Information

Property Owner(s) Name(s): MOUSE WORKS INVESTMENTS LLC
Mailing Address: P O Box 13514 SALEM, OR 97309
Phone Number(s): 503-290-4430 Email: davidthulme@gmail.com

Applicant Name(s): WINDSTORM RETROFIT LLC
Mailing Address: 18 SEA HORSE LANE, VERO BEACH FL 32960
Phone Number(s): 772 539-2909 Email: homespector@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, MOUSE WORKS INVESTMENTS LLC as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.
David T. Hulme, manager 8-19-18
Signature of Owner 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) _____

Please provide a detailed description of the proposed work to be performed: RENOVATIONS TO INTERIOR
LIVING SPACE - CABINETS, PAINT, FLOORING, MISCL REPAIRS
REPLACE ROTTEN T-111 SIDING + WALL FRAMING, REPLACE 2-3
WINDOWS + EXTERIOR DOORS, REPAIR DAMAGED FASCIA

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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- Material(s) specifications and/or sample(s)
- Color samples.
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Front



Right



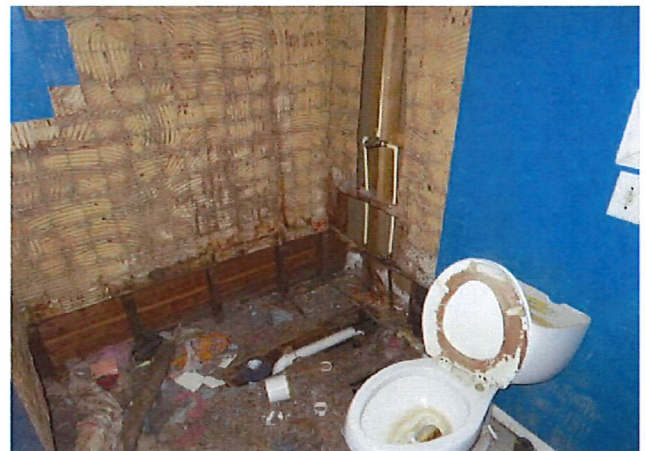
Left



Back



Entry



Master Bath



Guest Bath



Kitchen

