

### **Administrative Certificates of Appropriateness**

Attached are Certificates of Appropriateness issued administratively in September 2018.

- COA #18-72, 703 Florida Avenue – Replace roof
- COA #18-74, 604 Beach Court – New custom designed shed
- COA #18-75, 851 Delaware Avenue – Replace roof
- COA #18-76, 901 Boston Avenue – Install hurricane windows



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

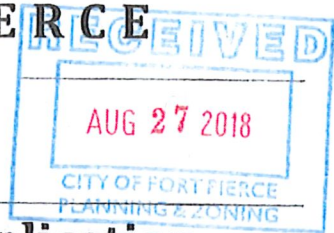
COA# 18-72



# 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: 703 Florida Ave, Fort Pierce, FL 34950  
Parcel ID #: 2410-709-0132-000-5  
Type of Designation:  Contributing  Non-contributing Site within the Oakland Park Historic District  
 Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

#### Property Owner/ Applicant Information

Property Owner(s)  
Name(s): Kathlein Ambridge  
Mailing Address: 703 Florida Ave, Fort Pierce, FL 34950  
Phone Number(s): 561-714-1160 Email: teamambridge@gmail.com

Applicant  
Name(s): Shoreline Roofing  
Mailing Address: 1973 SW Glendale St. Port Saint Lucie, FL 34987  
Phone Number(s): 772-208-5641 Email: shorelineroofing@yahoo.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, Kathlein Ambridge as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.

[Signature]  
Signature of Owner

8-17-18  
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 checked="" type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation      |

Site Improvements (describe) Re-roof Shingles to Shingles

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

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

Re-roof Shingles to Shingles

\_\_\_\_\_  
 \_\_\_\_\_

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

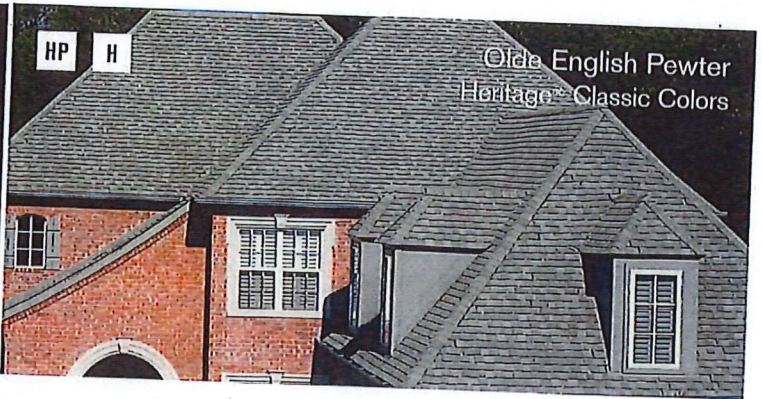
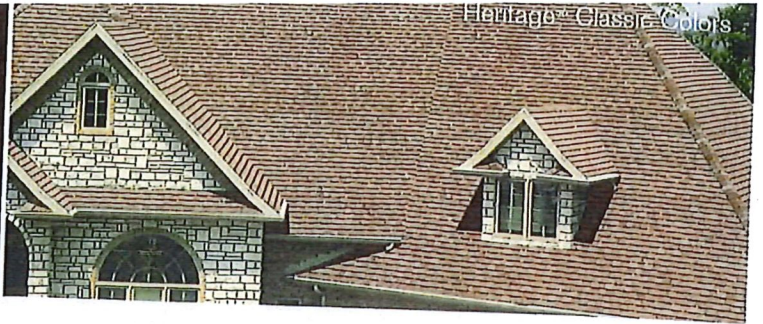
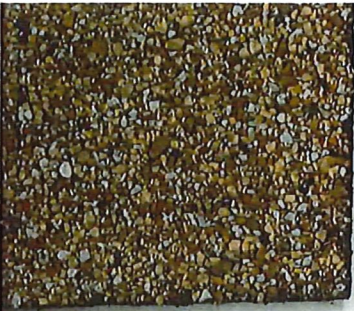
Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**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.





7



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

COA#18-74     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address: 604 Beach Court

Contributing                       Non-Contributing                       Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Construction of a new detached garage (custom designed for the site). Colors to match the existing residence.  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

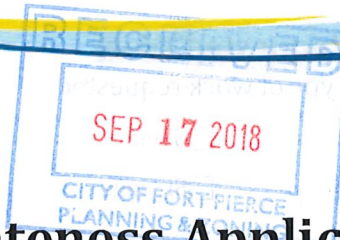
  
 \_\_\_\_\_                      9/18/18  
 Maria Lewicka, AICP                      Date  
 Historic Preservation Planner

*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	Fernando Velasco 2440 S Jenkins Rd. Fort Pierce, FL 34947	E-Mail advancebuildingcontractors@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# 18-74

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

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 604 Beach CT

Parcel ID #: 2410-709-0063-000-5

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): Fernando Velasco

Mailing Address: 2410 S SENKINS Rd

Phone Number(s): (772) 342-6928 Email: AdvancesBuildingContractors@ymail.com

Applicant  
Name(s): SAME AS ABOVE.

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

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

Representative  
Name(s): SAME AS ABOVE.

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

[Signature]  
Signature of Owner

9/17/18  
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) \_\_\_\_\_

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

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

Detached garage SAME location AND DIMENSION of the  
one Demolished, COLORS to be SAME AS HOUSE.

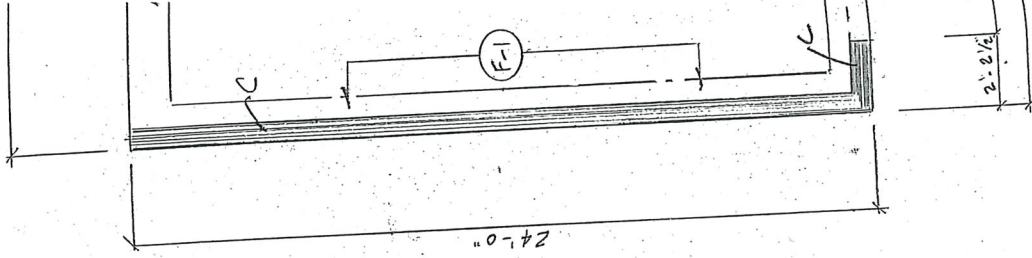
Roofing materials SHINGLES, to MATCH tile roof ON Existing  
House.

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

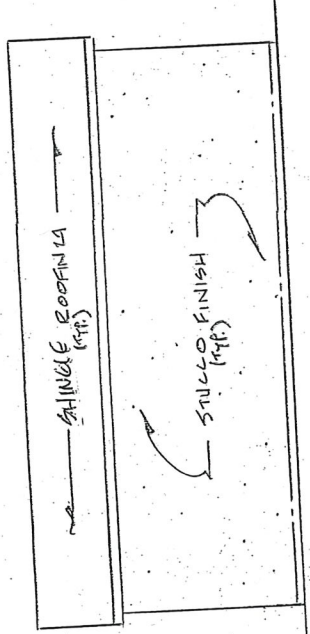
Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

**Application Requirements**

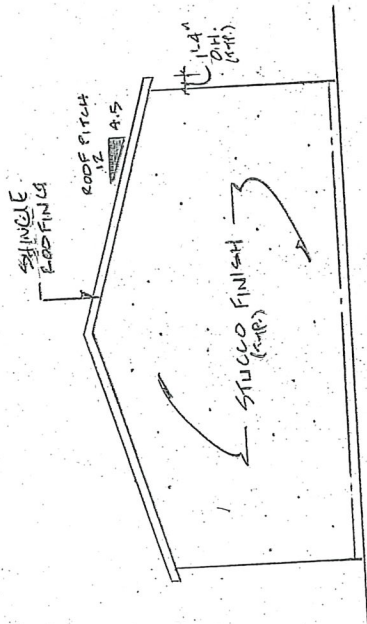
- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
  - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
  - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the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



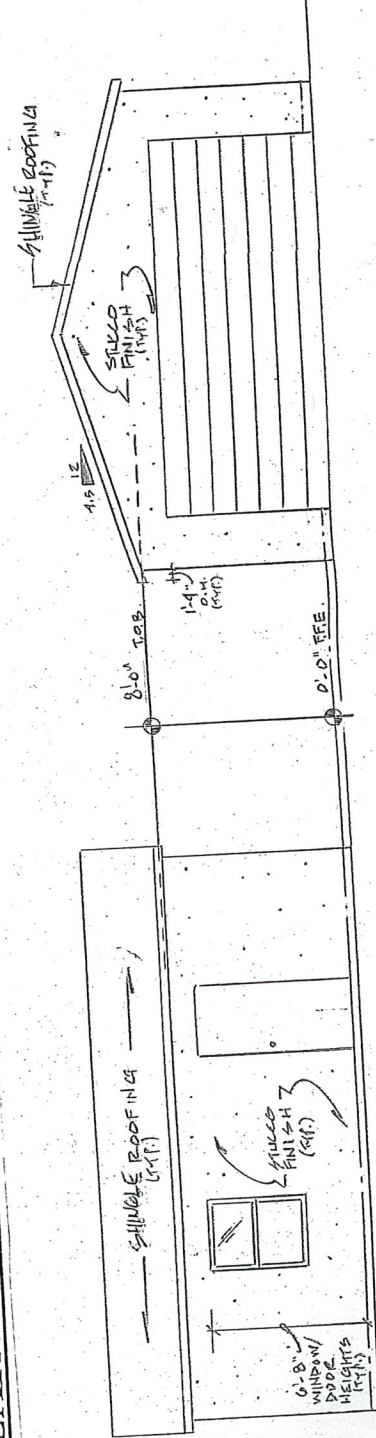
**FOU**



**LEFT SIDE ELEVATION** 3/16" SCALE



**REAR ELEVATION** 3/16" SCALE



**FRONT ELEVATION** 3/16" SCALE

**RIGHT SIDE ELEVATION** 3/16" SCALE

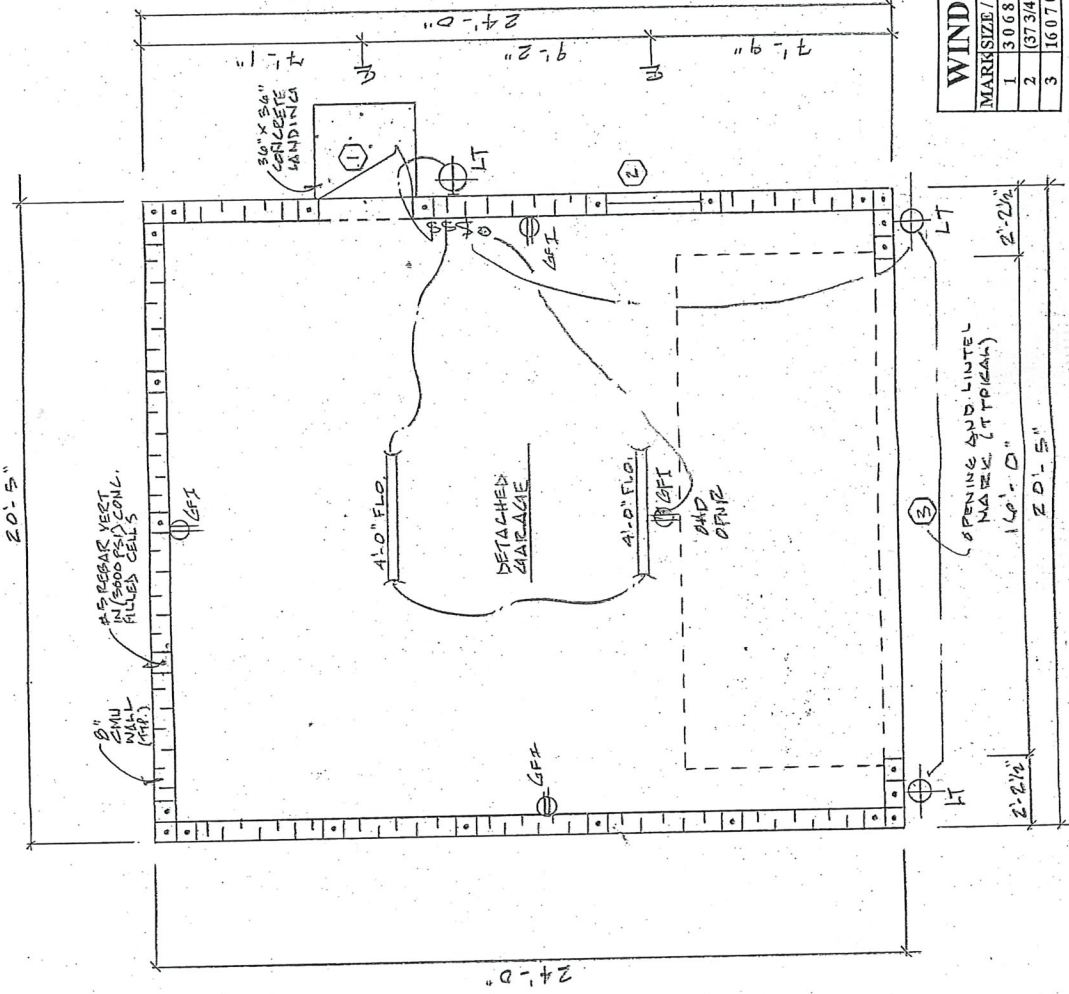
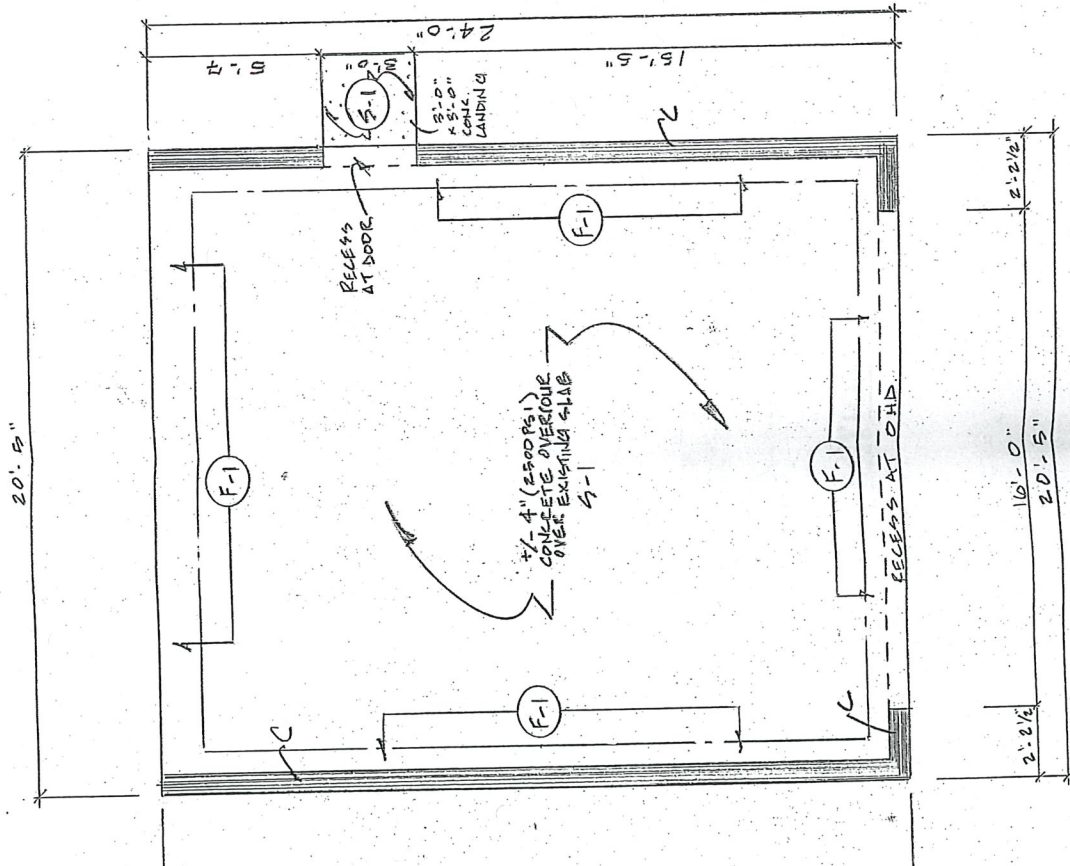
42518.4  
240

= 177 AMPS

USE EXISTING 200 AMP SERVICE

**CONCRETE FOUNDATION NOTES**

- 1) SLAB / FOOTINGS TO BE CONCRETE WITH A MINIMUM 2500 PSI COMPRESSIVE STRENGTH AT 28 DAYS. SEE PLAN FOR SIZES & STEEL REQUIREMENTS.
- 2) MINIMUM CONCRETE PROTECTION FOR REINFORCING BARS: FOOTINGS: 3"

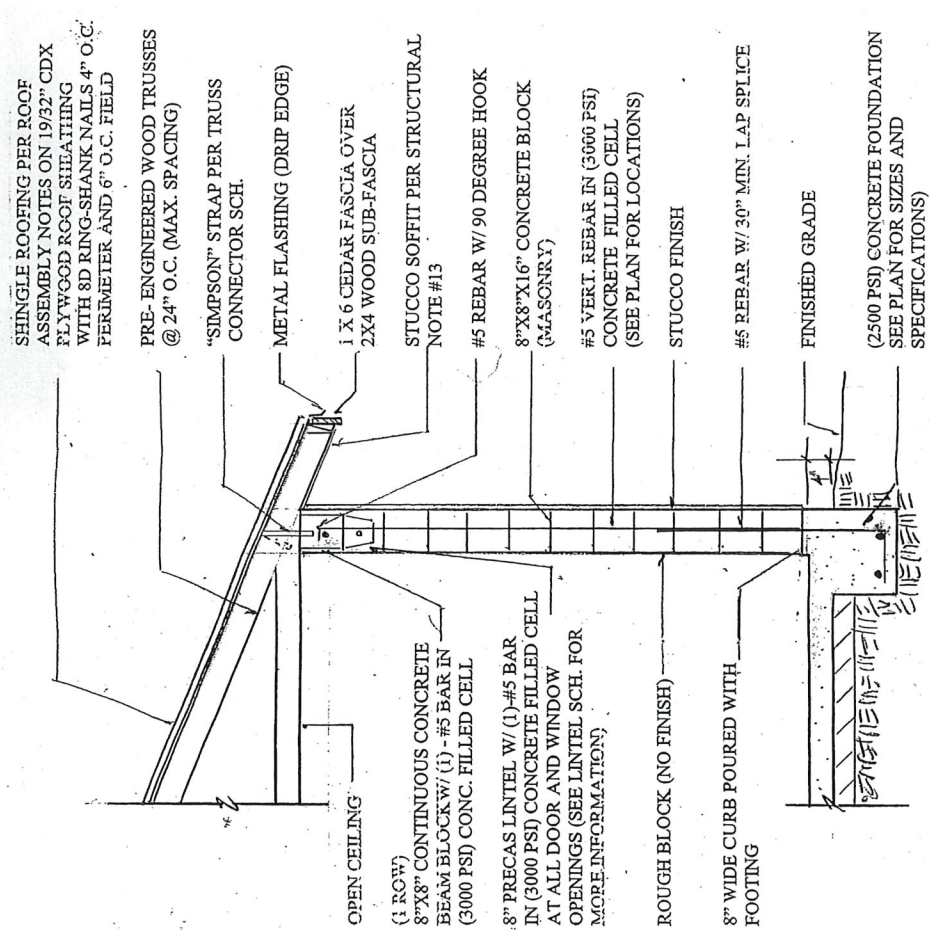


WINDOW / I	
MAR SIZE / TYPE	
1	3068 SOLID CO
2	(373/4" W X 50")
3	16070 OVERHE

**FLOOR/ELECTRICAL PLAN**

1/4" SCALE

FOUNDATION PLAN



SHINGLE ROOFING PER ROOF ASSEMBLY NOTES ON 19/32" CDX FLYWOOD ROOF SHEATHING WITH 8D RING-SHANK NAILS 4" O.C. PERIMETER AND 6" O.C. FIELD

PRE-ENGINEERED WOOD TRUSSES @ 24" O.C. (MAX. SPACING)

"SIMPSON" STRAP PER TRUSS CONNECTOR SCH.

METAL FLASHING (DRIP EDGE)

1 X 6 CEDAR FASCIA OVER 2X4 WOOD SUB-FASCIA

STUCCO SOFFIT PER STRUCTURAL NOTE #13

#5 REBAR W/ 90 DEGREE HOOK

8"X8"X16" CONCRETE BLOCK (MASONRY)

#5 VERT. REBAR IN (3000 PSI) CONCRETE FILLED CELL (SEE PLAN FOR LOCATIONS)

STUCCO FINISH

#5 REBAR W/ 30" MIN. LAP SPLICE

FINISHED GRADE

(2500 PSI) CONCRETE FOUNDATION SEE PLAN FOR SIZES AND SPECIFICATIONS)

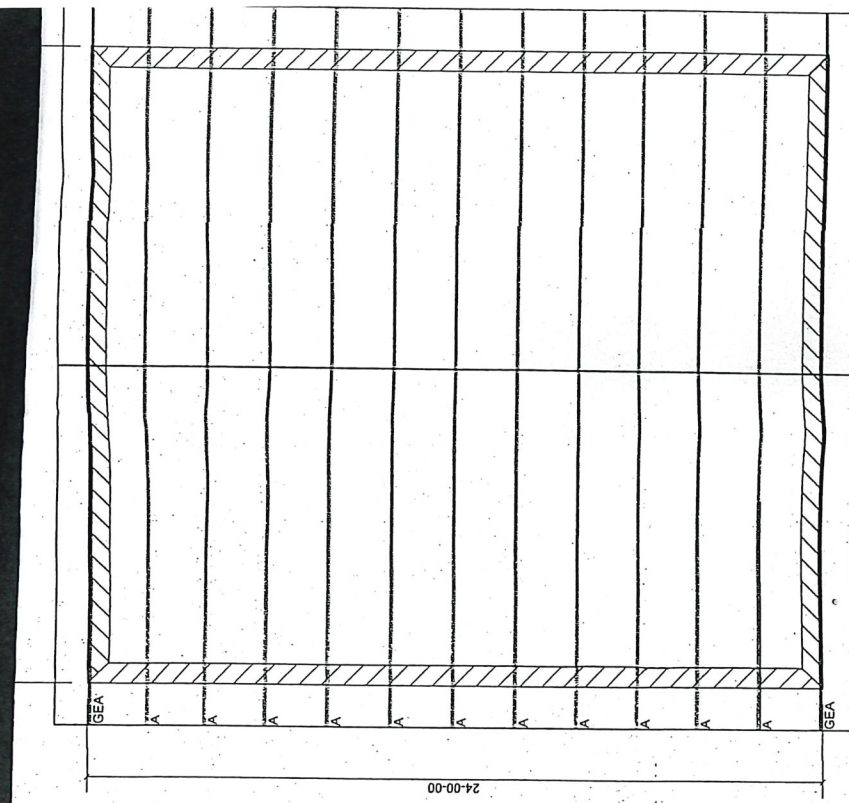
OPEN CEILING

(1 ROW)  
8"X8" CONTINUOUS CONCRETE BEAM BLOCK W/ (1) - #5 BAR IN (3000 PSI) CONC. FILLED CELL

8" PRECAST LINTEL W/ (1) - #5 BAR IN (3000 PSI) CONCRETE FILLED CELL AT ALL DOOR AND WINDOW OPENINGS (SEE LINTEL SCH. FOR MORE INFORMATION)

ROUGH BLOCK (NO FINISH)

8" WIDE CURB POURED WITH FOOTING

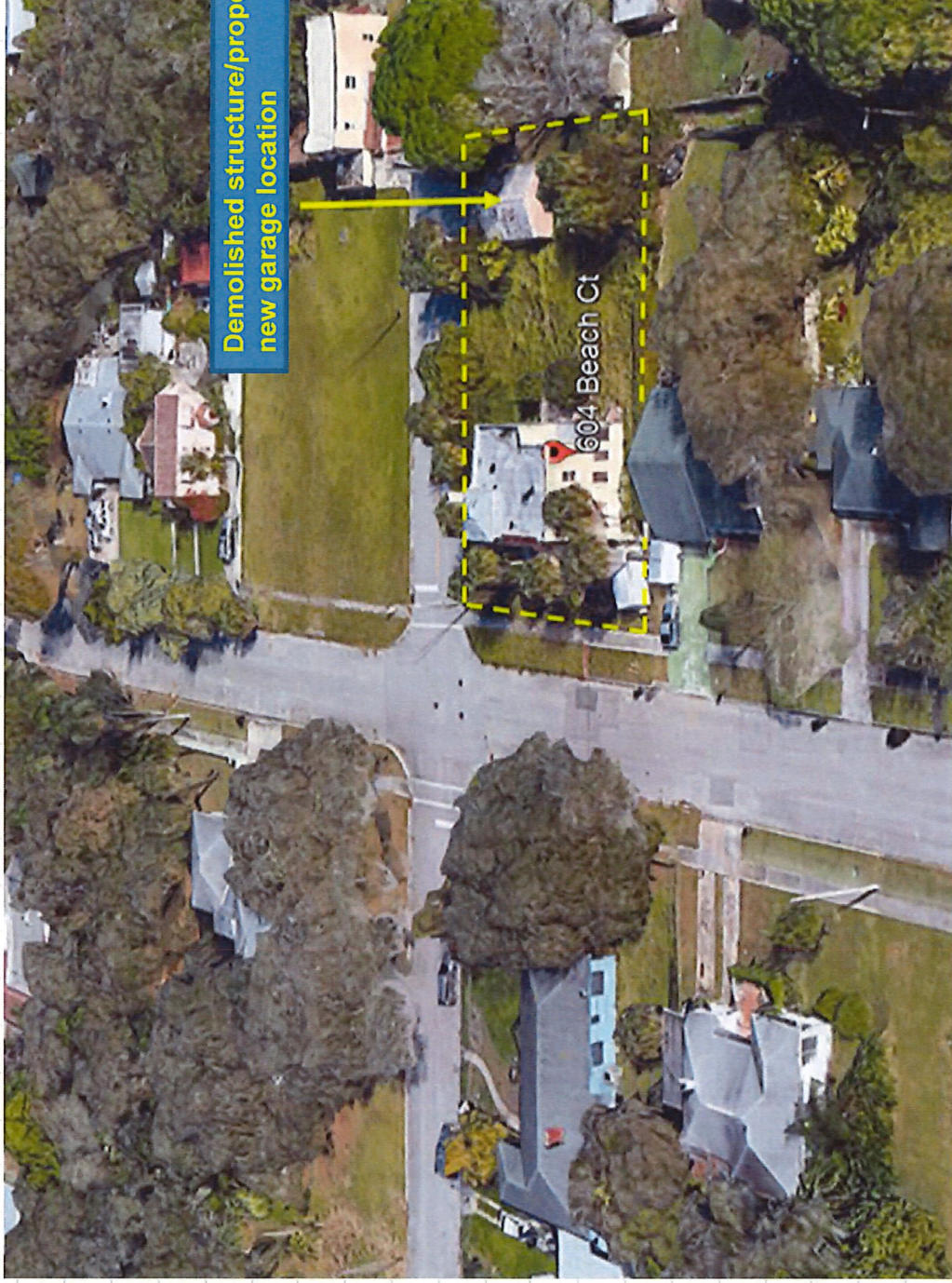


**TYPICAL WALL SECTION**

**TRUSS PLACEMENT PLAN**

nts...

nts...



Aerial View of the Location



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

COA# 18-15



# 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: 851 DELAWARE AVENE

Parcel ID #: 2410-709-0015-000-9

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

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

### Property Owner / Applicant Information

Property Owner(s) Name(s): LAW OFFICES OF RUSH LAWSON PL LLC

Mailing Address: 851 DELAWARE AVE, FORT PIERCE FL 34950

Phone Number(s): 772-801-9353 Email: Rush@lawsonlaw.org

Applicant Name(s): J.A. TAYLOR ROOFING INC

Mailing Address: 302 MELTON DR, FT PIERCE FL 34982

Phone Number(s): 772-466-4040 Email: NADINE@JATAYLORROOFING.COM

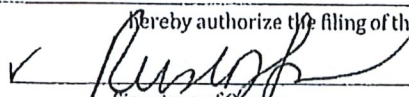
Representative Name(s): \_\_\_\_\_

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, LAW OFFICES OF RUSH LAWSON PL LLC as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

  
Signature of Owner

09/19/18  
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) RE-ROOF

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

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

TEAR OFF SHINGLE ROOFING, RE-NAIL & REPAIR DECK TO CURRENT BUILDING CODES (HEAVY LEAKING). INSTALL JA TAYLOR ROOFING 5V CRIMP METAL PANEL ROOF SYSTEM (MILL FINISH) OVER 30# FELT UNDERLAYMENT.

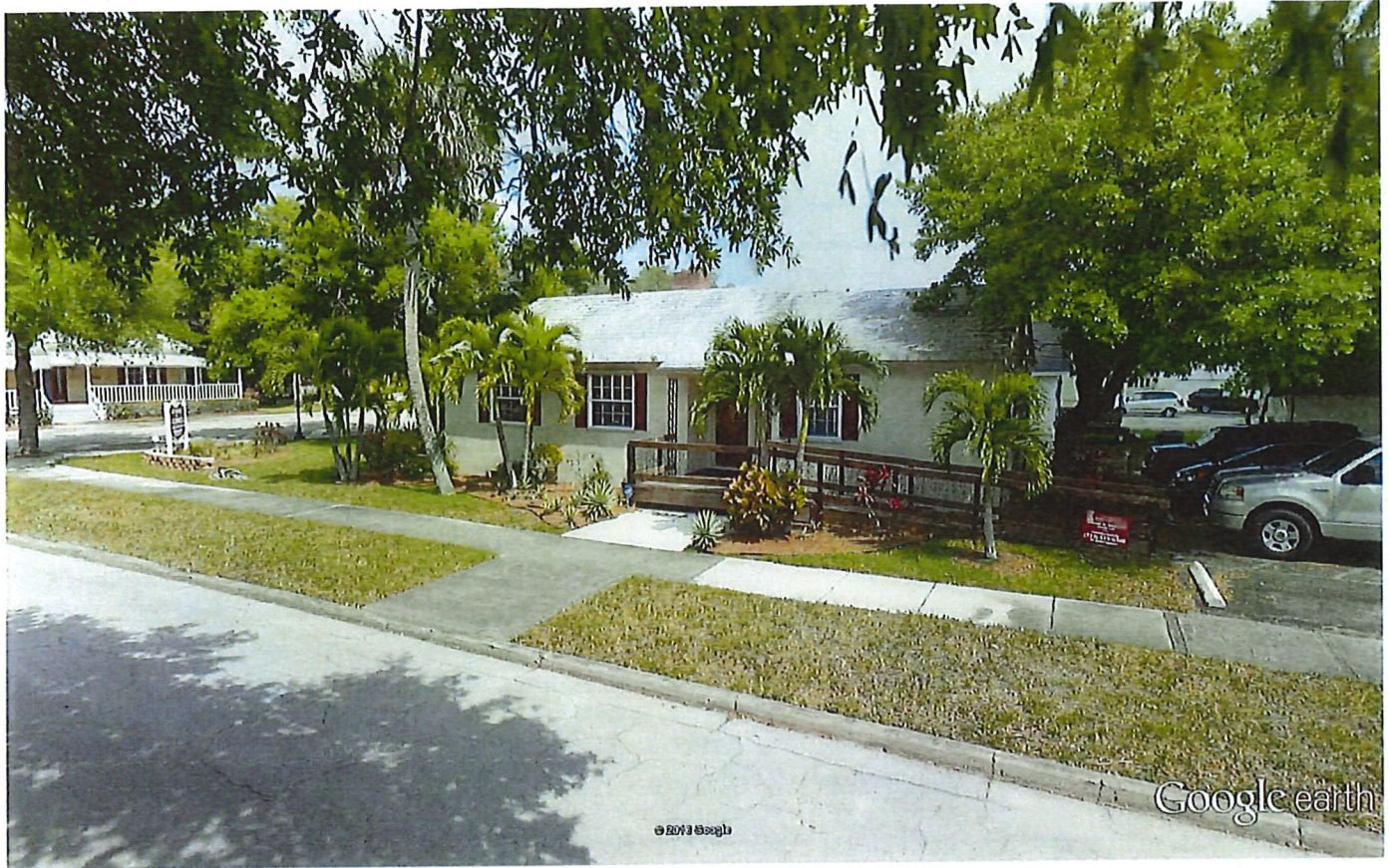
Have other alterations been made to the site within the last 12 months?  No  Yes, \_\_\_\_\_

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

**Application Requirements**

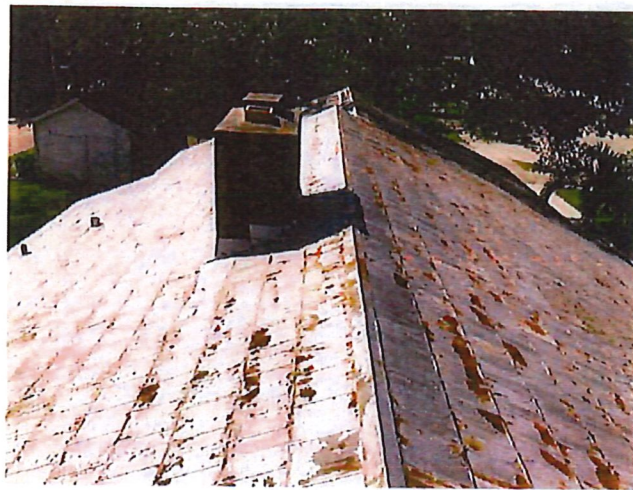
- \$10.00 Application fee
- Site Plan with dimensions.
- Survey (New Construction)
- Architectural Drawings:
  - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
  - Drawings should indicate materials to be used.
- Photos - One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

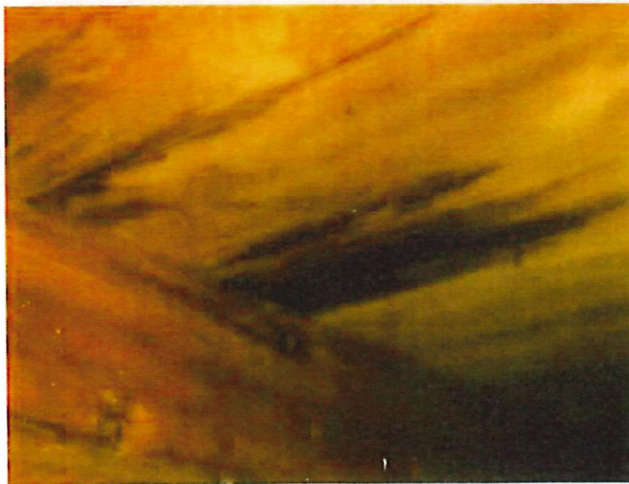
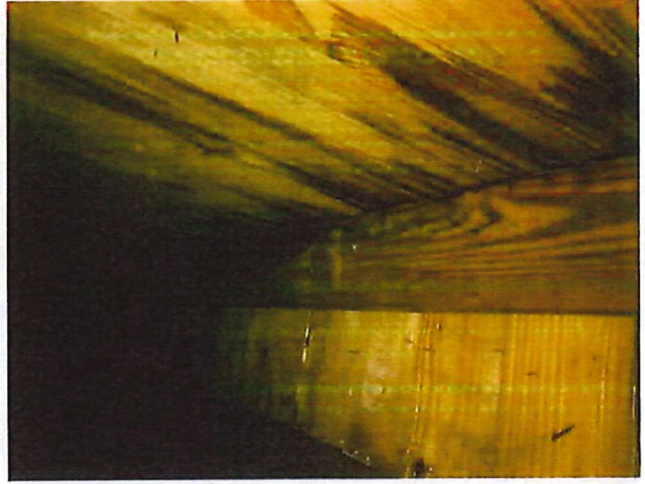
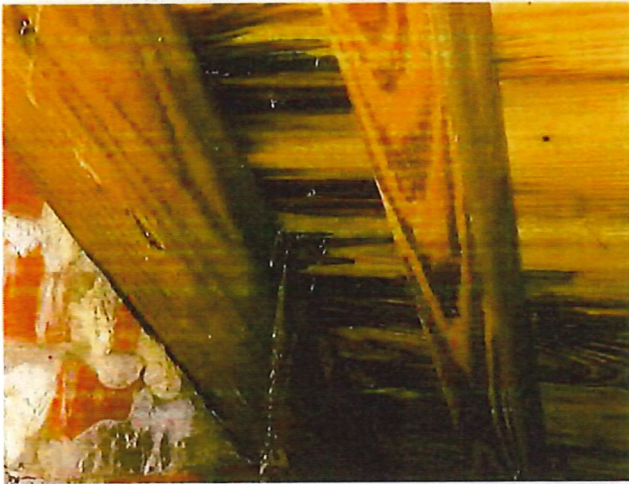
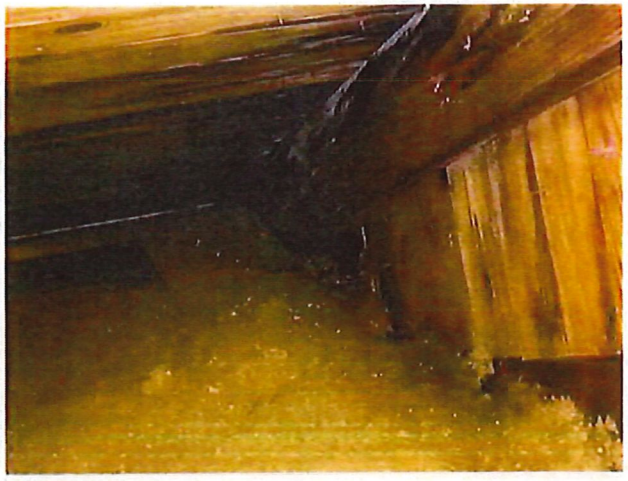
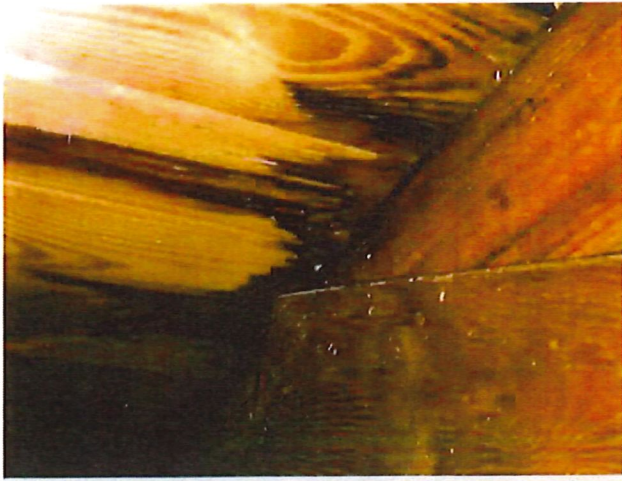
Demolition - Plans for what will be taking the demolished structure's place should be submitted.



Google earth











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

COA# 18-76

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 901 Boston Ave  
 Parcel ID #: 2410-706-0054-000-5  
 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): Cheryl Boucino  
 Mailing Address: 901 Boston Ave  
 Phone Number(s): 772-925-5131 Email: cboucino@gmail.com

Applicant  
 Name(s): Cheryl Boucino  
 Mailing Address: 901 Boston Ave  
 Phone Number(s): 772-925-5131 Email: cboucino@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, CHERYL L BOUCINO as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Cheryl L Boucino  
 Signature of Owner

9-17-18  
 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) Replacement of Hurricane Impact Windows
- Other (describe) \_\_\_\_\_

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

Please see sales contract attached

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

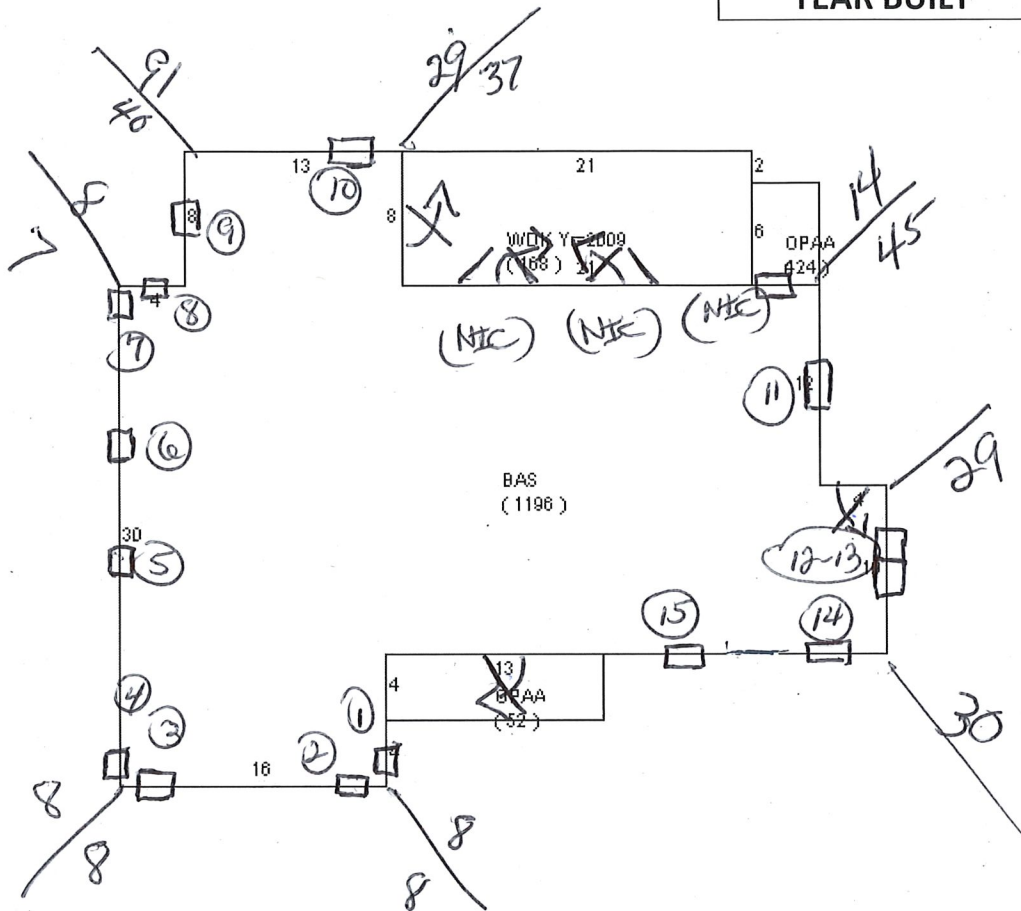
Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

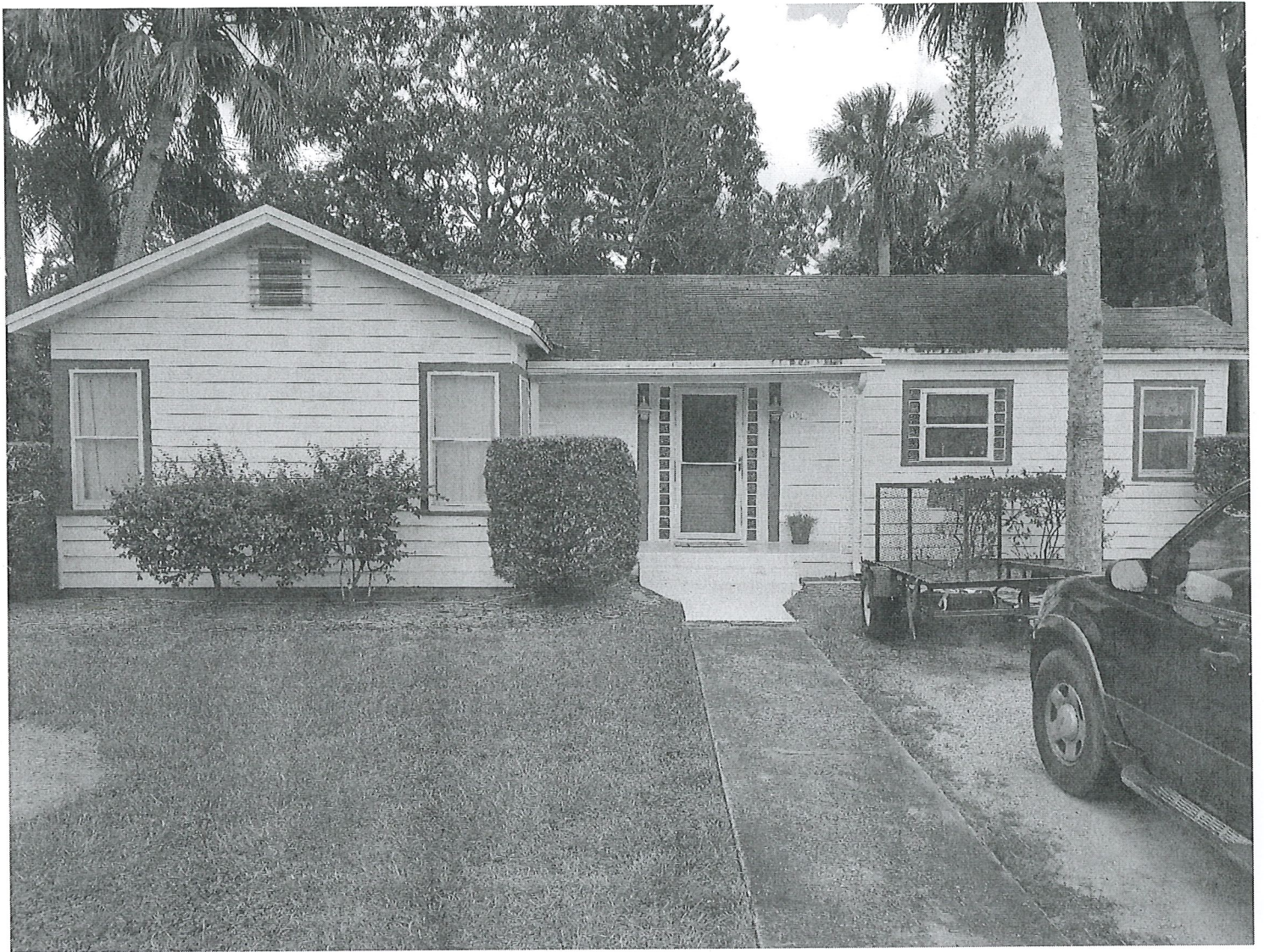
**Application Requirements**

- \$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.

E8  
P 15

CUSTOMER NAME	Boucino
JOB NUMBER	
YEAR BUILT	1947





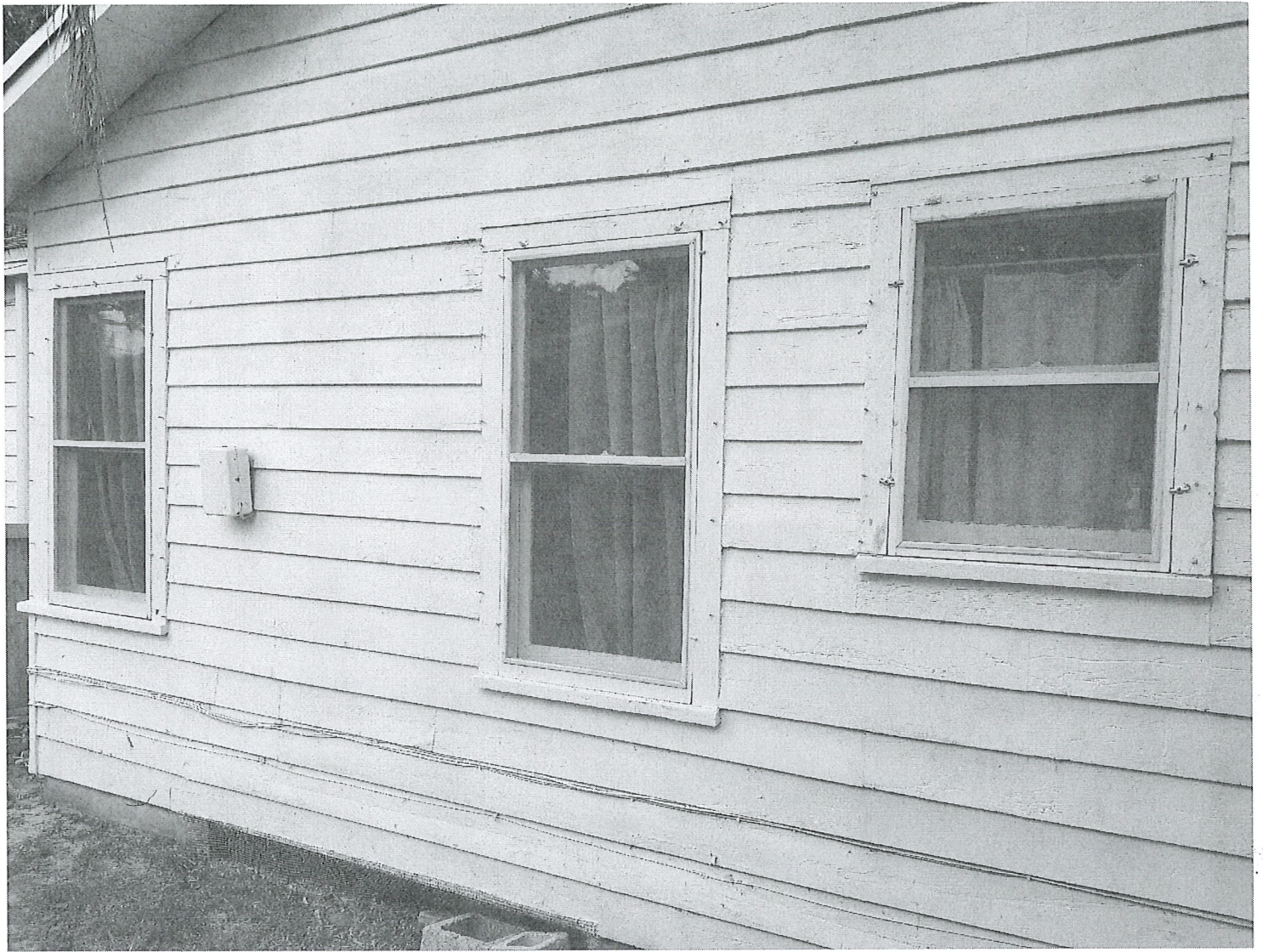
Elevation

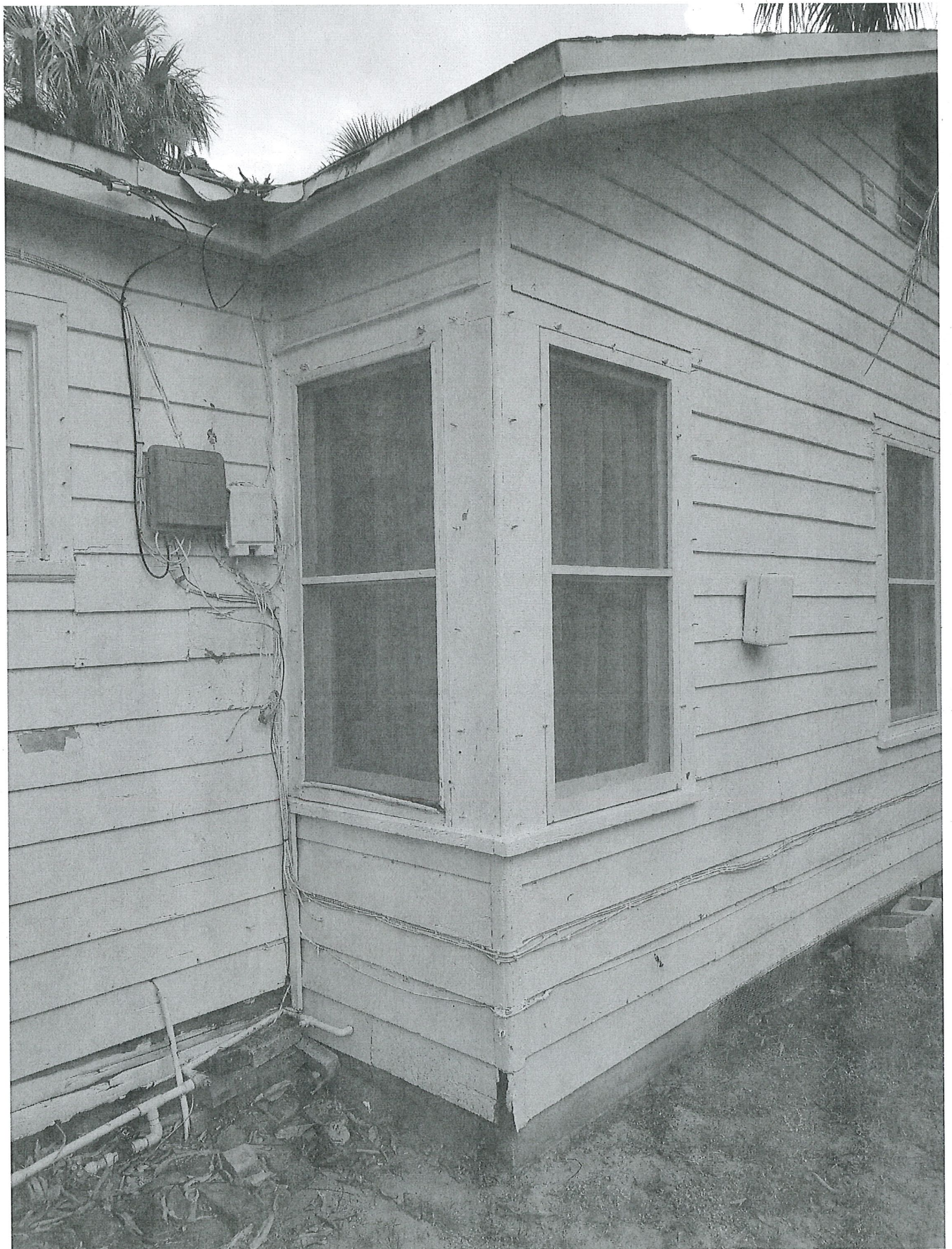


Elevation



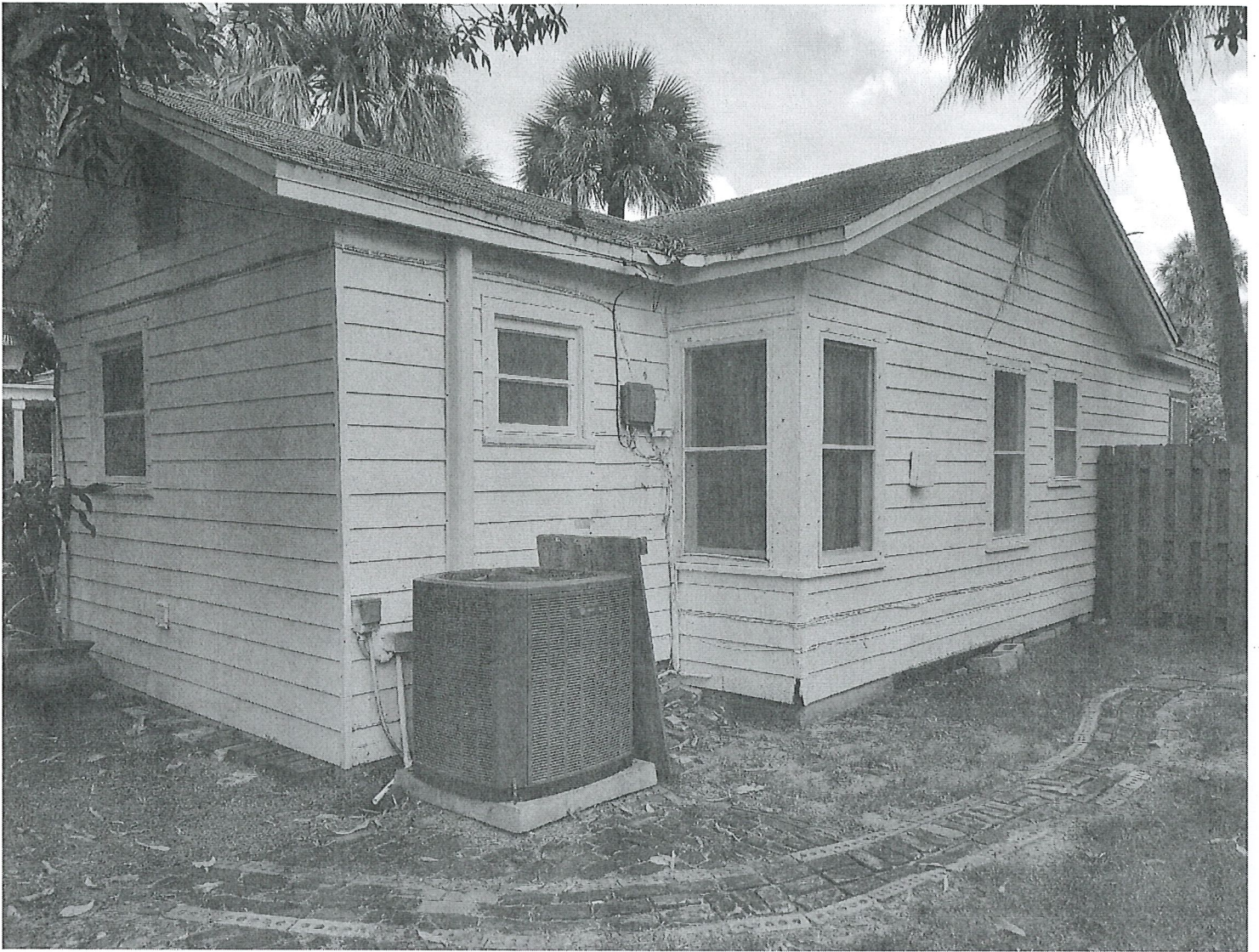
Elevation

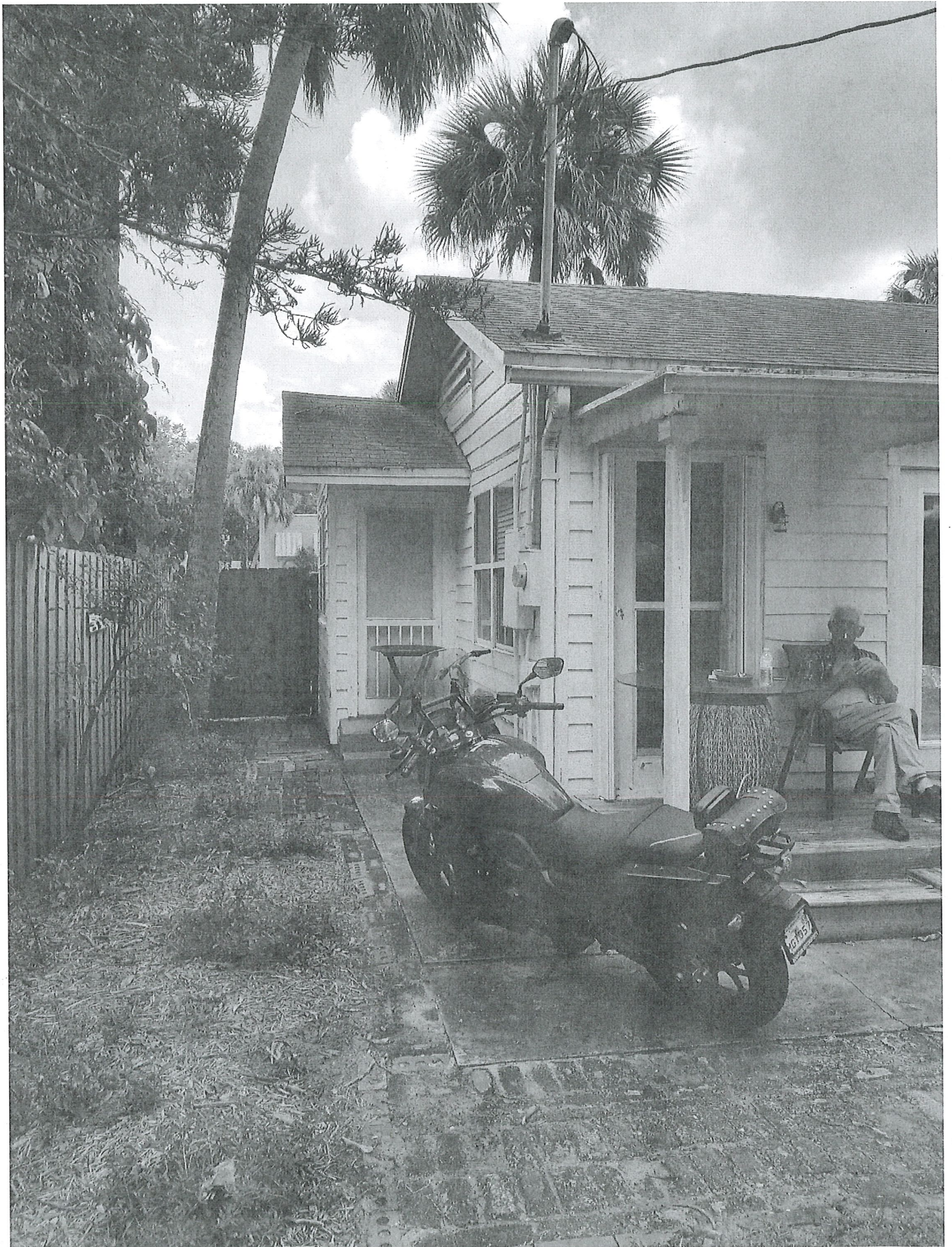


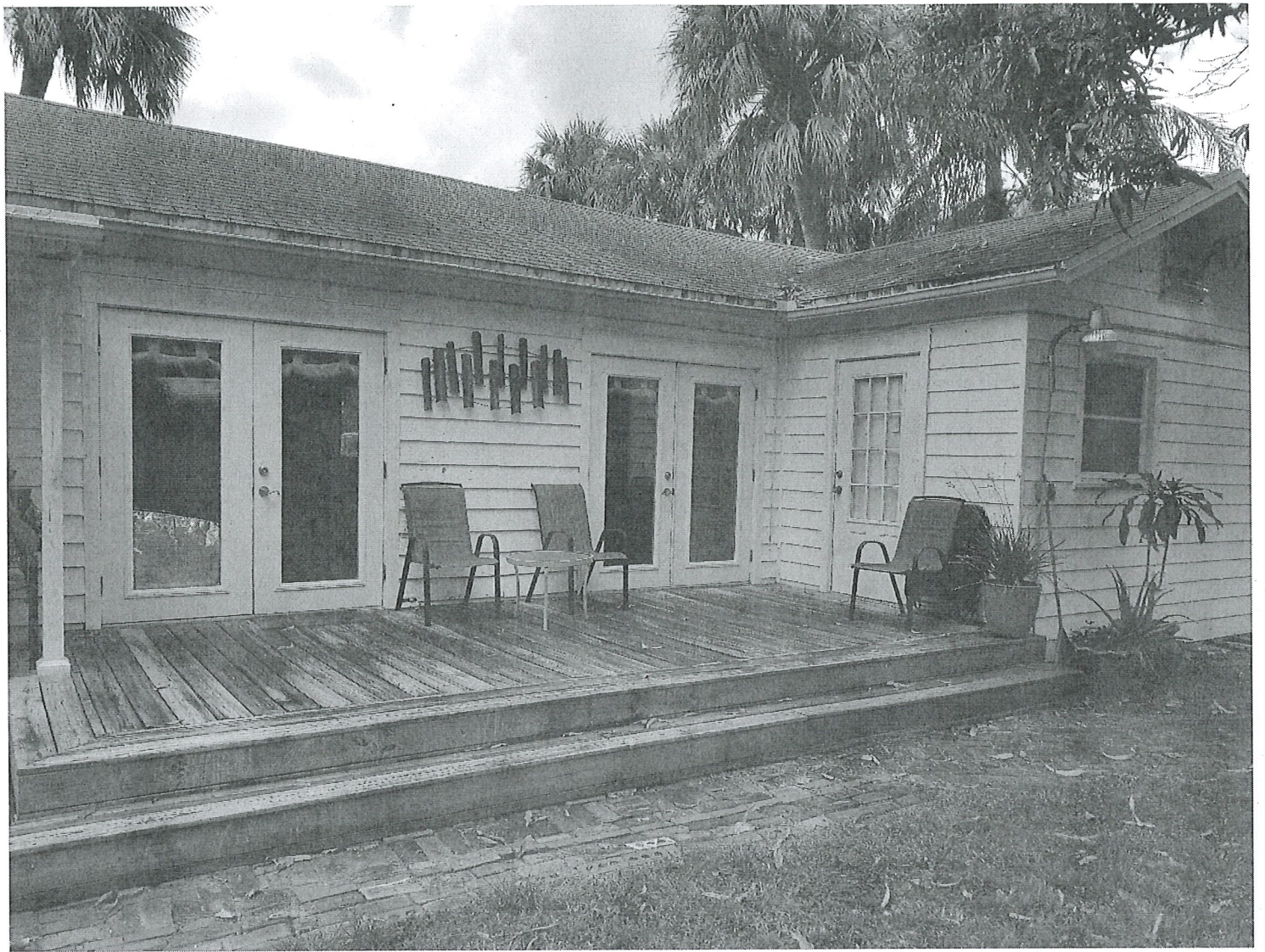


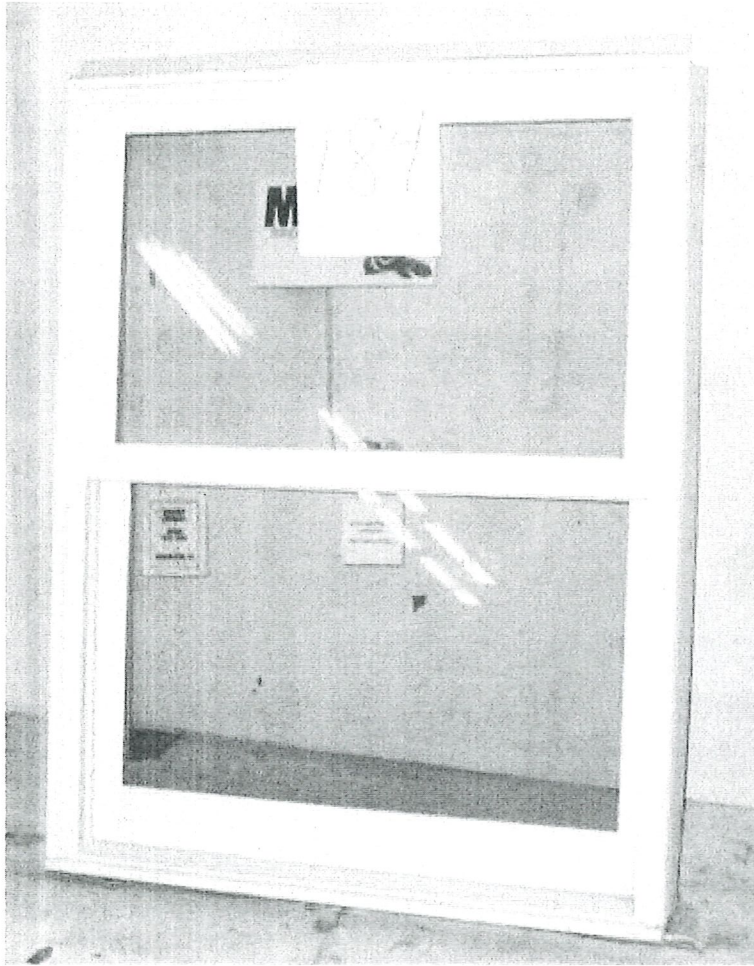












**Double Hung Description:**

- Hurricane Impact Window (Double Paned, Argon Gas)
- Made of Vinyl Materials
- Opens Up & Down (Both Directions)



**STORM TIGHT**  
**WINDOWS**

**Horizontal Sliders Description:**

- Hurricane Impact Window (Double Paned, Argon Gas)
- Made of Vinyl Materials
- Opens Left to Right or Right to Left



## STORM TIGHT WINDOWS

### Casement Description:

- Hurricane Impact Window (Double Paned, Argon Gas)
- Made of Vinyl Materials
- Opens Inward & Outward by Turn Lever Inside

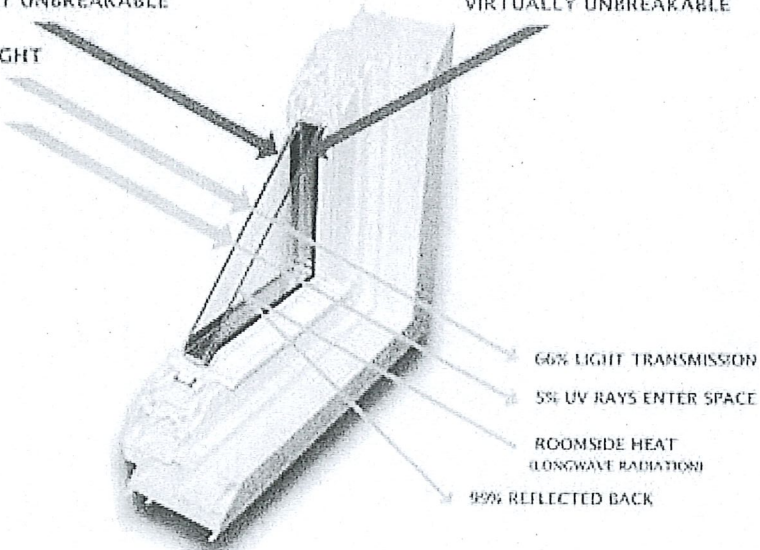
# STORM TIGHT WINDOWS

VIRTUALLY UNBREAKABLE

VIRTUALLY UNBREAKABLE

VISIBLE LIGHT

UV RAYS



60% LIGHT TRANSMISSION

5% UV RAYS ENTER SPACE

ROOMSIDE HEAT  
(LONGWAVE RADIATION)

99% REFLECTED BACK