

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in April 2019.

- COA #19-21, 517 Beach Court – Install new roof
- COA # 19-22, 532 N 2nd Street – Install new fence
- COA #19-25, 517 Douglas Court – Install new roof
- COA #19-26, 305 Orange Avenue, Install new sign
- COA #19-27, 903 Boston Avenue – Install new roof
- COA #19-29, 217 Avenue A – Install new equipment enclosure

Bldg. Permit # _____

RECEIVED

COA# 19-21



APR 01 2019
CITY OF FORT PIERCE
PLANNING & ZONING
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: 517 Beach CT Fort Pierce, FL 34950
Parcel ID #: 2410-709-0044-000-1
Type of Designation: Contributing Non-contributing Site within the Fort Pierce Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

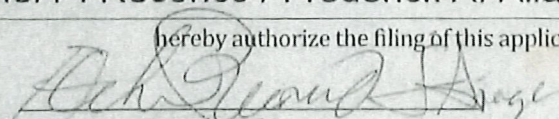
Property Owner(s)
Name(s): Ethel P Reconco
Mailing Address: 517 Beach CT Fort Pierce, FL 34950
Phone Number(s): 772-577-4145 Email: ethel@pers.com

Applicant
Name(s): Larry Neese, LLC
Mailing Address: 3401 S. US HWY 1 Fort Pierce, 34982
Phone Number(s): 772-361-6580 Email: _____

Representative
Name(s): _____
Mailing Address: _____
Phone Number(s): _____ Email: _____

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

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


Signature of Owner

3/30/19

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 flat part of roof covering and install new roof covering
- Other (describe) ON FRONT PATIO BEHIND PARAPET WALL

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

Remove only existing flat part of roof covering and install new roof covering.

ON FRONT 1ST level PATIO AREA BEHIND
Parapet wall.

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

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

Application Requirements

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

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



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

PERMIT # 19-968
FBC (2017) 6th Edition
PIN # 601800

Building Department Project Manager:
GRACE / SHANNA

*Property Address 517 Beach CT Fort Pierce, FL 34950 *Date _____

Parcel ID# 2410-709-0044-000-1 *# of plans submitted _____ *# of CD's submitted _____
(Located on your tax bill)

*Owner Name Ethel Reconco *Owner Address 517 Beach Ct. Fort Pierce, FL. 34950

Phone # (209) 704 - 3512 Fax # (_____) - _____ Cell # (_____) - _____

Email Address _____

***Required Information**

Type of permit Re-roof *Valuation \$ 2,495

*Description of Work: Remove existing flat part of roof covering and install new roof covering

Flat Roof : Polyglass : Modified Bitumen : FL1654-R23

Sq. Ft of Flat roof portion of roof : 275

Architect: _____

Phone (_____) - _____ Fax (_____) - _____ Email Address _____

Engineer: _____

Phone (_____) - _____ Fax (_____) - _____ Email Address _____

RECEIVED
MAR 27 2019
Building Department

***CONTRACTOR/APPLICANT INFORMATION:**

City License # 18-00027451 State License # CCC1330608

Company Name Larry Neese, LLC Qualifier Larry Neese

Address 3401 S. US Hwy 1 City/State Fort Pierce, FL Zip 34982

Phone # (772-) 361 - 6580 Fax # (772) 361 - 3681 Cell # (772) 643 - 5390

Email Address Larryneeseroofing@gmail.com

Occupancy Single Family Construction Type Roofing # of Units _____ # of Stories 1

Sq. Ft. Conditioned Space 3486 Total Sq. Ft. 3486

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.



CITY OF FORT PIERCE
BUILDING DEPARTMENT
RE-ROOF FORM

PHONE: 772-467-3718

FAX: 772-467-3849

Owner Name: Ethel Reconco

Property Address: 517 Beach CT. Fort Pierce, FL. 34950

Description of Work: Re-Roof

Roof Spec's: (Flat Portion of Roof) = 18 X 9

Notice: Shingles **can not** be used on roof slope less than 2/12 pitch.
Check manufacturer specifications, some indicate min 3/12.

Less than 4/12 requires 19" lap for underlayment.

**Flat Roofs: Less than 7 degrees and less than 400sqft area
requires enhanced nailing**

2017 (6th Edition) FBC Residential Section 905

2017 (6th Edition) FBC Building Section 1507

Roof Dimensions: (Flat Portion of Roof) = 18 X 9

Square Footage: 162

Rotten Wood: Yes No

Roof Type: Gable Hip Flat Other

Roof Material Shingle Metal Tile Tar & Gravel Other

Pitch/Slope: 0.25/12

Underlayment: Polyglass Modified# Felt: Other: _____

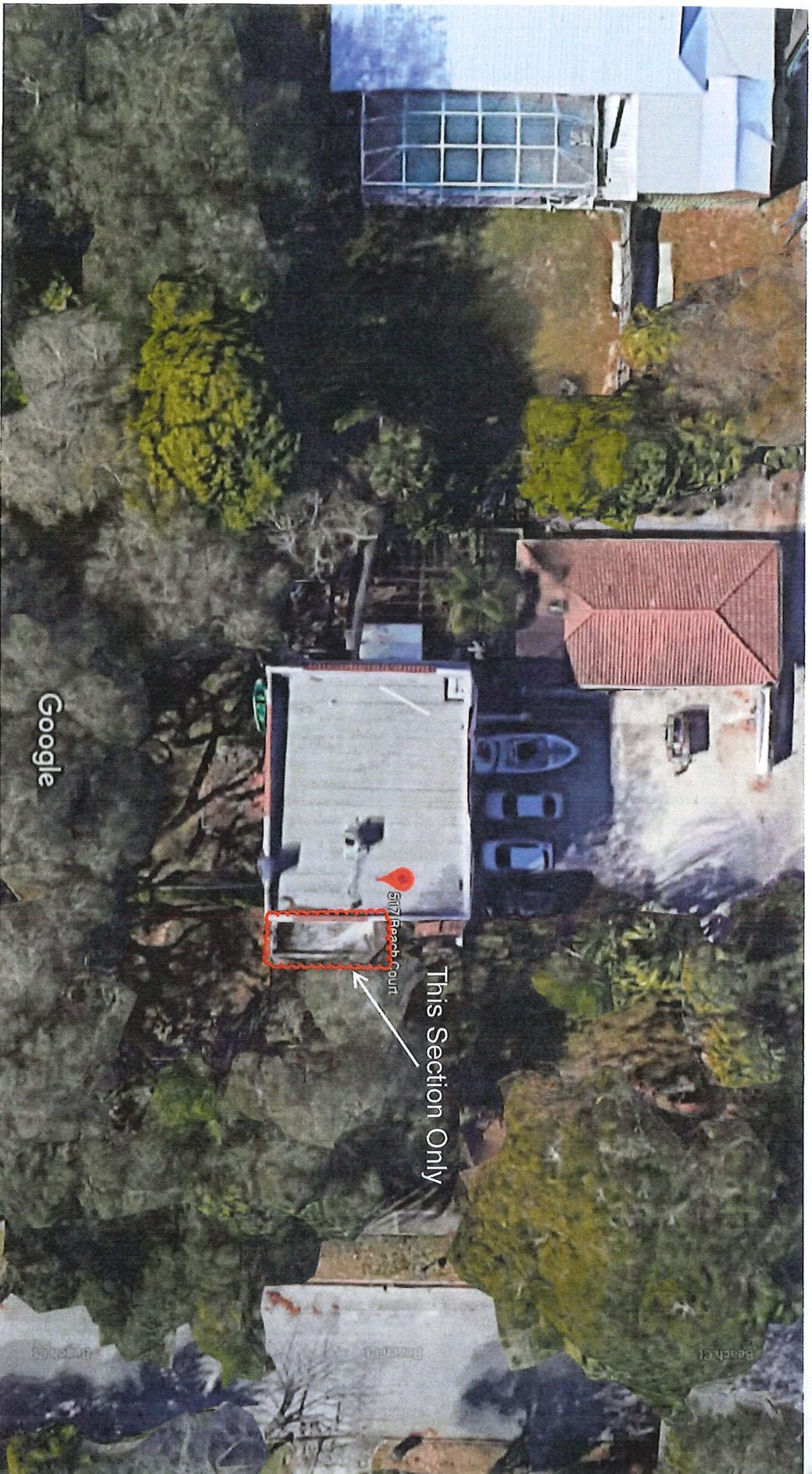
Bitumen : FL16048-R23

** Must note on Product Approval any material used**

Historic: Roof Cannot be Seen Behind Parapet

- SYSTEM FLAT HAS all parts

Pg 24



This Section Only

517 Beach Court

Google





RECEIVED

APR 07 2019

CITY OF FORT PIERCE
PLANNING & ZONING

Bldg. Permit # _____

COA# 19-22

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 532 N 2nd St Ft. Pierce FL 34950
 Parcel ID #: 2410-502-0001-000-3
 Type of Designation: Contributing Non-contributing Site within the Edgartown Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
 Name(s): Robert Shoemaker
 Mailing Address: 532 N 2nd St. Ft. Pierce FL 34950
 Phone Number(s): 772 834-5609 Email: Rshoe75@gmail.com

Applicant
 Name(s): Same
 Mailing Address: _____
 Phone Number(s): _____ Email: _____

Representative
 Name(s): N/A
 Mailing Address: _____
 Phone Number(s): _____ Email: _____

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I / We, Robert Shoemaker as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.
Robert Shoemaker
 Signature of Owner
4/2/19
 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

Replacing existing fence

Site Improvements (describe) _____

Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Remove 6 Ft tall

wood board on board fence, Replace ~~6 f~~ with Same
6 Ft tall wood board on board fence - 67 In. ft.
fence separates two properties on the rear of property South East side.

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.

Boundary & Topographic Survey For:

Robert J. Shoemaker

STREET ADDRESS:

532 N 2nd STREET, FORT PIERCE, FLORIDA 34950

LEGAL DESCRIPTION:

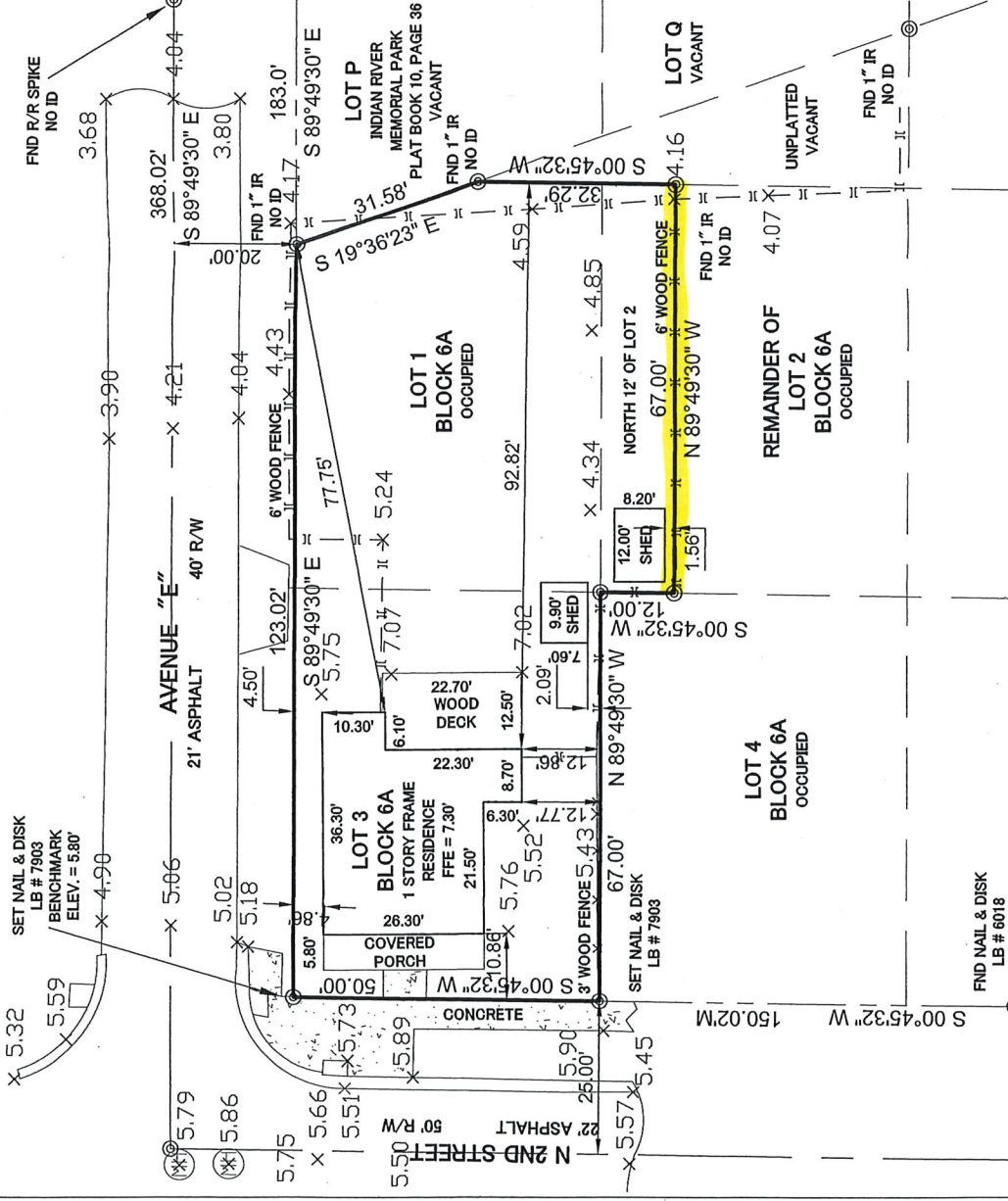
LOTS 1 AND 3 AND THE NORTH 12 FEET OF LOT 2, REPLAT OF LOTS 1, 2 AND 5 OF BLOCK 6A, ASSESSOR'S MAP OF NORTH PART OF FORT PIERCE, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 6, AT PAGE 47, PUBLIC RECORDS OF SAINT LUCIE COUNTY, FLORIDA.

LEGEND & ABBREVIATIONS:

| | | | |
|------|------------------------------------|-------|--------------------------------|
| A/C | ARC LENGTH | ORP | OVERHEAD UTILITIES |
| B/L | AIR CONDITIONER | ORB | OFFICIAL RECORDS BOOK |
| C/S | BUILDING SETBACK LINE | P | PLAT DATA |
| CSS | CALCULATED FROM FIELD MEASUREMENTS | PB | PLAT BOOK |
| CONC | CONCRETE BLOCK STRUCTURE | PC(S) | PLACEMENT CONTROL POINT |
| CM | CONCRETE MONUMENT | PG(S) | PAGE(S) |
| C/A | CENTERLINE | POB | POINT OF BEGINNING |
| DAGE | DRAINAGE & UTILITY EASMENT | POC | POINT OF COMMENCEMENT |
| FEE | FINISH FLOOR ELEVATION | PSM | PROFESSIONAL SURVEYOR & MAPPER |
| FND | FOUND | R/W | RIGHT OF WAY |
| ID | IDENTIFICATION NUMBER | TOB | TOP OF BANK |
| IR | IRON PIPE | TOS | TOE OF SLOPE |
| IRC | IRON ROD & CAP | US | UTILITY SIGN (TYPICAL) |
| LB | LICENSED BUSINESS SURVEYOR | W | WATER METER |
| LS | LICENSED SURVEYOR | WV | WATER VALVE |
| LS | LICENSED SURVEYOR | WV | WATER VALVE |
| NAD | NORTH AMERICAN DATUM | DEL | DELTA |
| NAV | NORTH AMERICAN VERTICAL DATUM | ESB | ELECTRIC SERVICE BOX |

GENERAL NOTES:

- THE BEARINGS SHOWN HEREON ARE REFERENCED TO THE CENTERLINE OF AVENUE "E", HAVING A BEARING OF S89°49'30"E, ACCORDING TO THE PLAT OF INDIAN RIVER MONUMENTAL PARK, AS RECORDED IN PLAT BOOK 10, PAGE 36, PUBLIC RECORDS, SAINT LUCIE COUNTY, FLORIDA.
- FLOOD NOTE: BY GRAPHIC PLOTTING ONLY, THIS PROPERTY IS IN ZONE "X", ACCORDING TO THE FLOOD INSURANCE RATE MAP, COMMUNITY PANEL NO. 12111 C 0179 J, EFFECTIVE DATE FEBRUARY 16, 2012. THE EXACT DESIGNATION CAN ONLY BE DETERMINED BY AN ELEVATION CERTIFICATE.
- ALL ABOVE GROUND FIXED IMPROVEMENTS, IF ANY, HAVE BEEN LOCATED AND SHOWN HEREON.
- UNDERGROUND UTILITIES AND UTILITY SERVICES HAVE NOT BEEN LOCATED ON THIS SURVEY.
- LANDS SHOWN HEREON WERE NOT ABSTRACTED BY THIS OFFICE FOR RIGHTS-OF-WAY, EASEMENTS OF RECORD, OWNERSHIP, ABANDONMENTS DEED RESTRICTIONS, OR MURPHY ACT DEEDS.
- REPRODUCTIONS OF THIS MAP ARE NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL SEAL OF A FLORIDA LICENSED SURVEYOR & MAPPER.
- ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES.
- THE LAST DATE OF FIELD WORK WAS OCTOBER 20, 2018.
- ELEVATIONS ARE IN FEET AND BASED UPON NORTH AMERICAN VERTICAL DATUM (NAVD) OF 1988. REFERENCE BENCHMARK, NGS MONUMENT "H-231" WITH AN ELEV. OF 6.94'.



ARNOLD SURVEYING, INC.
 PROFESSIONAL SURVEYORS AND MAPPERS
 FLORIDA LICENSED BUSINESS NUMBER 7903
 4888 N. KINGS HIGHWAY #625, FORT PIERCE, FLORIDA 34951
 24 VERDE VISTA, FORT PIERCE, FLORIDA 34951
 PHONE: (772) 460-8211 SURVEY@ANSI-SURVEY.COM

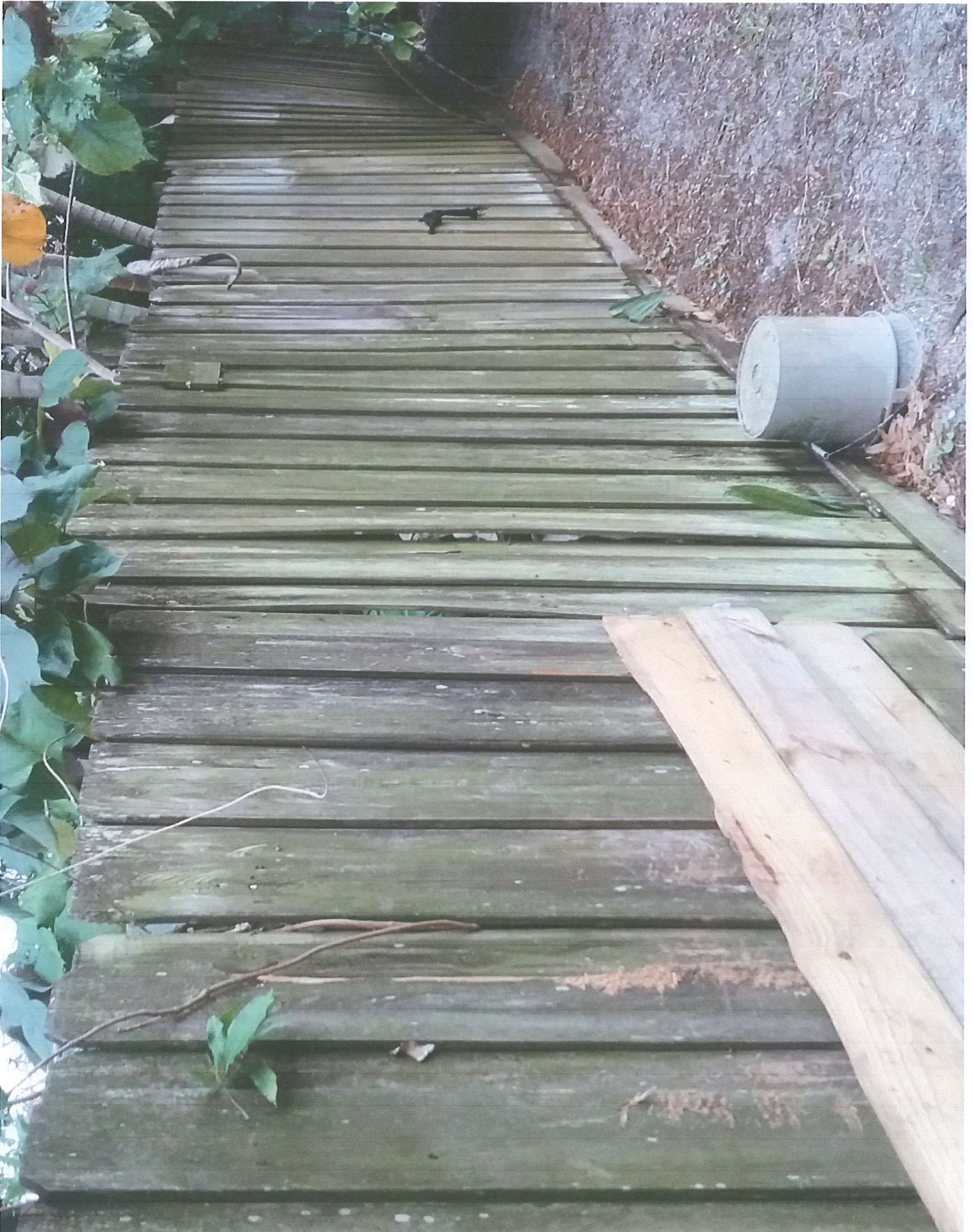
JOB NO. 18-817
 DATE: 08/19/2018
 SCALE: 1"=20'
 DRAWN BY: CA
 REVIEWED BY: CA

© COPYRIGHT ARNOLD SURVEYING, INC. 2018
 ALL DRAWINGS OR DOCUMENTS AND COPIES THEREOF ARE INSTRUCTIONS OF SERVICE AND REMAIN THE PROPERTY OF ARNOLD SURVEYING, INC. THE REPRODUCTION OR UNAUTHORIZED USE OF THESE DRAWINGS OR ANY OTHER PROJECT DOCUMENTS WITHOUT WRITTEN PERMISSION FROM ARNOLD SURVEYING, INC. IS STRICTLY PROHIBITED. THIS DRAWING OR DOCUMENT IS PROTECTED BY FEDERAL COPYRIGHT LAWS.

Charles Arnold
CHARLES ARNOLD
 PROFESSIONAL SURVEYOR & MAPPER
 FLORIDA LICENSE NO. 4971
 DATE SIGNED: 10-20-18

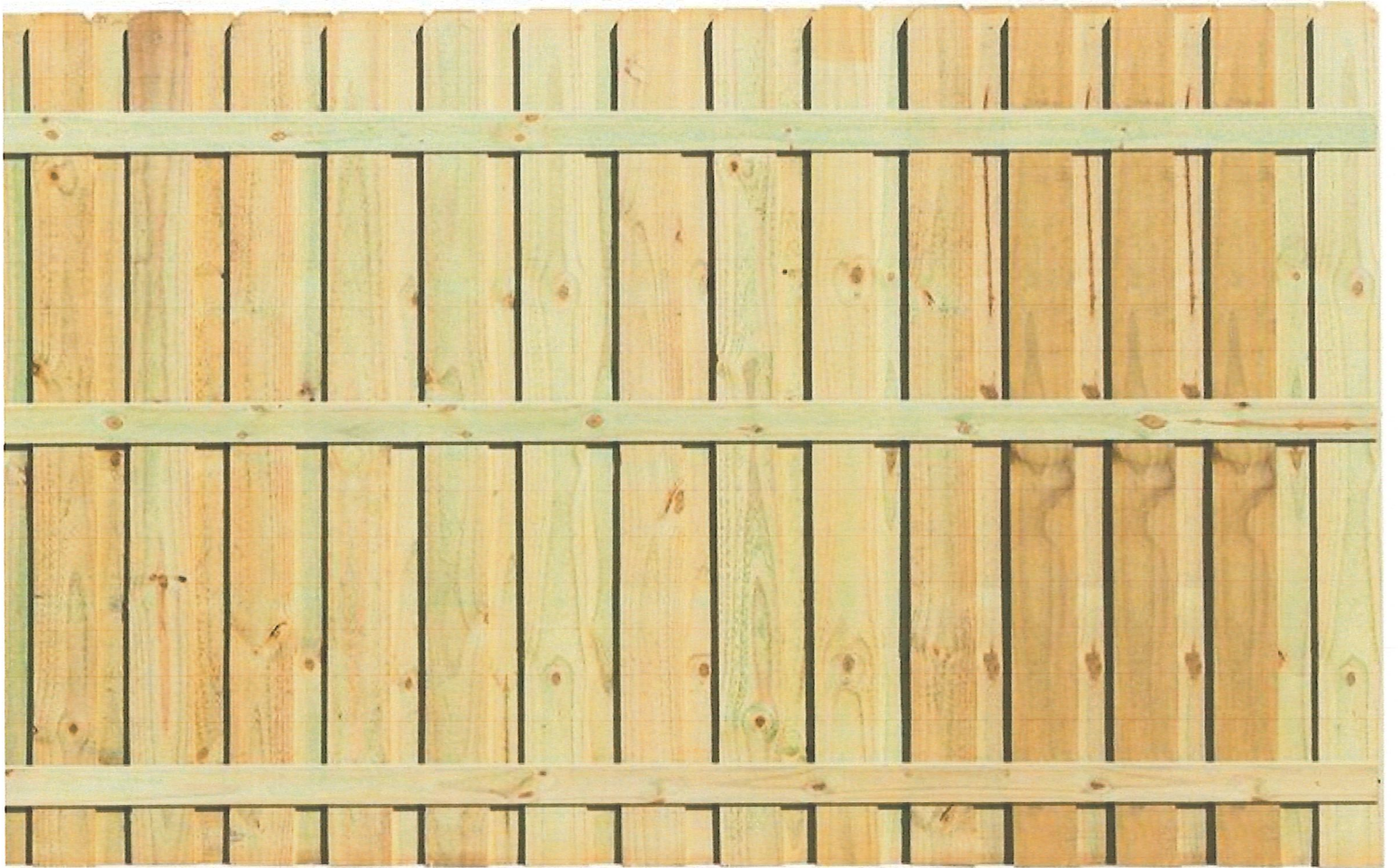
CERTIFIED TO:
 ROBERT J. SHOEMAKER

532 N 2nd St



532 N 2nd St

New Fence 6ft. tall board on board





Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 517 Douglas Ct.

Parcel ID #: 2409-501-0095-000-1

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): Vincent Lee Poole

Mailing Address: 2001 N. 44th St.

Phone Number(s): 772-828-5134 Email: _____

Applicant Name(s): Daniel Williams

Mailing Address: 1813 N 17th St.

Phone Number(s): 772-200-8781 Email: Presidential Roofing LLC@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, Vincent Poole as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

4/5/19
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: removal of existing roof and replace with peel and seal underlayment and Architectural 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.



517 Douglas ctPrezidential's Roofing to: mlewicka@city-ftpierce.com 04/05/2019 10:58 AM
From: "Prezidential's Roofing" <prezidentialroofingllc@gmail.com>
To: "mlewicka@city-ftpierce.com" <mlewicka@city-ftpierce.com>









CITY OF FORT PIERCE

RECEIVED

PLANNING DEPARTMENT

APR 16 2019

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

CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 305 Orange Avenue, Fort Pierce, Florida 34950

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): Philip Gates

Mailing Address: 313 Orange Avenue, Fort Pierce, Florida 34950

Phone Number(s): (772) 461-8600 Email: kanawhag@bellsouth.net

Applicant
Name(s): James Tobaschus

Mailing Address: 314 NW Serene Meadow Way, PSL, Florida 34986

Phone Number(s): (772) 353-2994 Email: tobaschus@comcast.net

Representative
Name(s): _____

Mailing Address: _____

Phone Number(s): _____ Email: _____

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

Signature of Owner

4/16/19
Date

Description of Requested Work

Please indicate the type of work requested:

- Fence
- Window(s)
- Shed
- Signage
- Door(s)
- Shutter(s)
- Roof
- Porch
- Rehabilitation
- New Construction
- Demolition
- Relocation

Site Improvements (describe) _____

Other (describe) _____

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

38 letters sign: "Indian River School of
Real Estate IRSRE.com"

This is a lettering change for new tenant

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

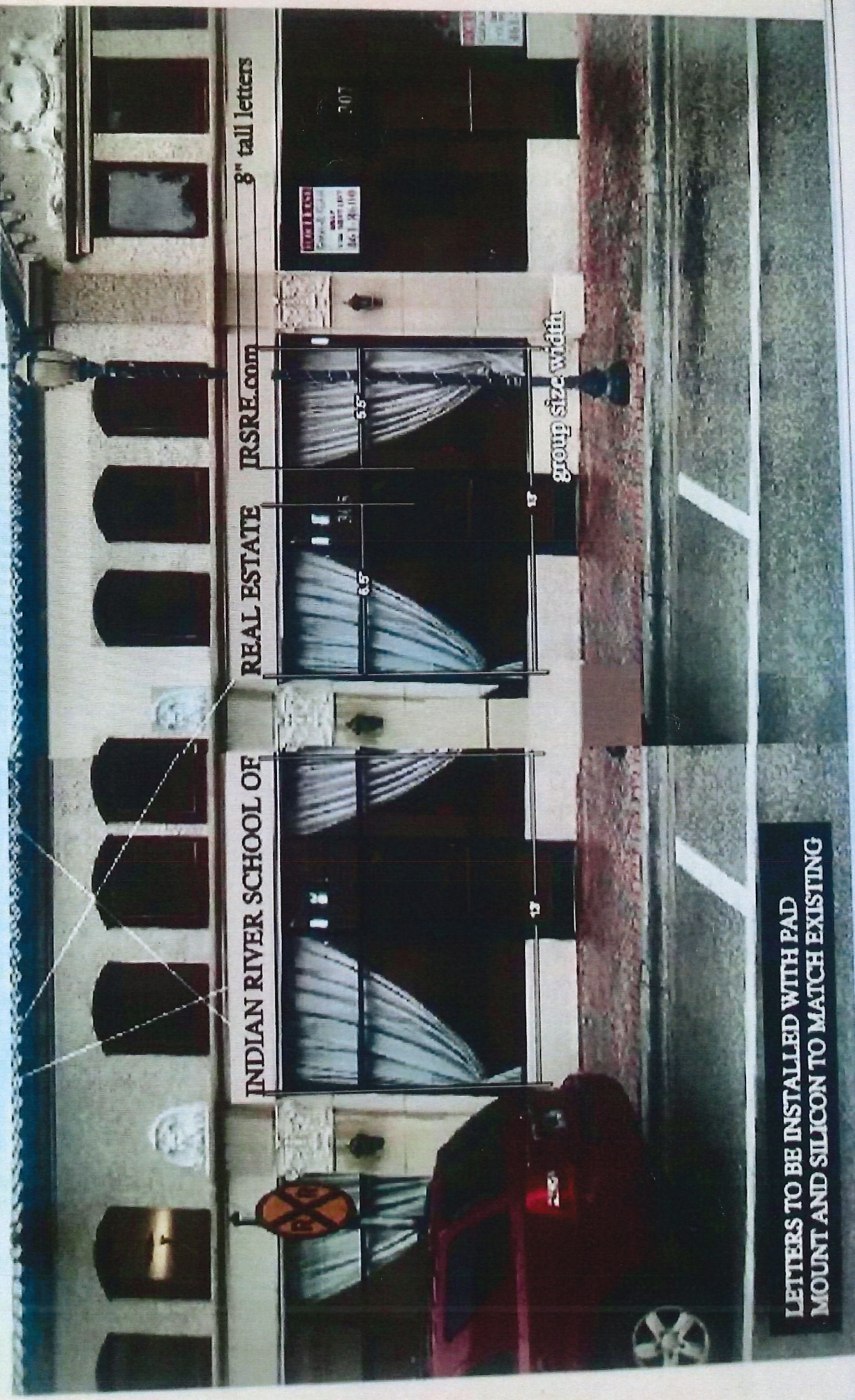
Will the proposed work require a Zoning Variance? No Yes, Code Section(s): _____

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.

SIGN FACE DIAGRAM - LETTERING CHANGE FOR NEW TENANT
306 ORANGE AVE FORT PIERCE, FL 34950

GEMINI PLASTIC SIGN LETTERS (BLACK) TO COVER OVER BOTH STOREFRONT BAYS
ARCHITECTURAL FONT LETTERS TO MATCH EXISTING BUILDING



LETTERS TO BE INSTALLED WITH PAD MOUNT AND SILICON TO MATCH EXISTING



THE SUNRISE CITY
FORT PIERCE
PLANNING DEPARTMENT
Florida

RECEIVED

APR 16 2019

RECEIVED

APR 17 2019

CITY OF FORT PIERCE
PLANNING & ZONING

CITY OF FORT PIERCE
PLANNING & ZONING

Bldg. Permit # _____

COA# 19-27

RECEIVED

Certificate of Appropriateness Application

APR 17 2019

CITY OF FORT PIERCE
PLANNING & ZONING

Building & Site Information

Address of the Site: 903 Boston Ave Ft Pierce, FL 34950

Parcel ID #: 2410 - 706 - 0055 - 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): IDA PAUL

Mailing Address: 903 Boston Ave Ft Pierce, FL 34950

Phone Number(s): 772-332-6716 Email: _____

Applicant

Name(s): Shoreline Roofing

Mailing Address: 1973 SW Glendale St Fort St Lucie, FL 34987

Phone Number(s): 772-260-9565 Email: ShorelineRoofing@yahoo.com

Representative

Name(s): _____

Mailing Address: _____

Phone Number(s): _____ Email: _____

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

X Ida Paul
Signature of Owner

4-15-19
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) _____

Other (describe) _____

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

existing shingle install new shingles

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

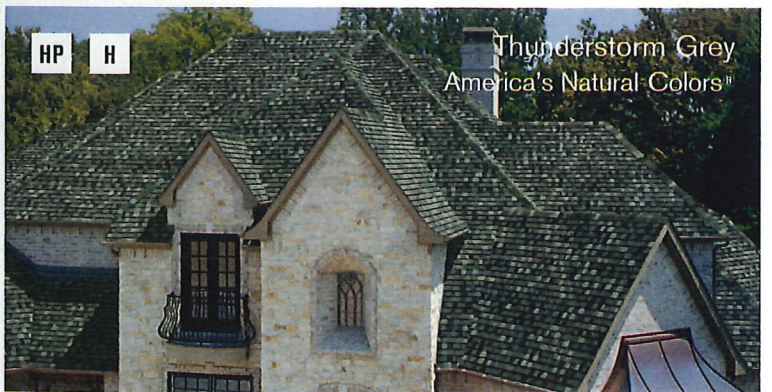
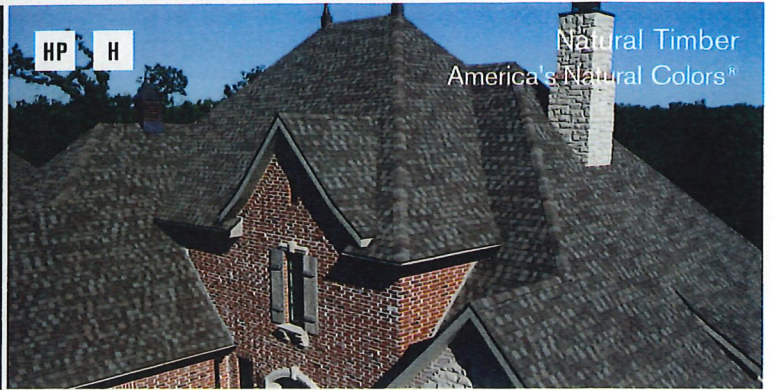
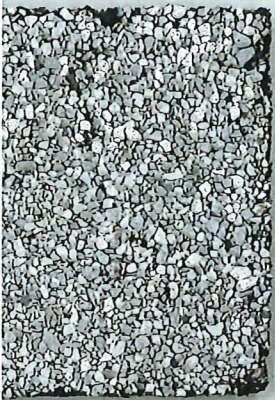
Will the proposed work require a Zoning Variance? No Yes, Code Section(s): _____

Application Requirements

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









CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#19-29 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 217 Avenue A

Contributing

Non-Contributing

Individually Designated matching

SITE ALTERATIONS:

| Request | Conditions | Applicable Standards |
|--|------------|--|
| Consideration of an approval for installation of 4' x 5' equipment enclosure. The enclosure will be painted white to match the main commercial building. 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

4/22/2019
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 | James E Hatfield P.O. Box 1506 Fort Pierce, FL 34954 | E-Mail |
| Applicant | Dallas Wesley 1001 Saeger Avenue Fort Pierce, FL 34982 | E-Mail adallasnicolewesley@yahoo.com |
| Other | Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department | E-Mail E-Mail E-Mail |



APR 17 2019

COA# 19-29

Bldg. Permit # _____

CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 217 Avenue A Ft. Pierce, FL 34950

Parcel ID #: 241050300750005

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): James E. Hatfield

Mailing Address: P.O. Box 1566, Ft. Pierce, FL 34954

Phone Number(s): 772 216 1565 Email: —

Applicant Name(s): Dallas Wesley

Mailing Address: 1001 Saeger Ave Ft Pierce, FL 34982

Phone Number(s): 772-801-7330 Email: dallasnicolewesley@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, James E. Hatfield as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

17 APR 19
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: installing aeroproduct to provide screening of equipment - And paint white to match the building.

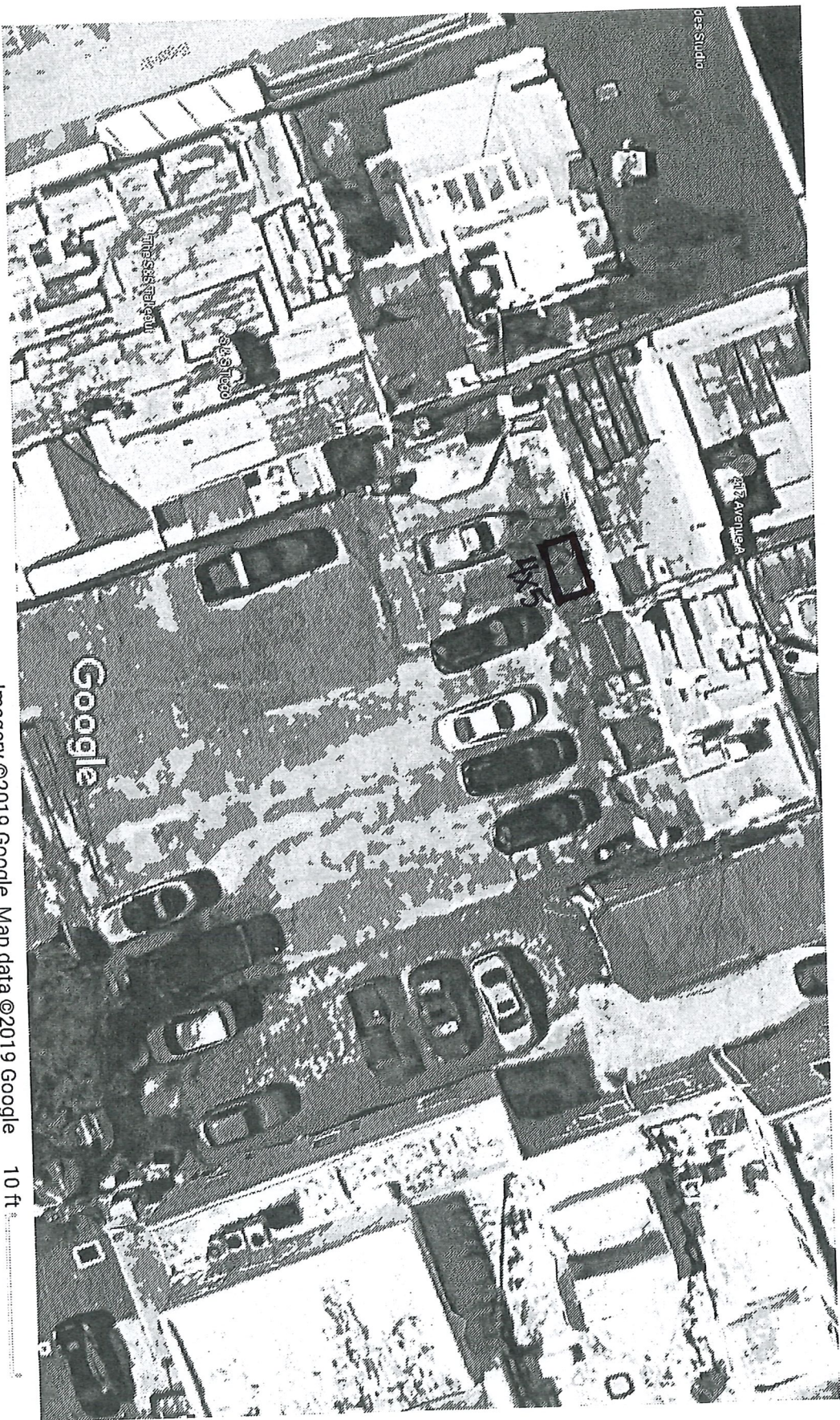
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.

Google Maps



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