

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in October 2018.

- COA #18-78, 239 S Indian River Drive – Replace roof
- COA #18-79, 407 W 8th Street – Replace roof
- COA #18-81, 907 Citrus Avenue – Install new windows, new paint
- COA #18-83, 701 N Indian River Drive – Replace/repair fence.
- COA #18-86, 708 Delaware Avenue – Replace roof
- COA #18-87, 511 N Indian River Drive – Replace roof
- COA #18-88, 435 N 7th Street - Fence



Bldg. Permit # _____

COA# 18-78

Certificate of Appropriateness Application



Building & Site Information

Address of the Site: 2395 Indian River Drive Fort Pierce

Parcel ID #: 2410-803-0005-000-5

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): Boston House of Ft. Pierce, LLC
Mailing Address: 3389 Sheridan Street Suite 471
Phone Number(s): 954 665-4553 Email: twomohrweeks@gmail.com

Applicant
Name(s): The Roof Authority, Inc.
Mailing Address: 6771 N. Old Dixie Hwy. Ft. Pierce FL
Phone Number(s): 772 468-7870 Email: tra1993@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, Martin Mohr - manager of LLC as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

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) REROOF - Shingles - Color ESTATE GRAY

Please provide a detailed description of the proposed work to be performed: REMOVE EXISTING ROOF
to wood deck. Deck w/ SELF ADHERED UNDERLAYMENT.
Install Dimensional 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.



**CITY OF FORT PIERCE, FLORIDA
BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT**
(772) 467-3718 FAX (772) 467-3849
building@city-ftpierce.com

PERMIT # 18 - 3320
FBC (2017) 6th Edition
PIN # 398740

Building Department Project Manager:
Amaris

*Property Address 239 S. Indian River Drive *Date 09/24/2018

Parcel ID# 2410-803-0005-000-5 *# of plans submitted ___ * # of CD's submitted ___
(Located on your tax bill)

*Owner Name Boston House of Ft. Pierce, LLC *Owner Address 3389 Sheridan St. #471 Hollywood, Fl. 33021

Phone # (954) 665 - 4553 Fax # () - - Cell # () - -

Email Address _____

***Required Information**

Type of permit Re-roof *Valuation \$ 25,800.00

*Description of Work: Tear off existing shingle roof to wood deck, remail sheathing, install Polyglass IRXe SA underlayment, Install Owens Corning Shingles.

Tear off existing low sloped roof, install base sheet Elastoflex SA V and cap sheet Elastoflex SA P

Architect: _____

Phone() - Fax () - Email Address _____

Engineer: _____

Phone() - Fax () - Email Address _____

***CONTRACTOR/APPLICANT INFORMATION:**

City License # _____ State License # CCC056933

Company Name The Roof Authority, Inc. Qualifier Christopher A. Long

Address 6771 N. Old Dixie Hwy City/State Fort Pierce, Fl. Zip 34951

Phone # (772) 468-7870 Fax # (772) 468- - 2247 Cell # () - -

Email Address tra1993@gmail.com

Occupancy _____ Construction Type _____ # of Units _____ # of Stories _____

Sq. Ft. Conditioned Space _____ Total Sq. Ft. _____

I understand that no building may be occupied until a Certificate of Occupancy/Certificate of Completion has been issued after final inspection by the Building Department and full compliance with the building code, city ordinances, state statutes and other applicable rules and regulations have been satisfied. I am also verifying that all sets of plans submitted are identical.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, and air conditioners etc.

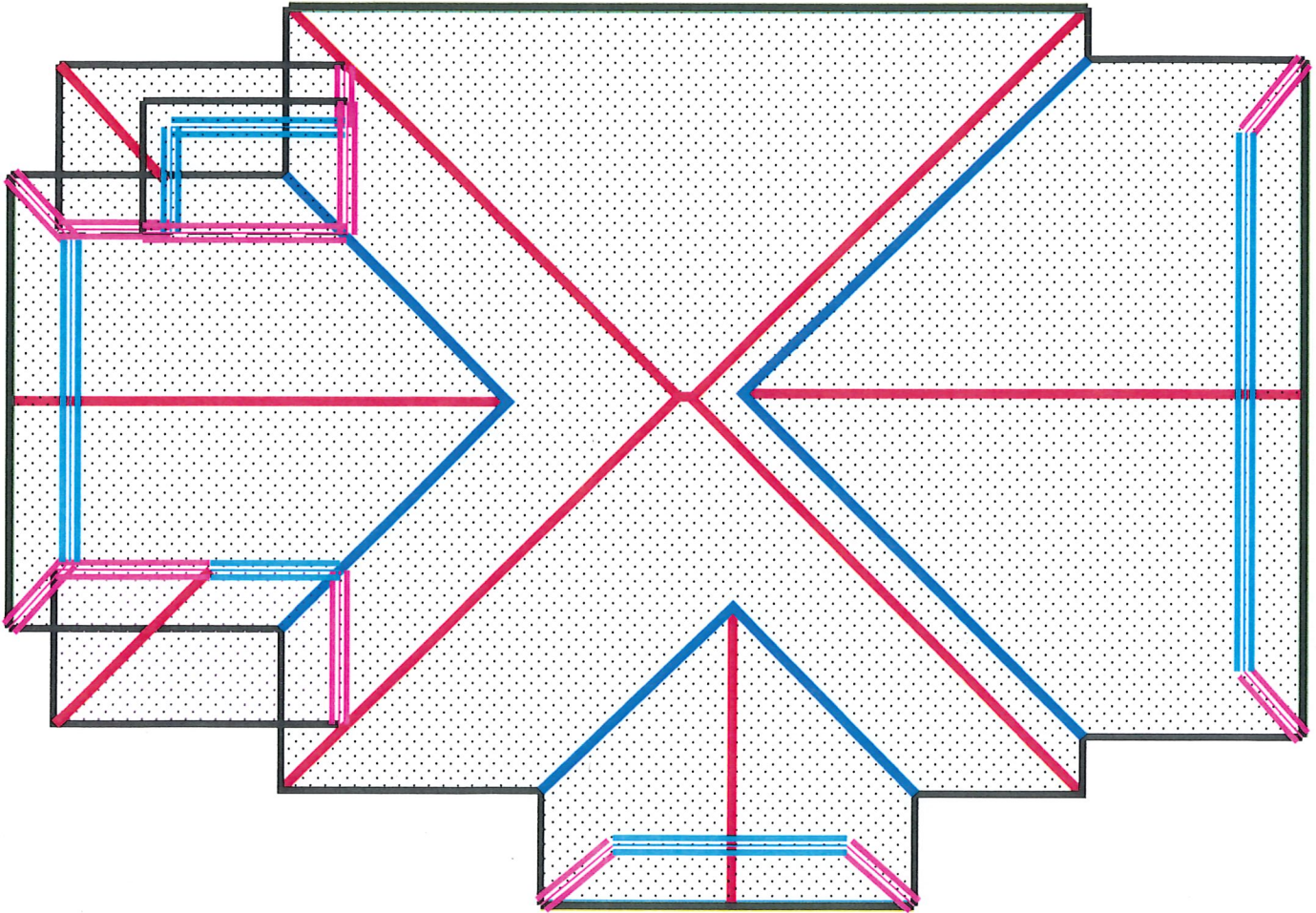
Owner's Affidavit: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.



Drawing Report

Owens Boston House - Multi System Template 2016

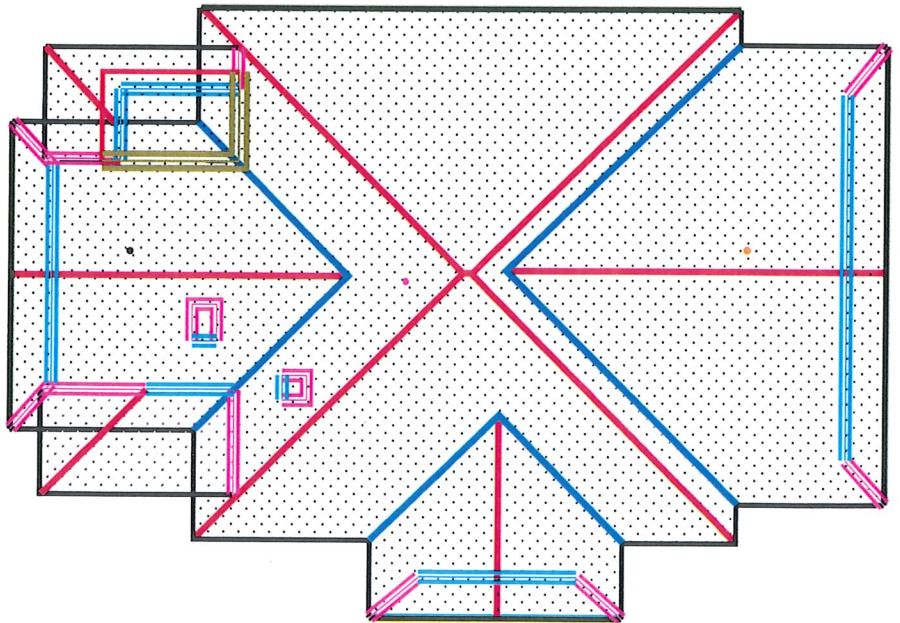
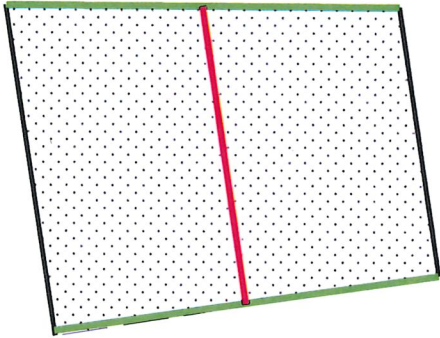
Section: Reroof 30 Year Dimensionals
Page: SA/ 30 Year Dimensional "Lifetime" shingles Eagleview



Drawing Report

Owens Boston House - Multi System Template 2016

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





1.0 Item 5(Picture)



1.0 Item 6(Picture)



1.0 Item 7(Picture)



1.0 Item 8(Picture)



1.0 Item 9(Picture)



1.0 Item 10(Picture)

1.0 The entire roof needs full replacement.



1.0 Item 1(Picture)



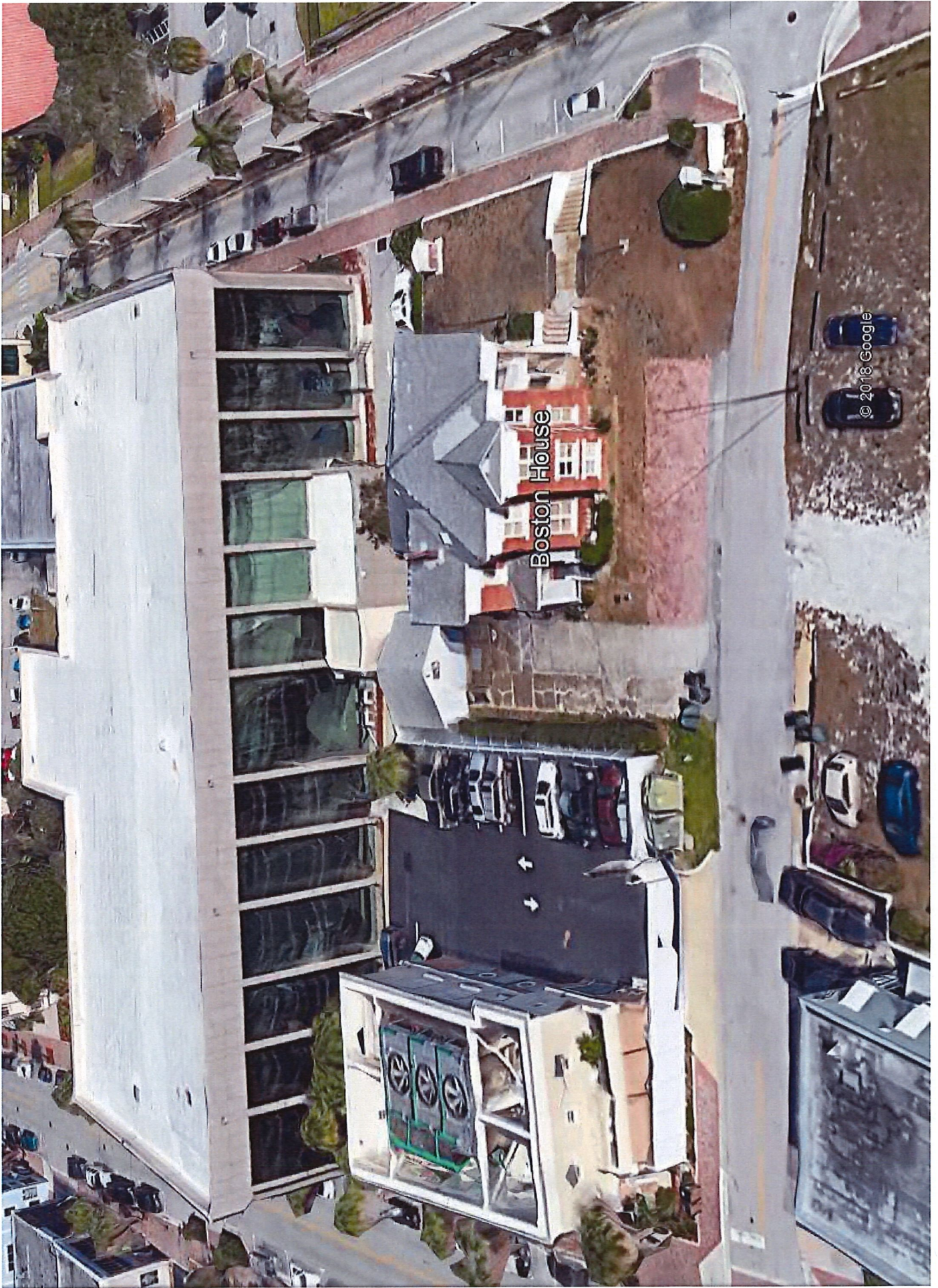
1.0 Item 2(Picture)

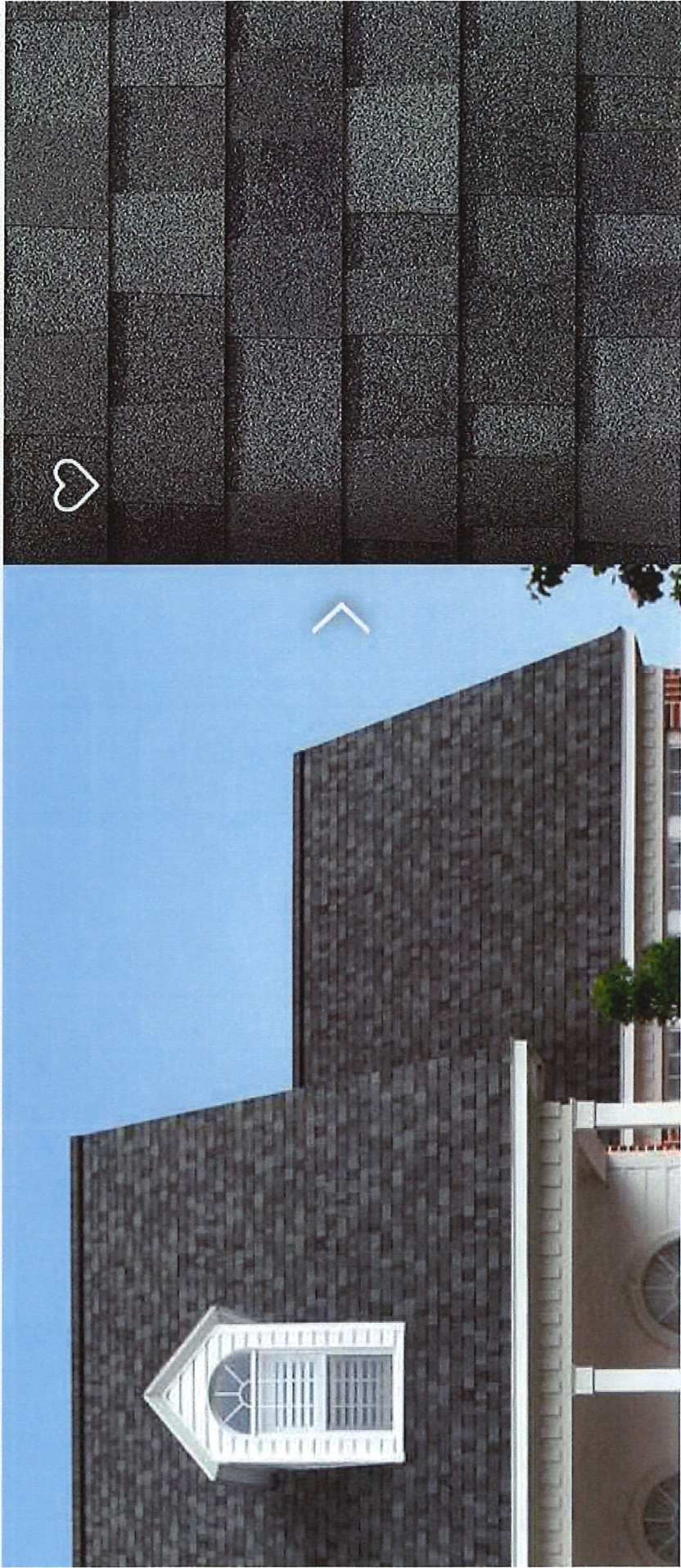


1.0 Item 3(Picture)



1.0 Item 4(Picture)





Duration® Shingles
Estate Gray



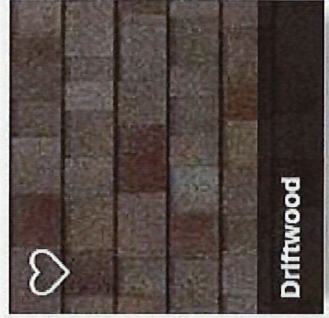
Wood



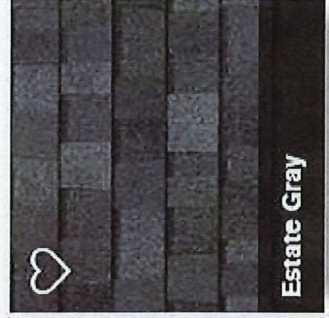
Chateau Green



Desert Tan



Driftwood



Estate Gray



Harbor Blue



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#18-79 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 407 N 8th Street
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove existing roof system and install the same or similar modified bitumen roof system. 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


 _____ 10/15/18
 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.

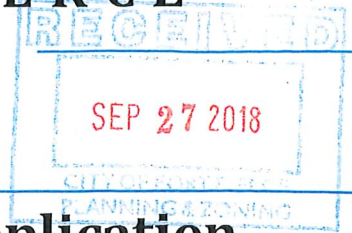
Provided to:	Name/Address	Via
Owner	Mt Olive Missionary Baptist PO Box 3863 Fort Pierce, FL 34948	E-Mail Sec3501@yahoo.com
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



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: 407 W 8th St Ft. Pierce, FL 34950

Parcel ID #: 2410-604-009A-000-4

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): MT Olive Missionary Baptist

Mailing Address: PO BOX 3863 Ft Pierce, FL 34948

Phone Number(s): 772-971-8844 Email: sec3501@ychoo.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, KWAME D. ALSTON as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

* Kwame D. Alston
Signature of Owner

09/26/18
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) _____

Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Remove and replace the Existing Roof System with same or similar modified bitumen roof system. There will be no charge to Mount Olive Missionary Baptist for this job.

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.





407 N 8th St

SUBJECT
PROPERTY



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#18-81 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 907 Citrus Avenue

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Replace old windows with aluminum windows. New trim will match existing trim. New paint (white trim, light yellow walls. 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

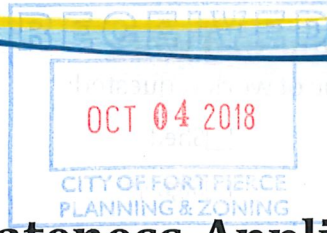

 _____ 10/16/18
 Maria Lewicka, AICP Date
 Historic Preservation Planner

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/Applicant	Wayland Willis 1102 Ibis Avenue Fort Pierce, FL 34982	E-Mail waylandwillis@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# 18-81

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 907 CITRUS AVE

Parcel ID #: 2410-706-0079-000-6

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

Property Owner/ Applicant Information

Property Owner(s)
Name(s): WAYLAND WILLIS

Mailing Address: 1102 IBIS AVE FT. PIERCE

Phone Number(s): 772-519-1823 Email: WAYLANDWILLIS@gmail.com

Applicant
Name(s): WAYLAND WILLIS

Mailing Address: 1102 IBIS AVE

Phone Number(s): 772-519-1823 mail: WAYLANDWILLIS@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, WAYLAND WILLIS as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Wayland Willis
Signature of Owner

10-4-2018
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) new windows, PAINT, LANDSCAPE

Other (describe) _____

Please provide a detailed description of the proposed work to be performed: REPLACE old windows WITH PGT Aluminum windows. NEW TRIM IF needed "will MATCH EXISTING TRIM".

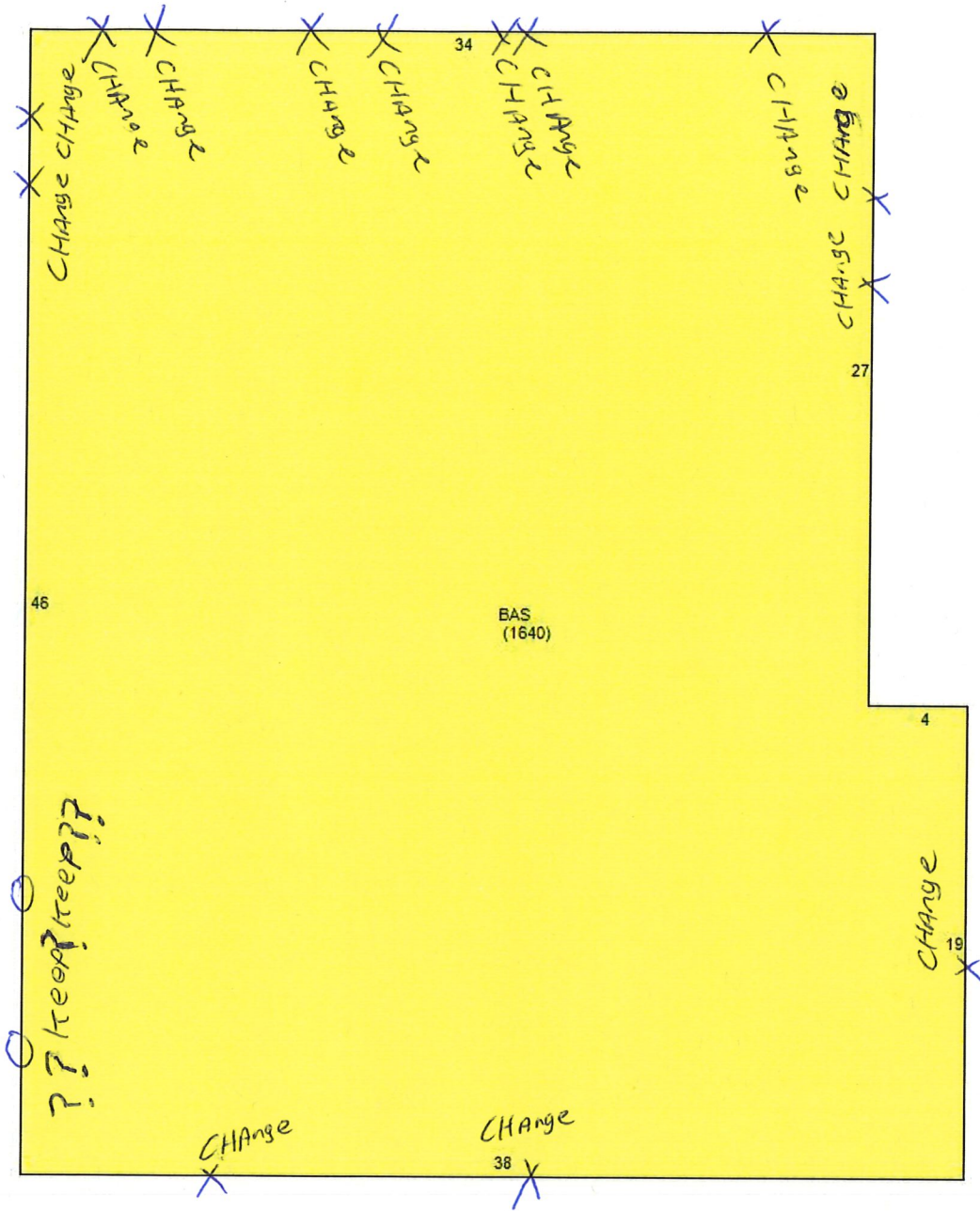
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.







↙ VINYL
 "CHANGE"
 FRONT
 OF
 HOUSE
 NORTH side
 FACING STREET
 ↘ ALUMINUM

907

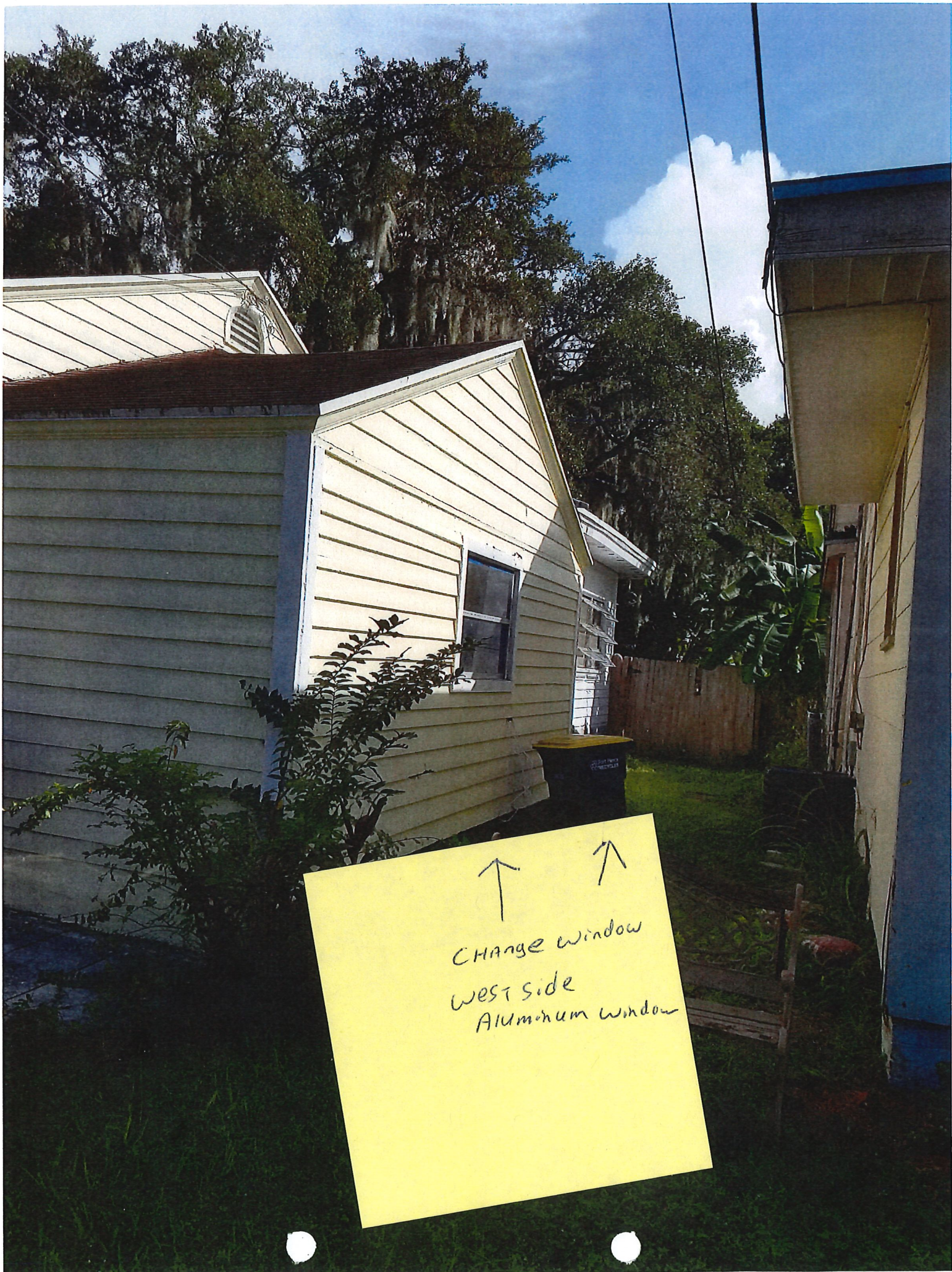
10394520



CHANGE windows ↗

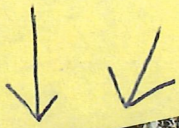
West side

Aluminum window



↑ ↑
CHANGE window
west side
Aluminum window

CHANGE
BACK two windows
THEY ARE ALUMINIUM
CRANK



KEEP
PLEASE
"wood windows"
EAST side



~~CHANGE~~

↑
CHANGE window
FRONT
NORTH
side
FACING
STREET
VINYL



← →

CHANGE
ALL BACK
SOUTH SIDE
WINDOWS
PLEASE
ALUMINUM

→



← → ↗ ↖
CHANGE ALL BACK
WINDOWS - SOUTHSIDE
ALUMINUM

← ↗



PGT Single Hung Alumi...

www.tritonwindow.com



Glass: Impact | Non-Impact

Glass Color Options: Clear | Gray Tint | Bronze Tint | Solar Cool
Azure Blue | Obscure | Green | G-31

Grid Patterns: Full View | Standard Colonial | Brittany
& Custom Configurations

Additional Options: Insulated Glass | LoE | White Interlayer





Re: COA for 907 Citrus Ave.
wayland willis to: Maria Lewicka

10/16/2018 11:39 AM

1 attachment



noname

I'm probably going to go back with the original semi gloss white trim. And light yellow walls

On Tue, Oct 16, 2018, 10:13 AM Maria Lewicka <MLewicka@city-ftpierce.com> wrote:

Good morning,

Your COA application includes new paint. Could you please specify colors you propose?

Thank you.

Maria

Maria Lewicka, AICP | Historic Preservation Planner | City of Fort Pierce

Planning Department

Phone: 772.467.3738 □ Fax: 772.466.5808 □ 100 North U.S. 1 Fort Pierce, FL 34950

[Website](#) | [Facebook](#) | [Survey](#)

Please Note: Florida has very broad public records laws. Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Your e-mail communications will be subject to public disclosure unless an exemption applies to the communication. If you received this email in error, please immediately notify the sender by reply e-mail and delete the e-mail and any associated materials from all devices.



RECEIVED

OCT 10 2018

COA# 18-83

Bldg. Permit # _____

CITY OF FORT PIERCE
PLANNING ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 701 N. Indian River Drive

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): Indian River Place Condo Assoc.

Mailing Address: 701 N. Indian River Drive Fort Pierce FL 34950

Phone Number(s): 772 595 5223 Email: irp701@emcast.net

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, Wilma Pedra / IRP Bldg Mgr as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

9/10/18
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) Replace/Repair wood Fence around Pool & Dumpster
 Other (describe) due to Hurricane Irma

Please provide a detailed description of the proposed work to be performed: Replace/Repair wood fence around pool & dumpster with same material - Wood - same design, same layout. Also Replace Fence Between Tillman's with same/like material.

Have other alterations been made to the site within the last 12 months? No Yes, Soffit Repair/Replace

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

Application Requirements

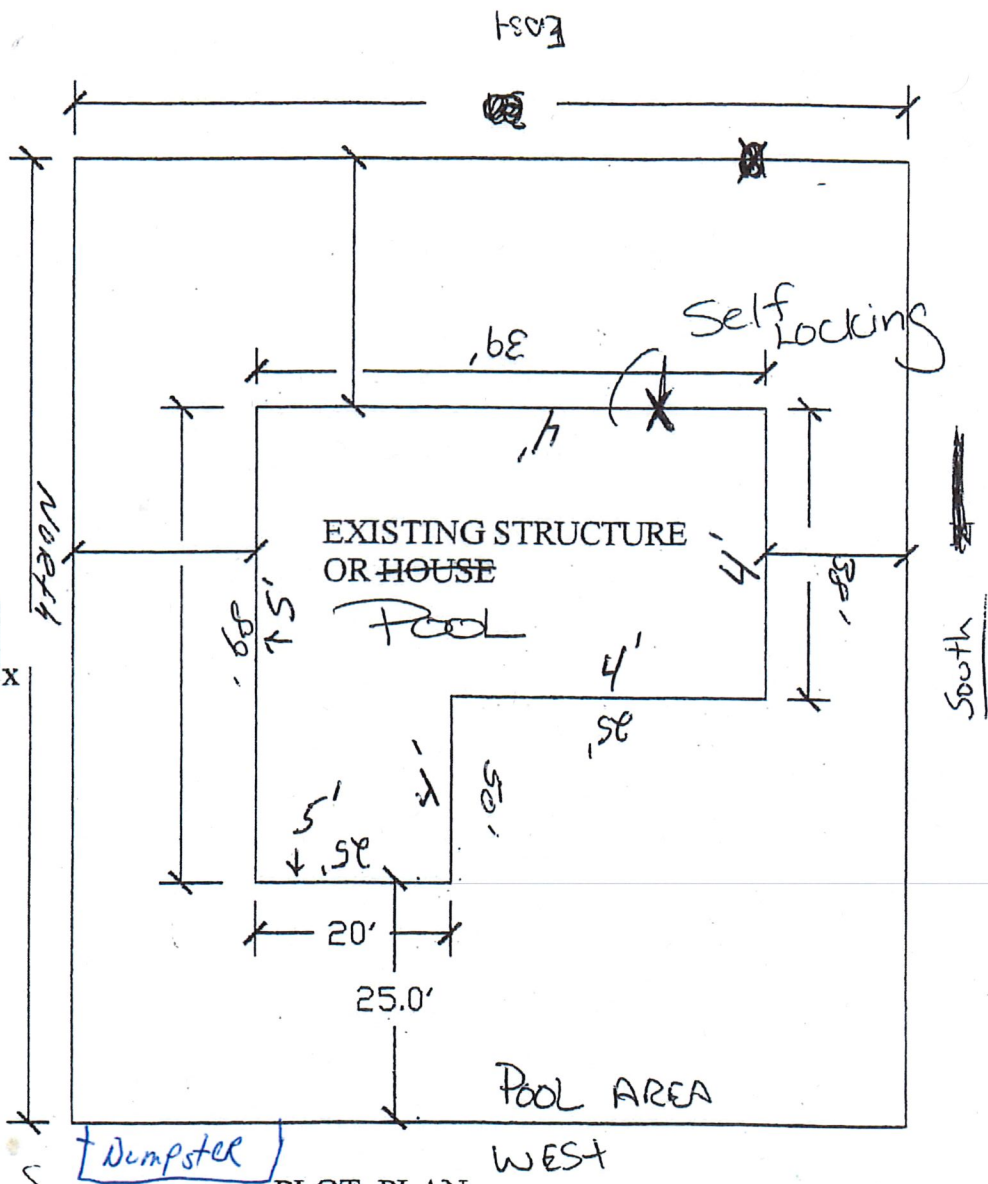
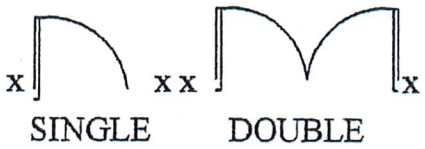
- \$10.00 Application fee
- Site Plan with dimensions.
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- Material(s) specifications and/or sample(s)
- Color samples.
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.

CITY OF FORT PIERCE
 BUILDING DEPARTMENT
 FENCE FORM
 (772) 460-2200 EXT 261 OR 276
 FAX (772) 467-9836

Owner Name RIVER RIDGE, L.P. Indian River Place
 Property Address 701 N. Indian River Dr., Ft. Pierce, FL

FENCE MINIMUM STANDARDS

INDIVIDUAL LENGTH AND HEIGHT TO BE SHOWN ON PLAN
 EX x 50' 6' CL x
 INDICATED FENCE AS XXXXX
 GATES



TYPE wood (Double Sided)
 TOTAL LENGTH Side LF
 HEIGHT 5'4" FT
 GATE N° 1 SIZE Self LOC
 PROPOSED FENCE SECTION MUST BE CLOUDED
 ANY FENCES GOOD SIDE OUT

PLOT PLAN
 1"=20' SCALE





Indian
River
Place





11/24/2015

6 FT

Captain
Pete's



Fwd: Cert of Appropriateness Application - Indian River Place
INDIAN RIVER PLACE CONDO

to:

arosenthal

10/10/2018 09:18 AM

Hide Details

From: INDIAN RIVER PLACE CONDO <irp701@comcast.net>

To: arosenthal@city-ftpierce.com

Please respond to INDIAN RIVER PLACE CONDO <irp701@comcast.net>

3 Attachments



Fence Application Historic Dept..pdf Fence (3).zip 100_5905.JPG

Good Morning:

Attached is the application sent to Maria on September 28th.

Any questions please call.

Thank you

Wilma Pedra

IRP Manager

772-595-5223

----- Original Message -----

From: INDIAN RIVER PLACE CONDO <irp701@comcast.net>

To: Maria Lewicka <MLewicka@city-ftpierce.com>

Date: September 28, 2018 at 10:01 AM

Subject: Cert of Appropriateness Application - Indian River Place

Good Morning:

Please find attached the application to have our existing fence replaced with the **same/like** material.

There will be **no changes** to the existing size and/or dimensions.

I have also attached pictures of the existing fence here at Indian River Place Condominiums.

If you have any questions or need any further information please do not hesitate to call me.

Thank you



COA# 18-86

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 708 Delaware Ave

Parcel ID #: 2410-705-0001-010-9

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): Aziz Chigani

Mailing Address: 478 Hacienda Cir, Kissimmee Fl

Phone Number(s): 772-528-1728 Email: 34741

Applicant Name(s): VILLANOVA Construction INC

Mailing Address: 2908 Oleander Bld, Ft Pierce, Fl

Phone Number(s): 772-940 6654 Email: rayvillanova@aol.com

Representative Name(s): RAY VILANOVA

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

Aziz Chigani
Signature of Owner

9/16/2018
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 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) Reroof - Permit with City of Ft Pierce

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

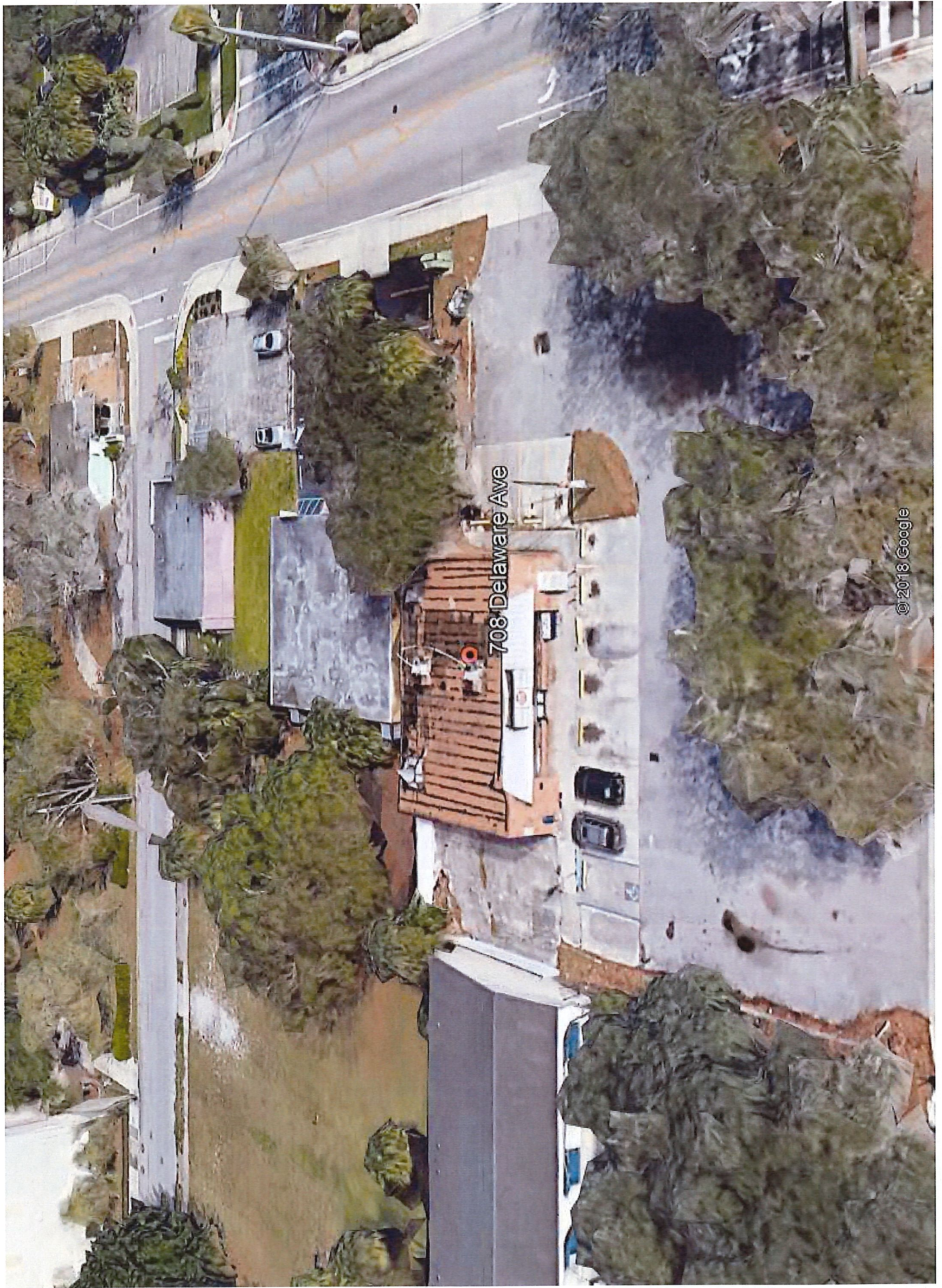
Tear off existing roof covering,
Install Iso board, Modified Bitumen Base
and Cap

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.



708 Delaware Ave

© 2018 Google





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#18-87 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 511 N Indian River Drive
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove existing shingle roof and install a traditional Mill Finish 5V Crimp Metal Roof System. 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

10/23/18
 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	Glynda Cavalcanti 3015 Avenue A Fort Pierce, FL 34950	E-Mail
Applicant	Larry Neese, LLC 506 S Market Avenue Fort Pierce, FL	E-Mail larryneeseat@gmail.com
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



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: 511 N Indian River Drive Fort Pierce
Parcel ID #: 2403-801-0018-000-1
Type of Designation: Contributing Non-contributing Site within the Fort Pierce Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s) Name(s): Glynda Cavalcanti
Mailing Address: 3015 Avenue A Fort Pierce, FL34950
Phone Number(s): 772-579-6239 Email: _____

Applicant Name(s): Larry Neese, LLC (Larry Neese)
Mailing Address: 506 S. Market Ave Fort Pierce, FL.
Phone Number(s): 772-361-6580 Email: larryneesecat@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, Glynda Cavalcanti as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Glynda W Cavalcanti
Signature of Owner

10/22/18
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) Remove existing roof covering and install new roof covering.
- Other (describe) _____

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

Remove shingle roof replace with a traditional Mill finish 5v Crimp Metal Roof

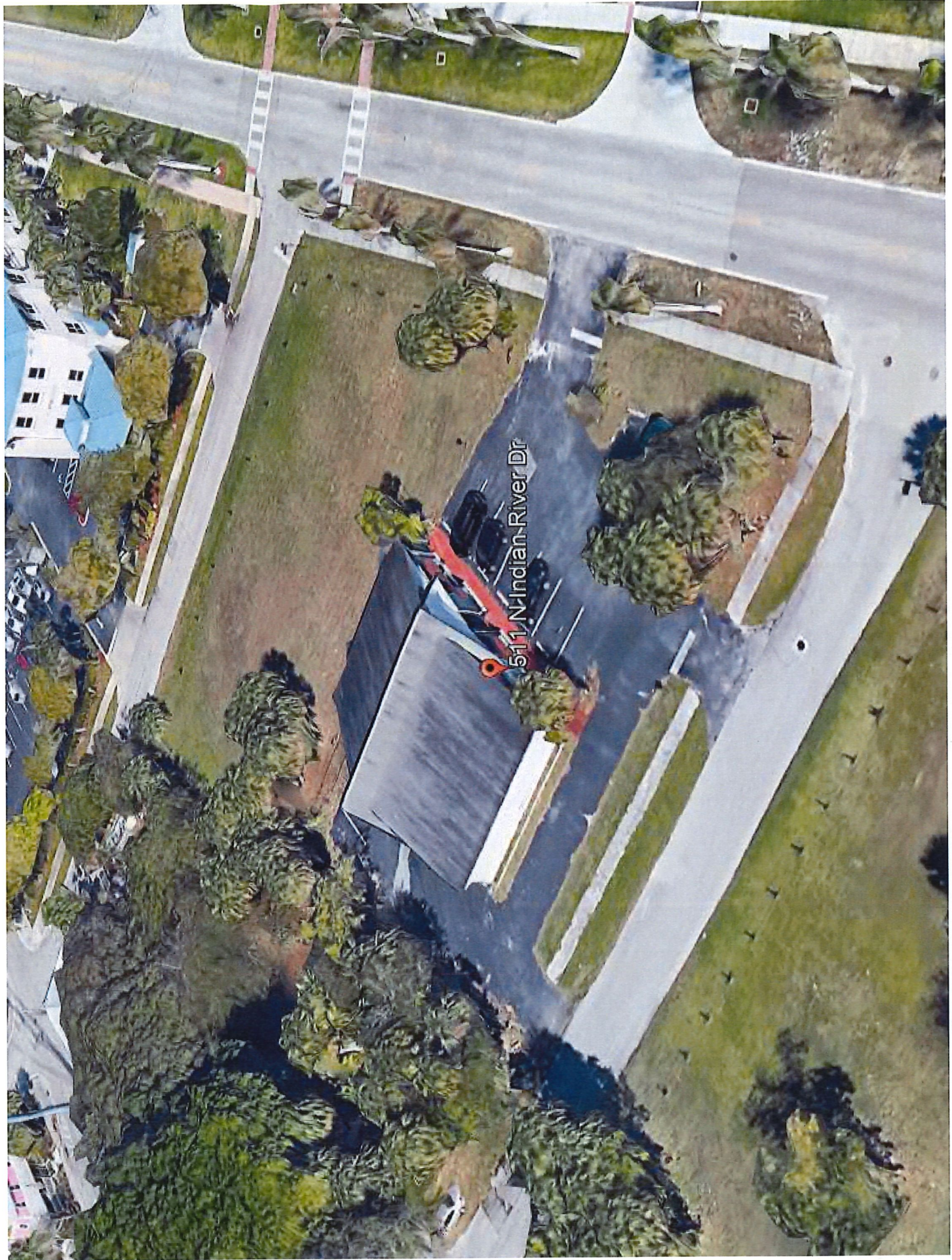
Have other alterations been made to the site within the last 12 months? No Yes, Not Sure

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.



511 N Indian River Dr





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#18-88 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address 435 N 7th Street
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Section A (East): Demo existing fence and install 63' of 6' tall black aluminum rail fence. Section B (Middle): install 218' of 6' tall black galvanized chain link fence. 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

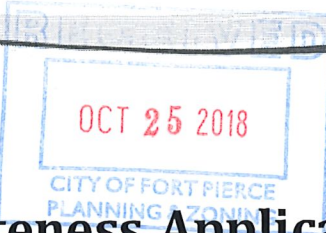

 _____ 10/31/18
 Maria Lewicka, AICP Date
 Historic Preservation Planner

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	St Lucie County 2300 Virginia Ave Fort Pierce, FL 34982	E-Mail Beaulieus@stlucieco.org
Applicant/Representative	Scotty Beaulieu 2300 Virginia Ave Fort Pierce, FL 34982	E-Mail Beaulieus@stlucieco.org
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



COA# 18-58

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 435 N 7th St, Fort Pierce, FL 34950
Parcel ID #: 2410-601-0181-000-2
Type of Designation: Contributing Non-contributing Site within the Lincoln Park Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
 Name(s): St Lucie County
 Mailing Address: 2300 Virginia Ave Fort Pierce, FL 34982
 Phone Number(s): 772-834-8097 Email: Beaulieus@stlucieco.org

Applicant
 Name(s): Scotty Beaulieu
 Mailing Address: 2300 Virginia Ave Fort Pierce, FL 34982
 Phone Number(s): 772-834-8097 Email: Beaulieus@stlucieco.org

Representative
 Name(s): Scotty Beaulieu
 Mailing Address: 2300 Virginia Ave Fort Pierce, FL 34982
 Phone Number(s): 772-834-8097 Email: Beaulieus@stlucieco.org

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

Signature of Owner

10-23-18
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: _____

Section A (East Ornamental Fence): Demo Existing Fence and Install Approximately 63' of 6' Tall BLACK Aluminum 3-Rail w/ Top Ring Extended Picket w/ Open Top and 2.5" Posts. Section B (Middle Section): Install approximately 218' of NEW 6' Tall All Black Galvanized Chain Link Fencing. ~~Section C (West Gate Area):~~

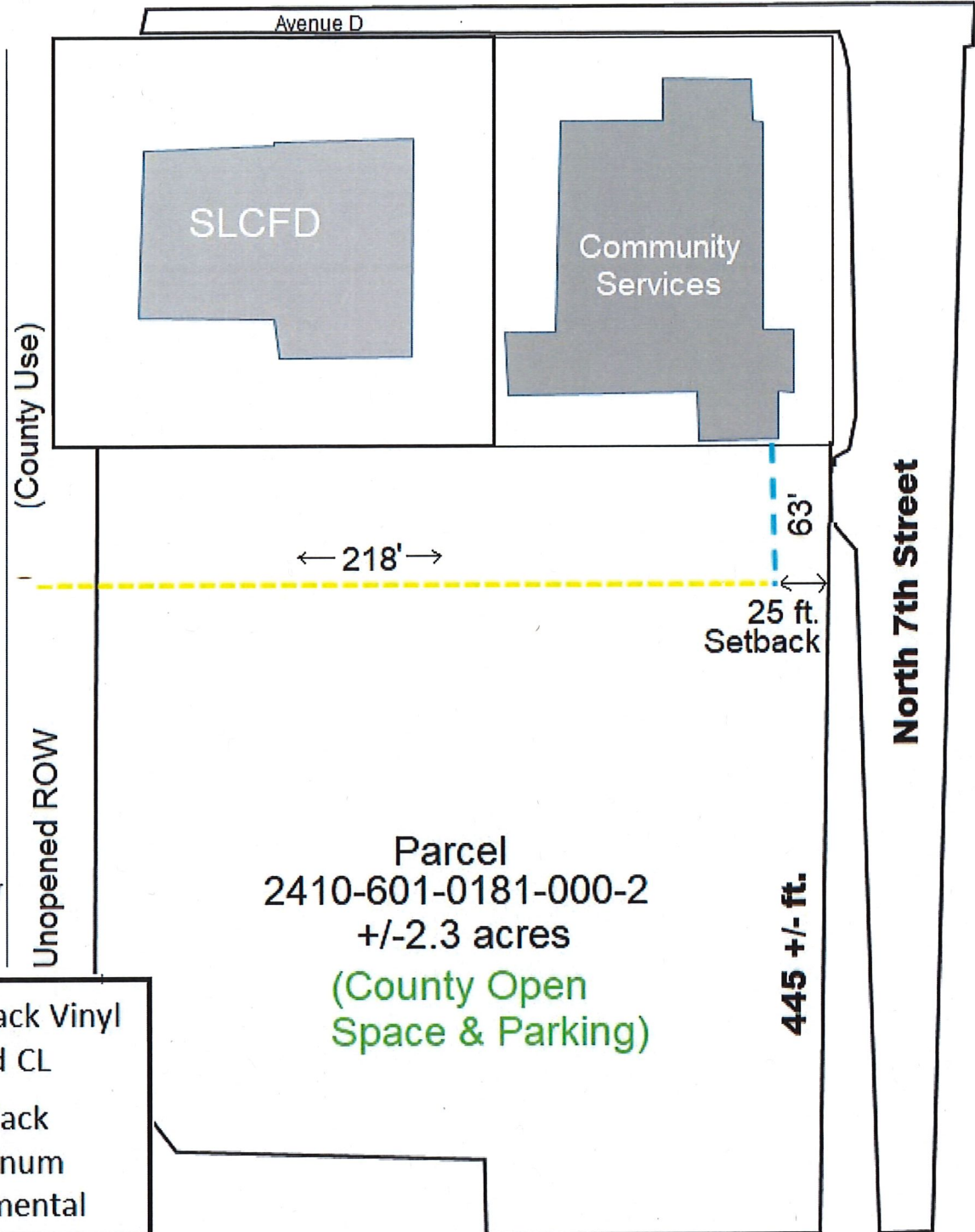
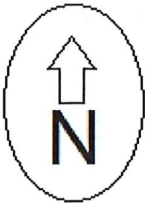
~~Remove old fence and accessories install approximately 34' of NEW 6' Tall All Black Galvanized Chain Link Fencing and New 20' ALL-BLACK DD Swing Gate.~~

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.



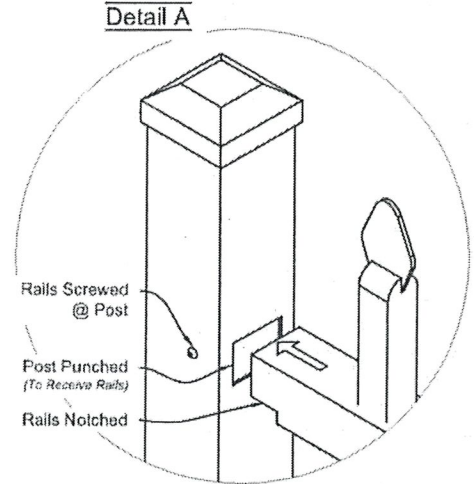
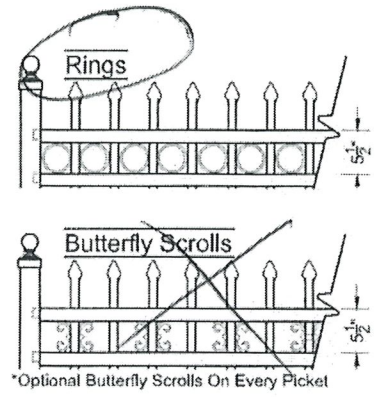
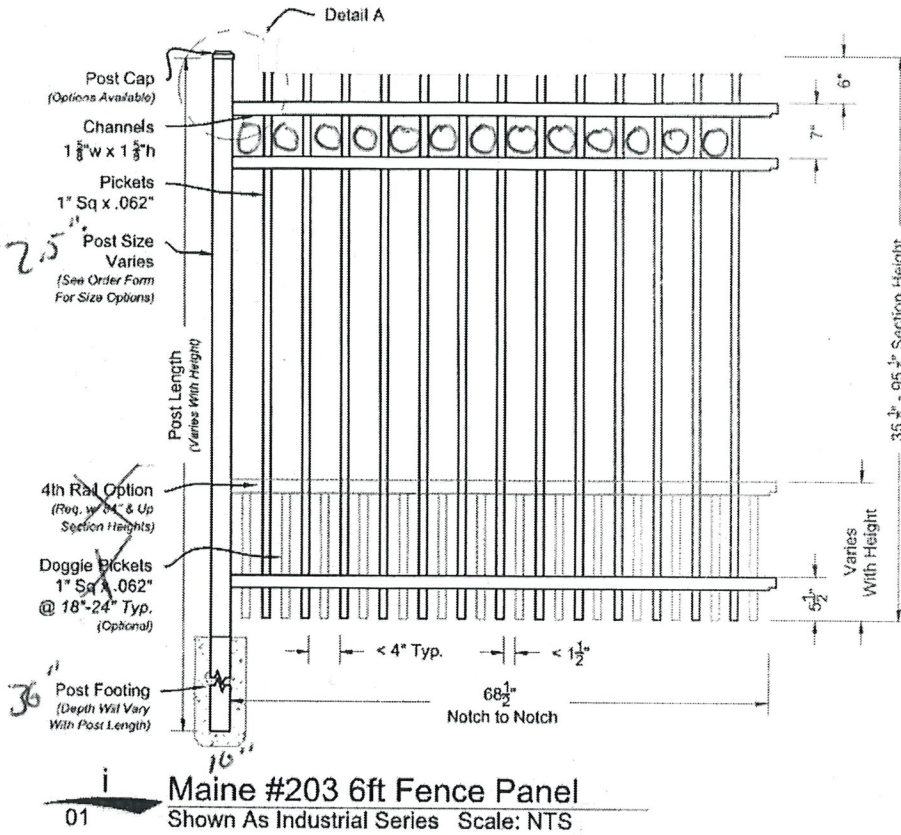
*CL no closer than 25 ft. from roadway, minimal visibility. Decorative fence near ROW

- 6ft. Black Vinyl Coated CL
- - - 6ft. Black Aluminum Ornamental

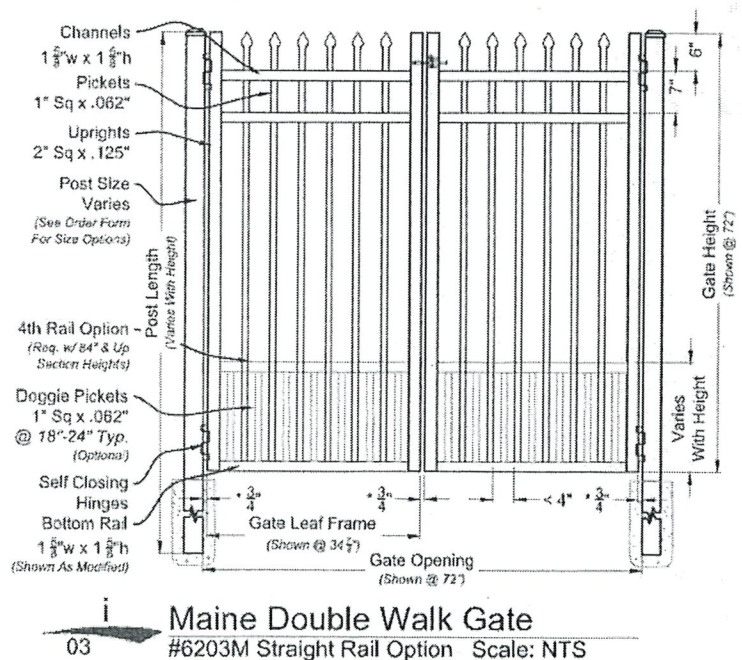
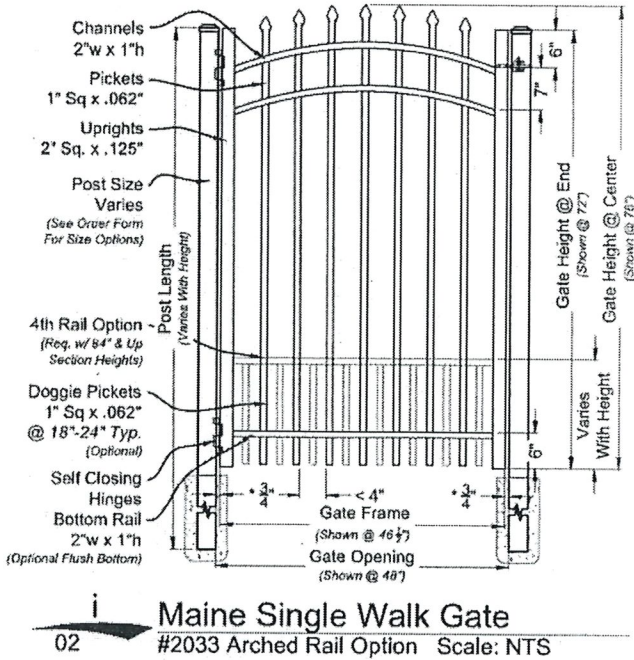


Black Aluminum Ornamental Fence Style:

"Section A"



Matching Gate Options



Maine Fence & Gate
Industrial Series #203



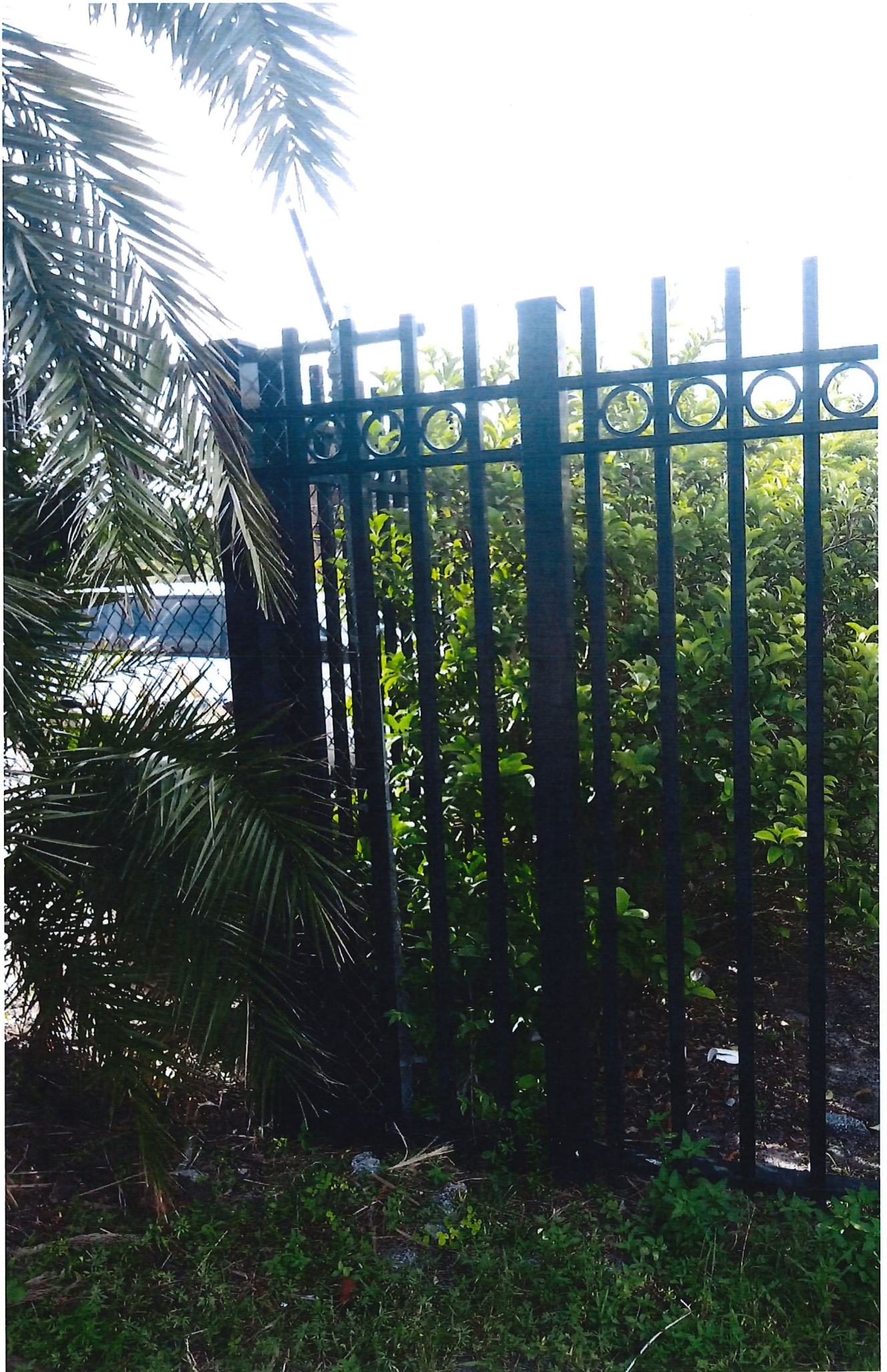
DRAWING NOTES:
Don't Scale From Drawings.
Please See Our Fence & Gate Style Sheet For Other Options.

Ind 203 Series
Fence & Gate
Details

Approved By: iDeal Aluminum Quote #: _____
Drawn By: JMixon Drawn Date: 26-Nov-13

2000 Brunswick Lane Phone: 386.736.1700
Deland, FL 32724 Fax: 386.822.4956

*Other Optional Gate Hardware Available, But May Change The Hinge And Latch Clearances.

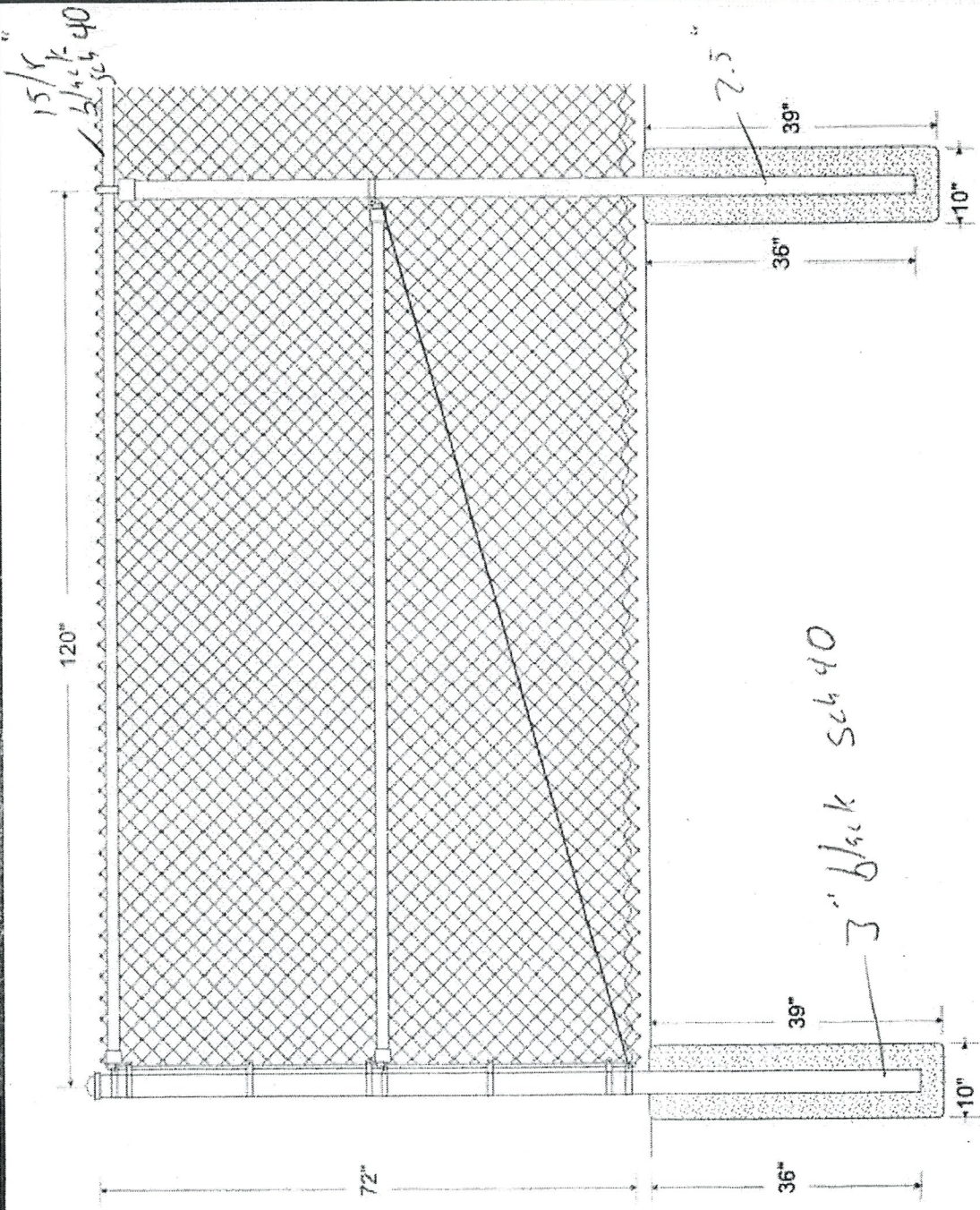


11" Section B"

699
Black

- 72" tall Chainlink Fabric with Knuckle (Knuckle Selvaige and 2" Mesh Size)
- 100" tall, 3" diameter Terminal Post with 10" post footing diameter and 39" post footing depth.
- 160" tall, 2 1/2" diameter Line Post with 10" post footing diameter and 39" post footing depth.
- Top of Fence has 1 5/8" diameter Top Rail.
- Bottom of Fence has Coil Spring Tension Wire.
- Fence is braced with 1 5/8" diameter Middle Brace & Truss.
- Line Post Spacing: 120"
- The Wire Spacing is every 24" on Rails & Erecting.

Black
Sch 40



Stuart Fence Co.
P.O. BOX 2336
Stuart, FL 34995
772 288-1151

STUART FENCE COMPANY, INC.

Drawn: 10/22/2018
File:

72" Chainlink Line of Fence