

### **Administrative Certificates of Appropriateness**

Attached are Certificates of Appropriateness issued administratively in May 2019.

- COA #19-30, 804 Delaware Avenue– Install new roof
- COA #19-33, 133 S 13<sup>th</sup> Street – Install new fence
- COA #19-35, 701 Orange Avenue – Install new awning
- COA #19-36, 808 Atlantic Avenue – Install new fence
- COA #19-37, 201 S 2<sup>nd</sup> Street – Install new sign
- COA #19-38, 239 S Indian River Drive – Deck replacement
- COA #19-39, 906 Delaware Avenue – Install new fence
- COA #19-40, 100 N 2<sup>nd</sup> Street – Replace hurricane shatters





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

COA# 19-30

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 804 Delaware Ave Fort Pierce  
Parcel ID #: 2410-707-0006-000-7  
Type of Designation:  Contributing  Non-contributing Site within the \_\_\_\_\_ Historic District  
 Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

### Property Owner/ Applicant Information

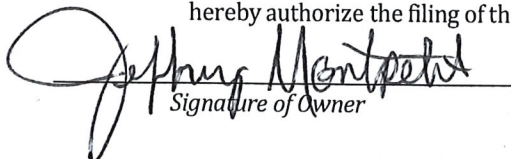
Property Owner(s) Name(s): Jeffery Montpetit  
Mailing Address: 804 Delaware Ave, Fort Pierce, FL 34950  
Phone Number(s): 772-201-6449 Email: coachjeffmontpetit@yahoo.com

Applicant Name(s): All American Roofing & Coating of Florida, Inc  
Mailing Address: 340 SE Seville St., Stuart, FL 34994  
Phone Number(s): 772-781-4410 Email: Office@allamericanroofer.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, Jeffrey Montpetit as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

  
Signature of Owner

5/17/19  
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) Shingle to Metal Reroof 26ga 5-V

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

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

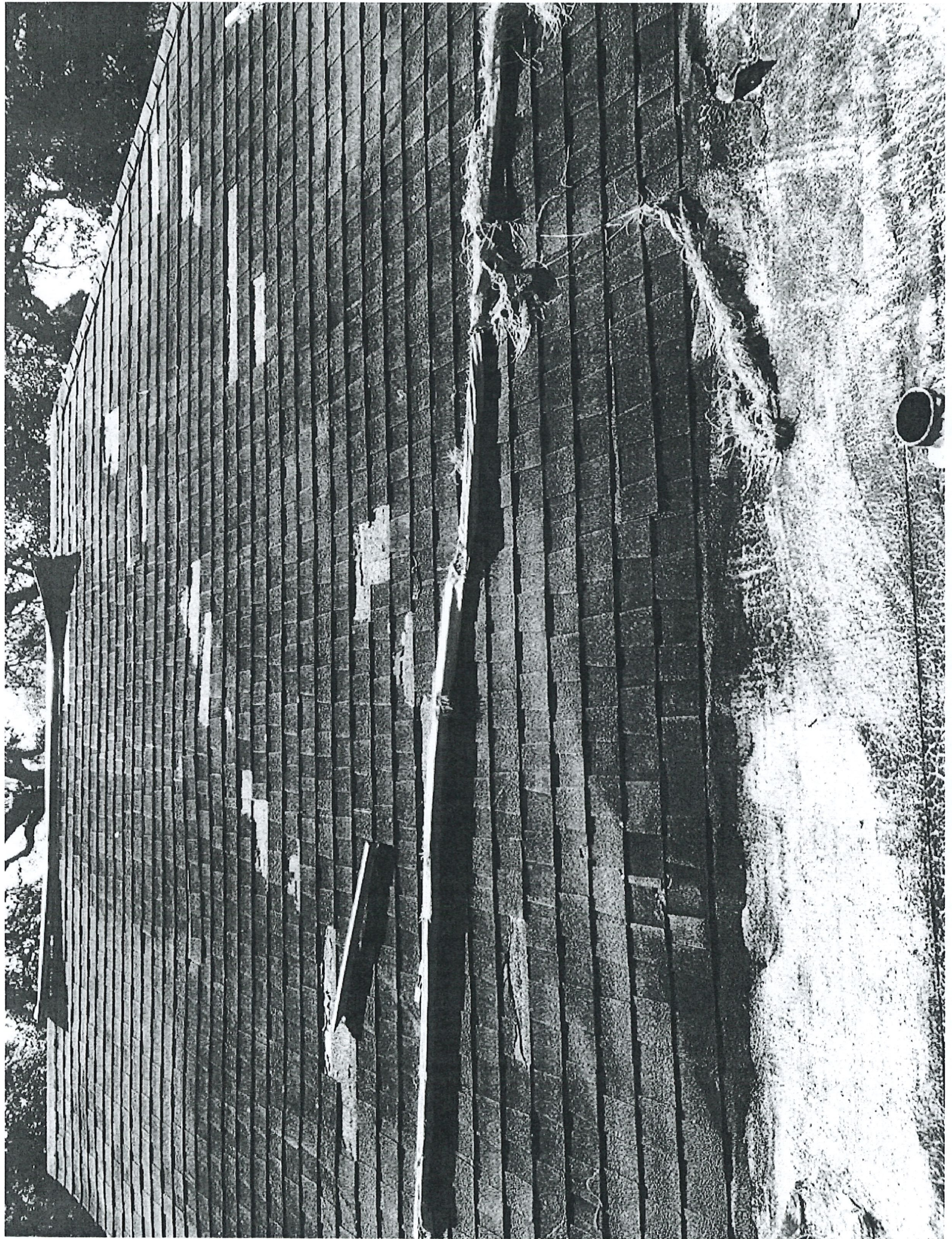
Tear off existing shingle roof system, reail and repair existing decking. Install underlayment, install metal roof system.

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

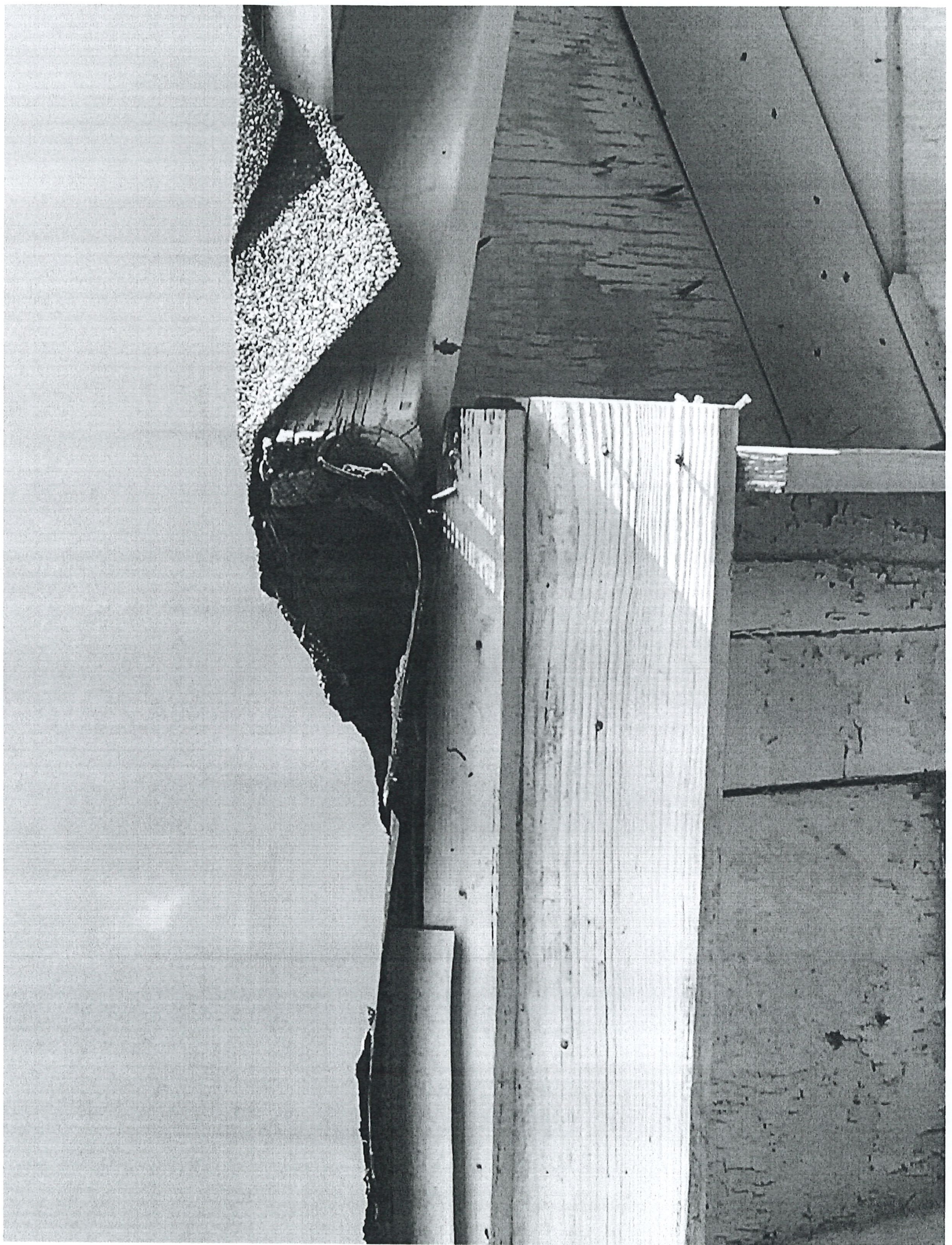
Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

**Application Requirements**

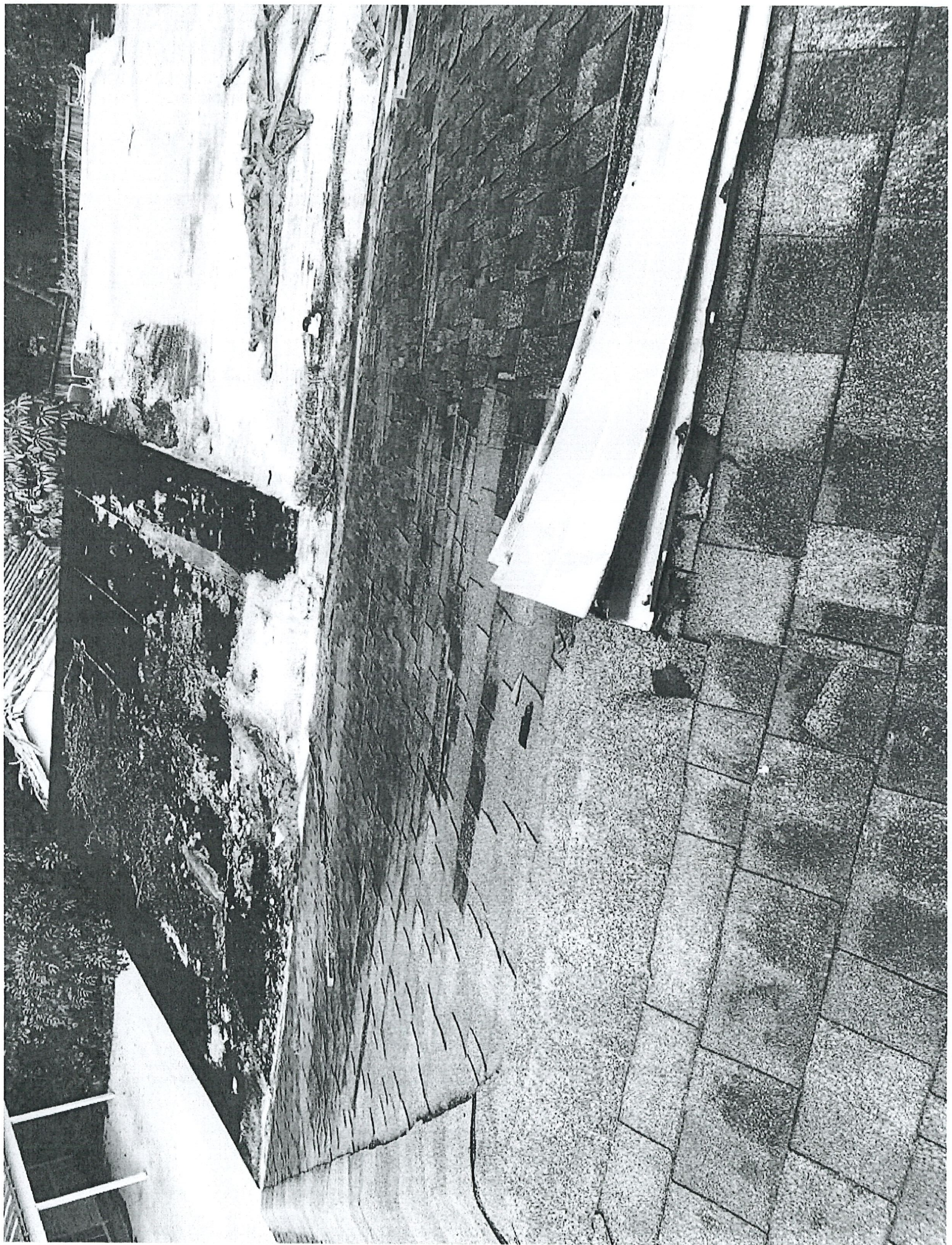
- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
  - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
  - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the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



















RECEIVED

MAY 02 2019

COA# 19-33

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

CITY OF FORT PIERCE  
PLANNING & ZONING

# Certificate of Appropriateness Application

## Building & Site Information

Address of the Site: 133 S 13<sup>th</sup> St Ft Pierce Fl

Parcel ID #: 2409 812 0010 0007

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): Kathryn Harnage

Mailing Address: 133 S 13<sup>th</sup> St Ft Pierce Fl

Phone Number(s): 863-216-9208 Email: Kharnage@yahoo.com

### Applicant

Name(s): Kathryn Harnage

Mailing Address: 133 S 13<sup>th</sup> St. Ft Pierce Fl

Phone Number(s): 863-216-9208 Email: Kharnage@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, Kathryn Harnage as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Kathryn Harnage  
Signature of Owner

4-16-2019  
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) Install left Cattle Panel Fence

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

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

left Fencing using cattle panels and 2x4 wood Posts and trim. With three gate opening

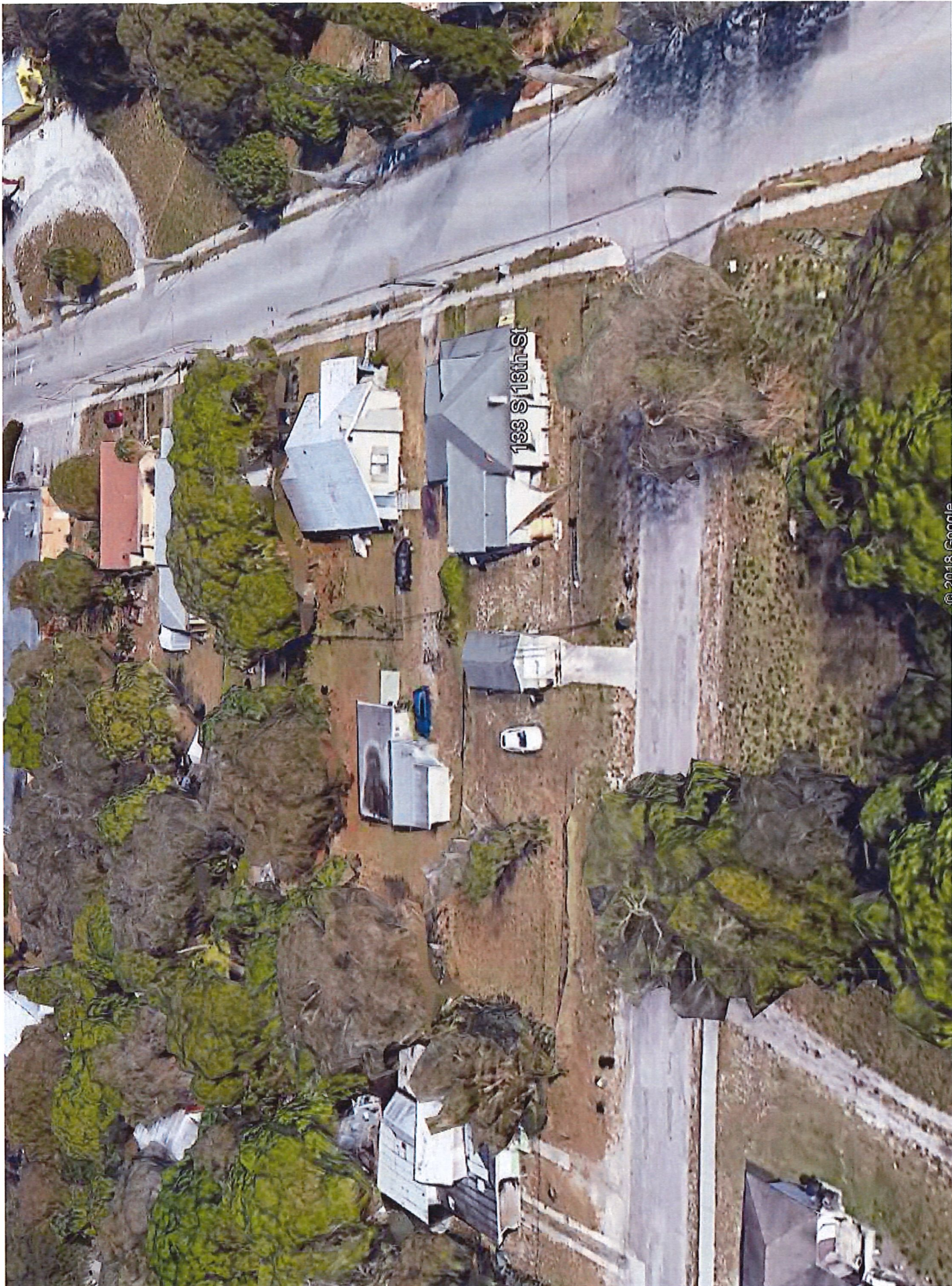
Have other alterations been made to the site within the last 12 months?  No  Yes, \_\_\_\_\_

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

**Application Requirements**

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











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

COA# 19-35



# CITY OF FORT PIERCE

PLANNING DEPARTMENT

RECEIVED

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

MAY 10 2019

CITY OF FORT PIERCE  
PLANNING & ZONING

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 701 Orange Ave. Ft. Pierce Fl. 34950

Parcel ID #: 2410-703-0004-000-1

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

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

### Property Owner/ Applicant Information

Property Owner(s) Name(s): 701 orange Ave. LLC

Mailing Address: 1221 Delaware Ave. Ft. Pierce Fl. 34950

Phone Number(s): 772-293-0185 Email: tridentproperty@bellsouth.r

Applicant Name(s): Michael Broderick

Mailing Address: 1221 Delaware Ave. Ft. Pierce Fl. 34950

Phone Number(s): 561-719-3356 Email: tridentproperty@bellsouth.net

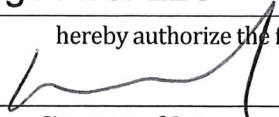
Representative Name(s): Same

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, 701 Orange Ave. LLC as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

  
\_\_\_\_\_  
Signature of Owner

5/10/19  
\_\_\_\_\_  
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 type="checkbox"/> Roof       |
| <input type="checkbox"/> Window(s)      | <input type="checkbox"/> Signage          | <input type="checkbox"/> Shutter(s) | <input type="checkbox"/> Porch      |
| <hr/>                                   |   |                                     |                                     |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

Site Improvements (describe) Awning over rear entranceway door

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

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

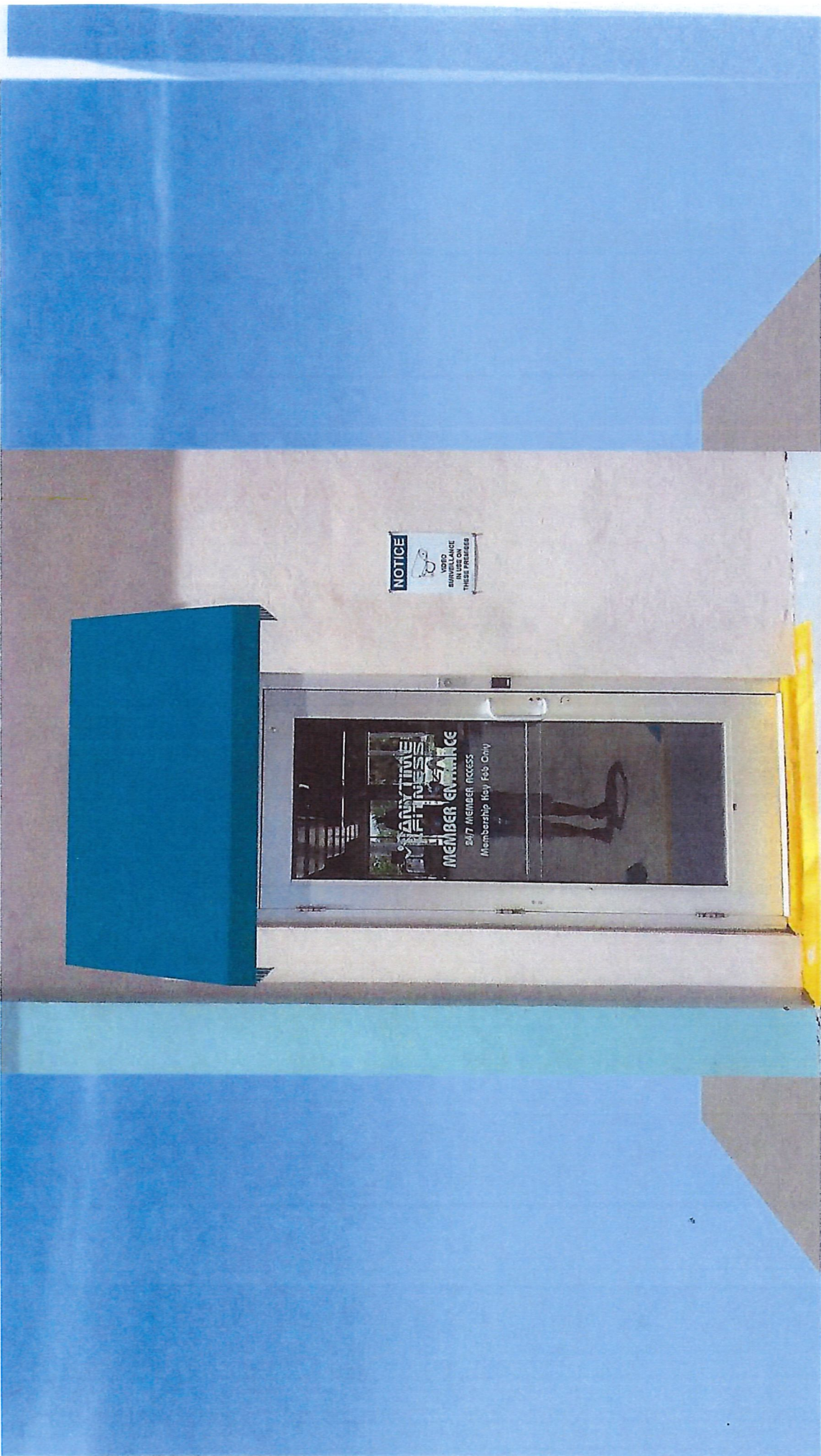
Install awning over rear entranceway door utilized by members and staff to enter the facility

**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.



5' width  
40" projection  
4' Drop

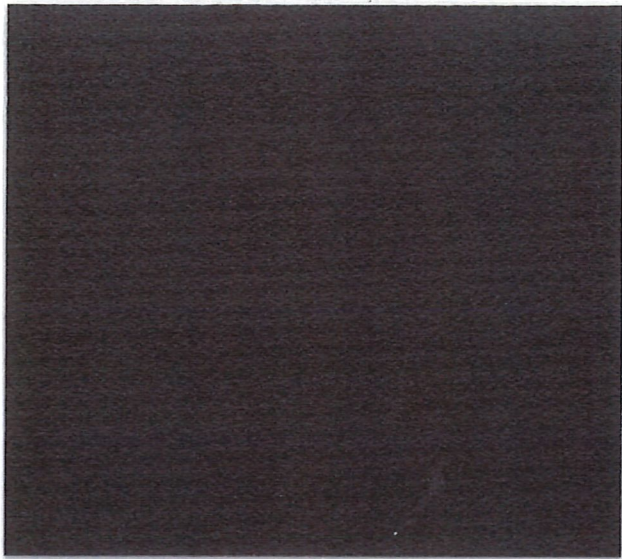
COST = \$550.00



# Patio500®

61" / Nominal 17.5 oz. per square yard. Put up on approximately 50 yard rolls.

Patio 500® has exceptional resistance to mildew and UV rays making this waterproof fabric the perfect choice for awnings, canopies and commercial installations in sunny, high humidity areas. Made with wick and craze resistant polyester weft-inserted warp knit scrim, Patio 500 has a matte, linen-like finish that combines long-lasting good looks with exceptional dimensional stability and superior strength. It accepts graphics including heat-sealed and inset fabrics, silk screening, hand painting, appliqué and more. Pressure sensitive adhesive vinyl graphics are not recommended. Made in the USA. 5-Year Limited Warranty (excluding pattern 513 Clear). FR Standards Met: California State Fire Marshal F-86501; NFPA 701; ASTM E84, Class A



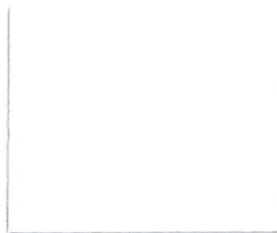
**508 BLACK**  
858508



**513 CLEAR**  
858513



**523 WHITE**  
858523



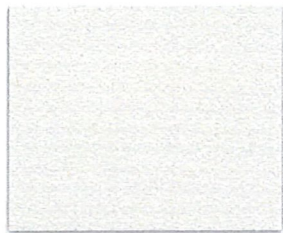
**541 DESIGNER WHITE**  
858541



**524 EGGSHELL**  
858524



**522 BEIGE**  
858522



**538 PARCHMENT**  
858538



**537 CHAMPAGNE**  
858537



**540 TIMBER**  
858540



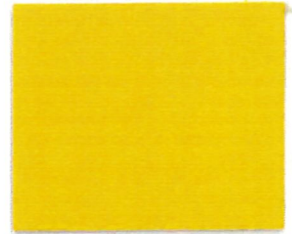
**528 PEWTER**  
858528



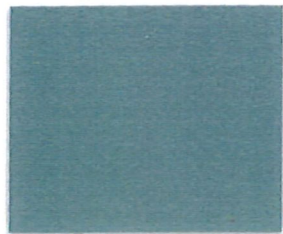
**506 SLATE GRAY**  
858506



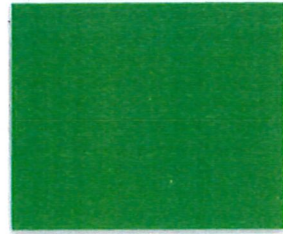
**515 BUFF**  
858515



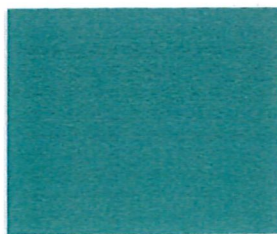
**566 SUNFLOWER**  
858566



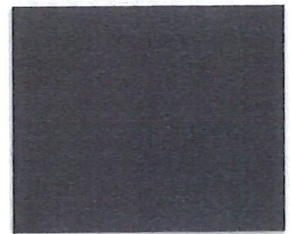
**564 TEAL**  
858564



**514 LIME GREEN**  
858514  
PREMIUM



**567 JADE**  
858567



**543 SPRUCE**  
858543





RECEIVED

MAY 15 2019

COA# 19-36

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

CITY OF FORT PIERCE  
PLANNING & ZONING

# Certificate of Appropriateness Application

## Building & Site Information

Address of the Site:

808 Atlantic Ave

Parcel ID #:

2410-706-0021-000-5

Type of Designation:

Contributing    Non-contributing   Site within the SAMPLE Historic District

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

## Property Owner/ Applicant Information

Property Owner(s)

Name(s):

FAYTH T. MCLEOD

Mailing Address:

822 Atlantic Ave, Fort Pierce, FL

Phone Number(s):

347 820 1957 Email: MCLAUDIUS1@NET30.COM

Applicant

Name(s):

MICHAEL MCLEOD

Mailing Address:

822 Atlantic Ave, Fort Pierce 34950

Phone Number(s):

347 820 1957 Email: MCLAUDIUS1@NET30.COM

Representative

Name(s):

SAME / OWNER

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

Michael McLeod  
Signature of Owner

5/13/19  
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:

- Move back 6' Fence To Property Line  
- Install 8' Gate  
- Install 6" Privacy Fence along east side from end of property to

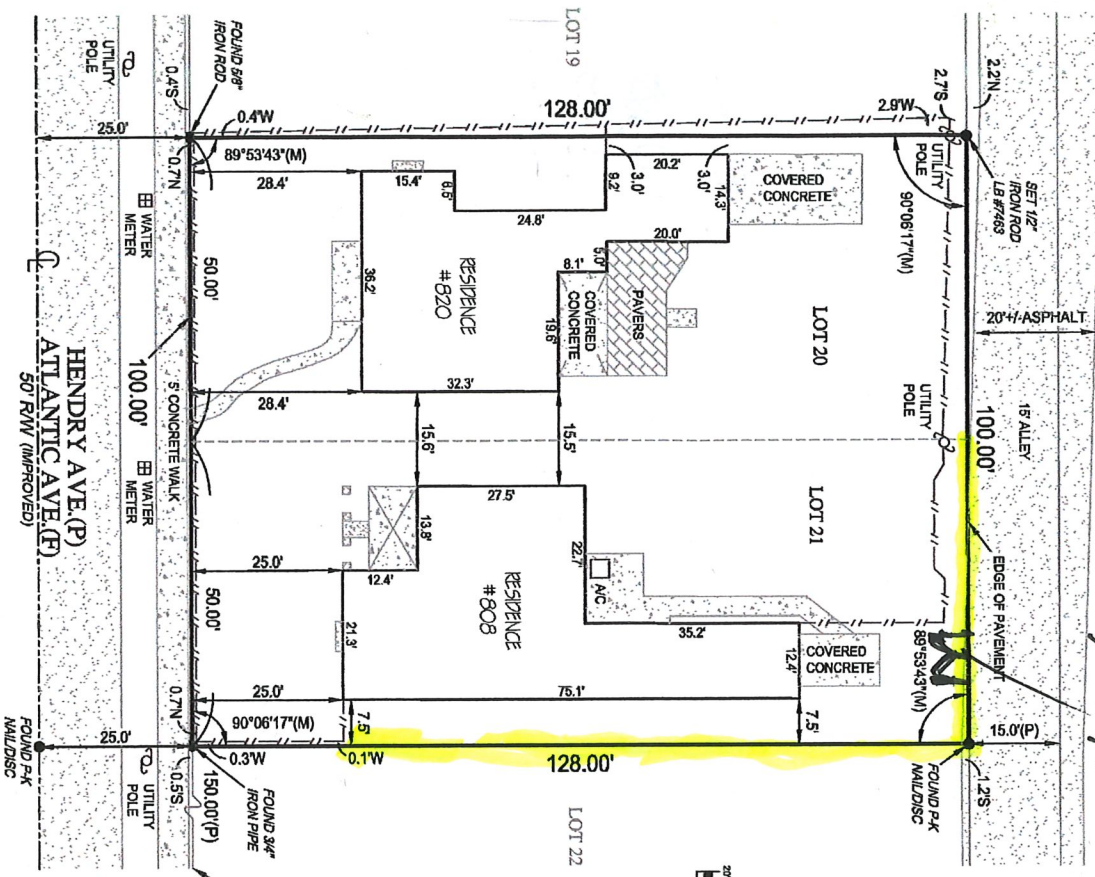
Have other alterations been made to the site within the last 12 months?  No  Yes, \_\_\_\_\_

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

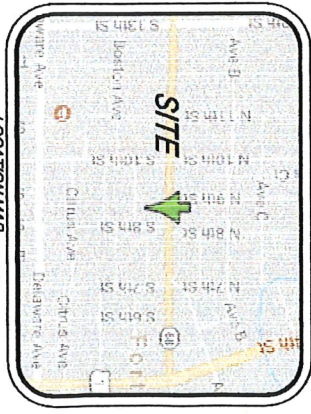
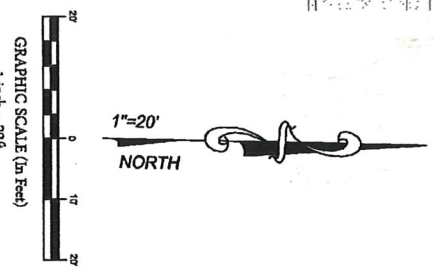
**Application Requirements**

- \$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.

- NOTES:**
- LEGAL DESCRIPTION PROVIDED BY CLIENT
  - NO SEARCH OF THE PUBLIC RECORD FOR THE PURPOSE OF ABSTRACTING TITLE WAS PERFORMED BY THIS OFFICE
  - NO SEARCH OF THE PUBLIC RECORD FOR THE PURPOSE OF ABSTRACTING TITLE WAS PERFORMED BY THIS OFFICE
  - NO SUBSURFACE IMPROVEMENTS WERE LOCATED AS PART OF THIS SURVEY
  - ALL ANGLES AND DISTANCES SHOWN HEREON ARE BOTH RECORDED AND MEASURED UNLESS OTHERWISE NOTED



*Gate*



**LEGAL DESCRIPTION:**  
 LOTS 20 AND 21, PARKWAY PLACE, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 4, PAGE 7, OF THE PUBLIC RECORDS OF ST. LUCIE COUNTY, FLORIDA.

FLOOD ZONE: X  
 COMMUNITY NUMBER: 120286  
 PANEL: 12111C0179  
 SUFFIX: J

**ABREVIATION DESCRIPTION:**

A/C	AIR CONDITIONER
C/L	CENTERLINE
P	PLAT
LB	LICENSED BUSINESS
P-K	PARKER KYLON NAIL
M	MEASURED
R/W	RIGHT OF WAY

**Kenneth J. Osborne PSM #6415**  
 THIS SURVEY IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER

6250 N. MILITARY TRAIL, SUITE 102  
 WEST PALM BEACH, FL 33407  
 www.compassurveying.net

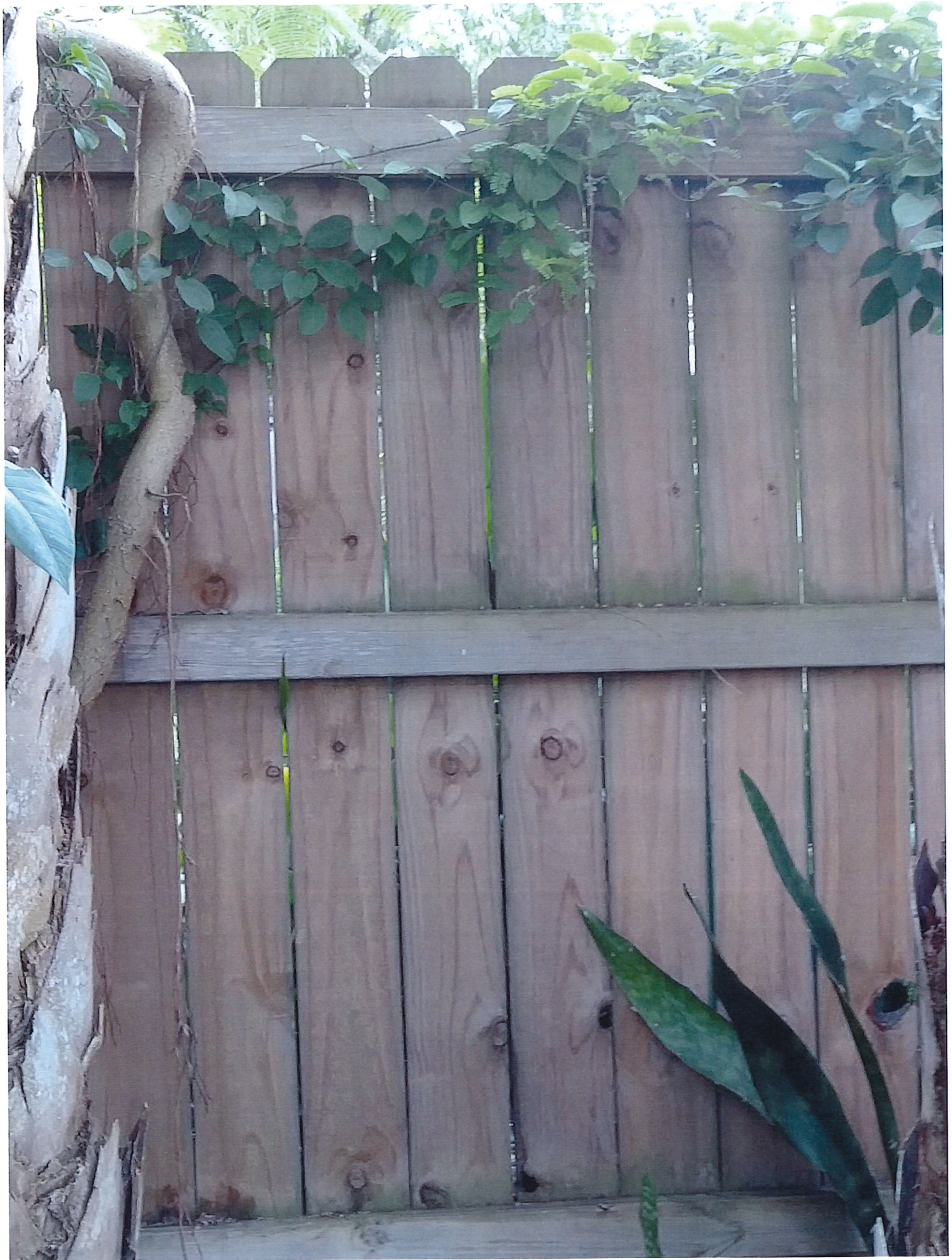
**COMPASS SURVEYING**

LB. 7463 PHONE: 561.640.4800 FAX: 561.640.0576

Project: C-15378  
 Date: 11-10-2017  
 Scale: 1" = 20'

1 of 1

BOUNDARY SURVEY OF  
 808 AND 820 ATLANTIC AVENUE  
 FORT PIERCE, FL 34950  
 PREPARED FOR  
 MICHAEL McLEOD





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

COA#19-37     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address 201 S 2<sup>nd</sup> Street

Contributing                       Non-Contributing                       Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Install exterior wall sign (15.28 Sq. Ft.), Non Illuminated, Metallic Gold, Injection Molded Plastic Letters to read "George Lambeth Metcalfe P.A."  Please see attached drawing.		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

\_\_\_\_\_  
(Maria Lewicka, AICP                      5/20/19  
Historic Preservation Planner                      Date

*This alteration meets the Secretary of the Interior's Standards for the Treatment of Historic Properties and the City of Fort Pierce Code of Ordinances.*

*Should you have any further questions or concerns, contact Maria Lewicka, Historic Preservation Planner, at (772) 467-3738 or via e-mail at [mlewicka@city-ftpierce.com](mailto:mlewicka@city-ftpierce.com).*

*Thank you for your efforts to preserve and redevelop historic Fort Pierce through your participation in the Certificate of Appropriateness Application process. Staff looks forward to working with you in the future to preserve and rehabilitate our historic neighborhoods and structures.*

Provided to:	Name/Address	Via
Owner	Kraaz & Kraaz Finance LLC 201 S 2nd Street Ste 206 Fort Pierce, FL 34959	
Representative	Glomaster Sign Co. Inc. 4141 Bandy Blvd. Fort Pierce, FL 34981	E-Mail <a href="mailto:Signs30@bellsouth.net">Signs30@bellsouth.net</a>
Other	Marc Meyers, CFP Building Official Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



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

COA# 19-37

# Certificate of Appropriateness Application

RECEIVED

MAY 17 2019

## Building & Site Information

CITY OF FORT PIERCE  
PLANNING & ZONING

Address of the Site: 201 S. 2nd St.

Parcel ID #: 2410-806-0008-000-5

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

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

## Property Owner / Applicant Information

Property Owner(s) Name(s): Kraaz & Kraaz Finance LLC

Mailing Address: 201 S. 2nd St. Suite 206

Phone Number(s): 772-370-4777 Email: \_\_\_\_\_

Applicant Name(s): Glomaster Sign Co., Inc.

Mailing Address: 4141 Bandy Blvd.

Phone Number(s): 772-464-0718 Email: signs30@bellsouth.net

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, Kraaz & Kraaz Finance, LLC as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Hans Kraaz  
Signature of Owner

5/12/19  
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 type="checkbox"/> Roof       |
| <input type="checkbox"/> Window(s)      | <input checked="" 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) New Tenant Signage on Building

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

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

Install new tenant signage on face of building 10" Non Lit Molded Plastic Letters

George Lambeth Metcalfe P.A. Color Gold

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

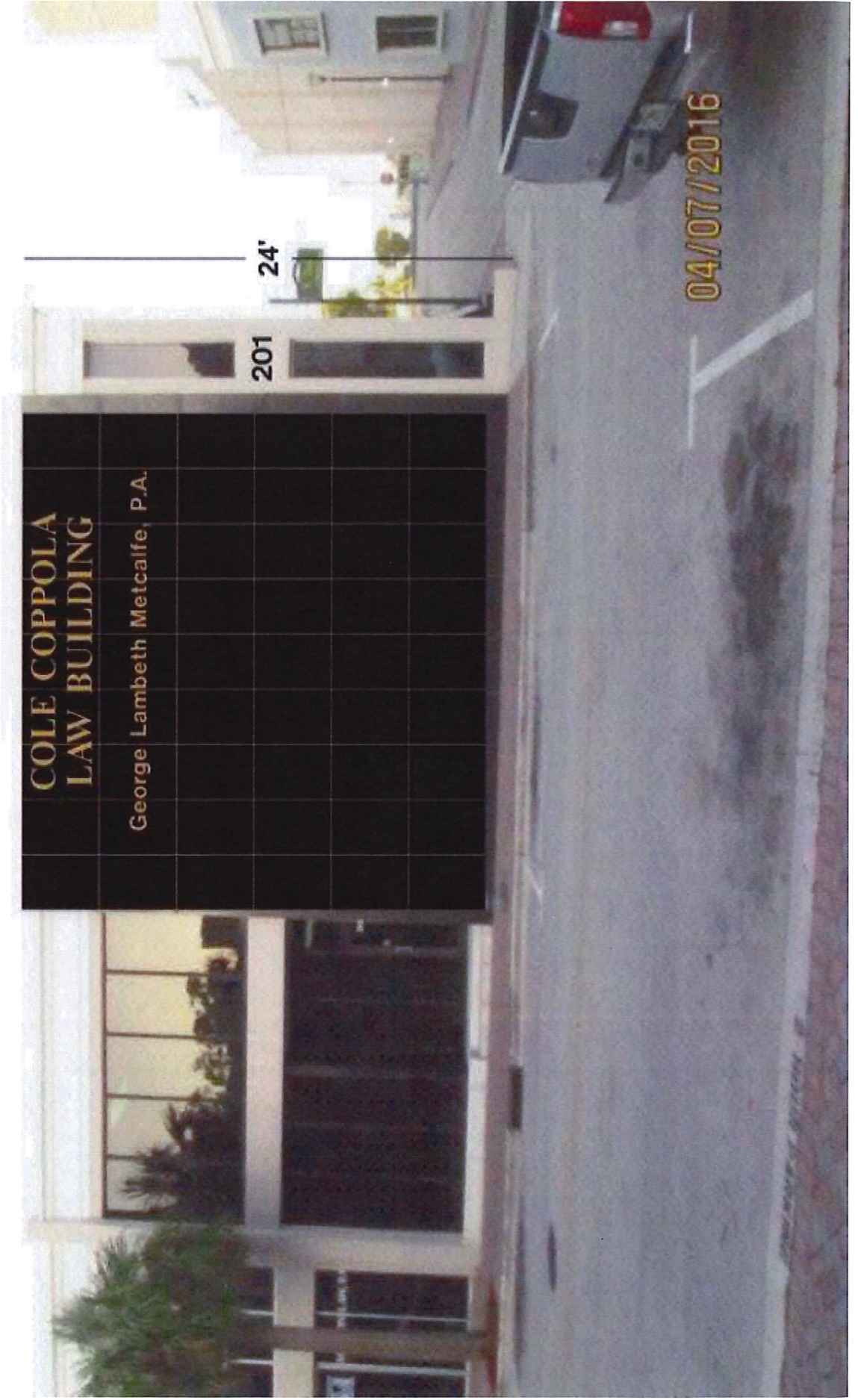
Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

**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.

15" X 14' 10" LENGTH BUILDING NAME (EXISTING) NON-ILLUMINATED INJECTION MOLDED LETTERS  
FONT TIMES BOLD COLOR METALLIC GOLD  
10" X 18'4" TENANT NAME (NEW LETTERS) FONT HELVETICA 15.21 SQ. FT.  
(EXISTING) COLE COPPOLA LAW BUILDING OVERALL MEASURES 36" X 14'10" = 44.49 SQ. FT.

50'







RECEIVED

MAY 21 2019

CITY OF FORT PIERCE  
PLANNING & ZONING

COA# 19-38

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

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 239 S. Indian River Drive

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): Martin Mohr

Mailing Address: 4560 S 25 Street, Ft. Pierce FL 34981

Phone Number(s): 954 665-4553 Email: twomohrweeks@gmail.com

#### Applicant

Name(s): Kevin Firestone Firestone Construction

Mailing Address: 2183 S. Brocksmith Rd Fort Pierce FL 34945

Phone Number(s): 772-216-9379 Email: firestoneconst@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 as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]  
Signature of Owner

5-16-19  
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) \_\_\_\_\_

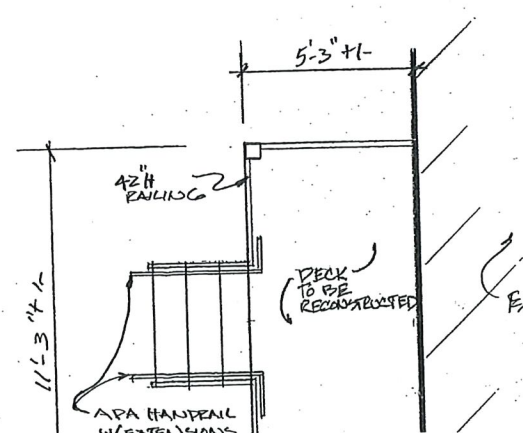
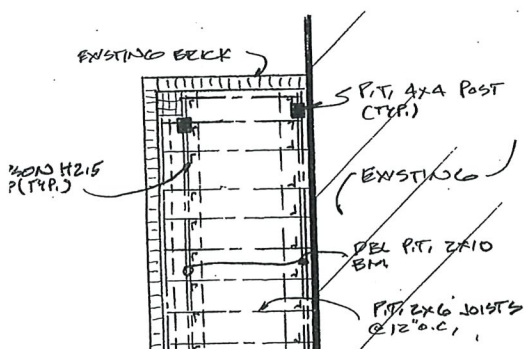
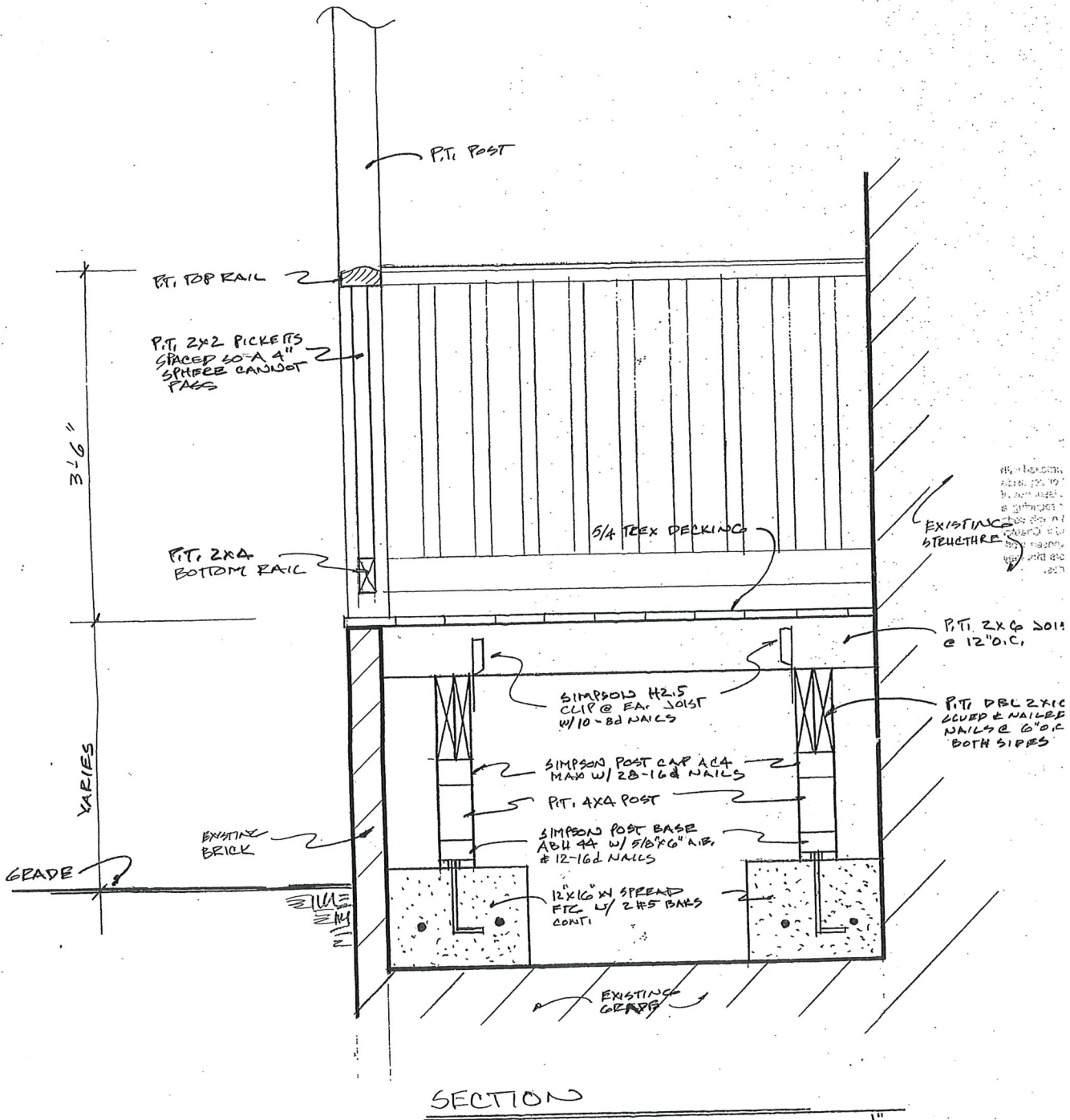
Please provide a detailed description of the proposed work to be performed: Existing Deck is rotten beyond repair. The structural integrity of the roof over the deck is compromised. Replacement of Structural Framing on the deck, new composite decking and railing

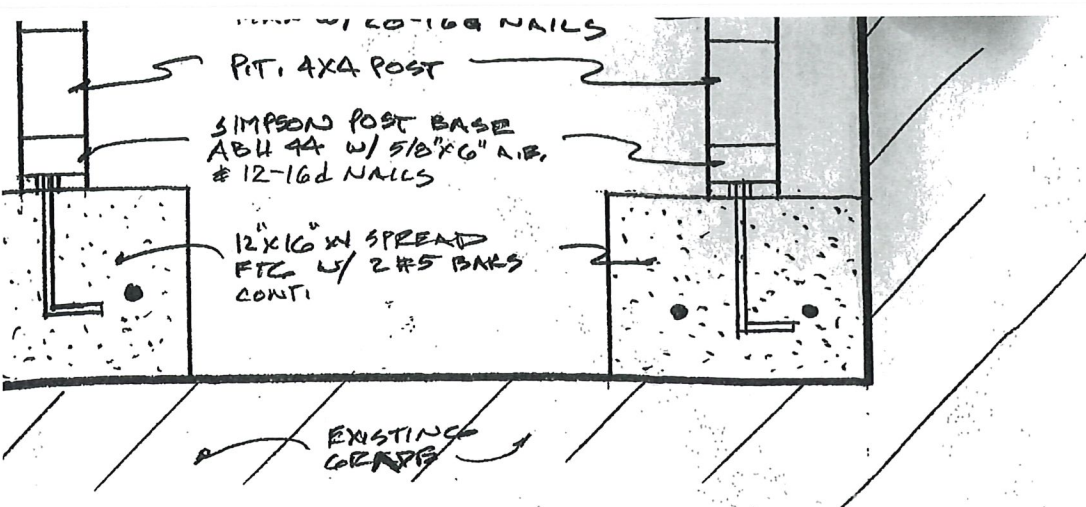
Have other alterations been made to the site within the last 12 months?  No  Yes, Windows

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

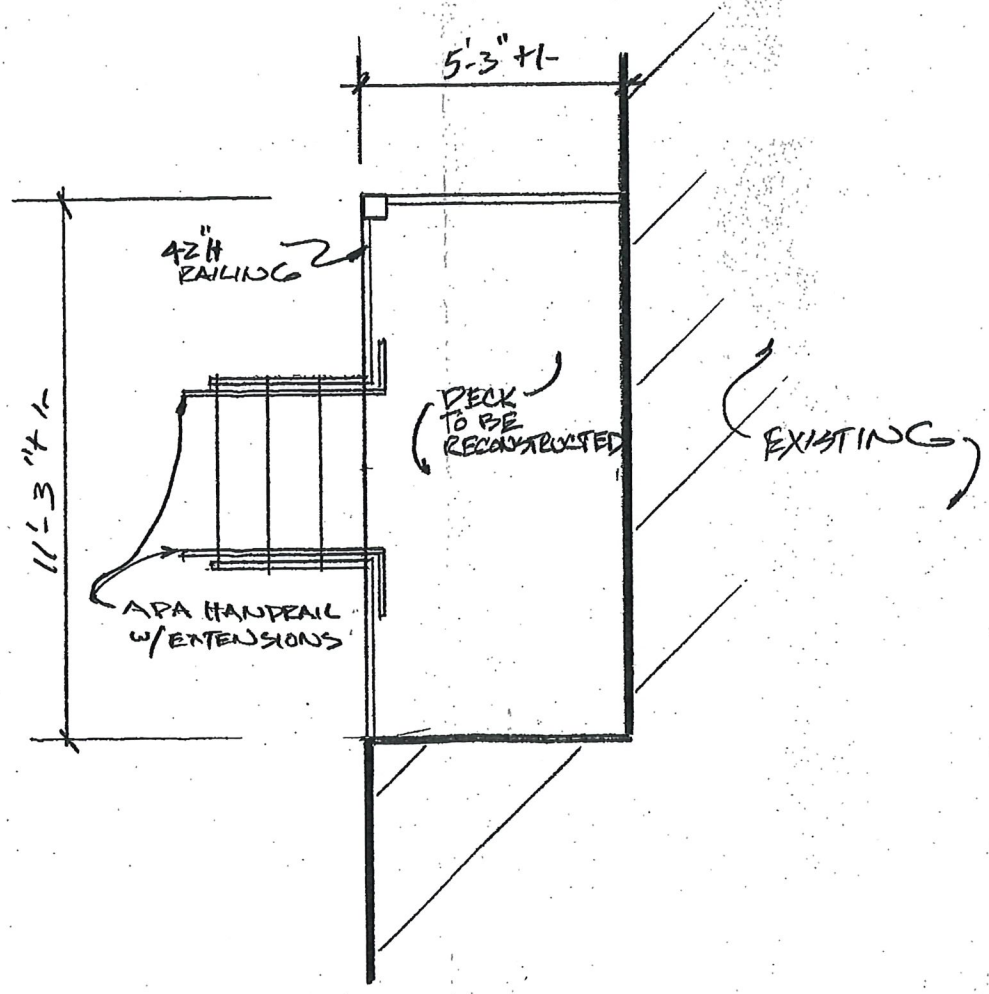
**Application Requirements**

- \$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.





SECTION



FLOOR PLAN



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

PERMIT # 19-1728  
FBC (2017) 6<sup>th</sup> Edition

PIN # \_\_\_\_\_

Building Department Project Manager:  
*Shanna*

\*Property Address 239 S Indian River Drive, Fort Pierce FL \*Date 5/15/2019

Parcel ID# 2410-803-0005-000-5 \*# of plans submitted \_\_\_\_\_ \*# of CD's submitted \_\_\_\_\_

(Located on your tax bill)  
\*Owner Name Boston House of Fort Pierce LLC \*Owner Address 3389 Sheridan St #471 Hollywood FL 33021

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # ( 678 ) 937 - 1542

Email Address shellynjohn90@gmail.com

**\*Required Information**

Type of permit Deck \*Valuation \$ 2400.00

\*Description of Work: Side entrance deck is rotten due to water leak. Rebuild same size deck and railings.

Architect: Architectonics Inc 806 Delaware Ave. Fort Pierce FL 34950

Phone ( 772 ) 460 - 7751 Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Engineer: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

**\*CONTRACTOR/APPLICANT INFORMATION:**

City License # \_\_\_\_\_ State License # CGC1510180

Company Name Firestone Construction Inc Qualifier Kevin Firestone

Address 2183 S Brocksmith Rd City/State Fort Pierce FL Zip 34945

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # ( 772 ) 216 - 9379

Email Address firestoneconst@gmail.com

Occupancy CR Construction Type Wood # of Units \_\_\_\_\_ # of Stories 3

Sq. Ft. Conditioned Space 4446 Total Sq. Ft. 5105

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.





MAY 22 2019

CITY OF FORT PIERCE  
PLANNING & ZONING

COA# 19-39

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

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: \_\_\_\_\_

906 Delaware Ave.

Parcel ID #: \_\_\_\_\_

2410-705-0017-000-1

Type of Designation:

Contributing    Non-contributing   Site within the \_\_\_\_\_ Historic District

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

### Property Owner / Applicant Information

Property Owner(s)

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

Jeri Batsche

Fort Pierce

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

2503 Lazy Hammock Ln, FL 34981

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

Email: \_\_\_\_\_

see contractor

Applicant

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

Daniels Fence Corp.

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

2885 se Jefferson St. Stuart, FL 34997

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

Email: \_\_\_\_\_

72-283-2383   Permits@DanielsFence.com

Representative

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

Richard / Shannon

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

2885 se Jefferson St Stuart, FL 34997

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

Email: \_\_\_\_\_

72-283-2383   above

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

I / We, \_\_\_\_\_

Jeri Batsche

as Owner(s) of the subject property do

hereby authorize the filing of this application on my/our behalf.

Jeri Batsche  
Signature of Owner

\_\_\_\_\_  
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) wood - 100' of 6' w/ no gates

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

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

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

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

**Application Requirements**

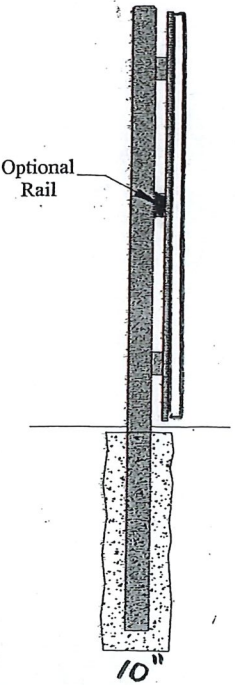
- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
  - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
  - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the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



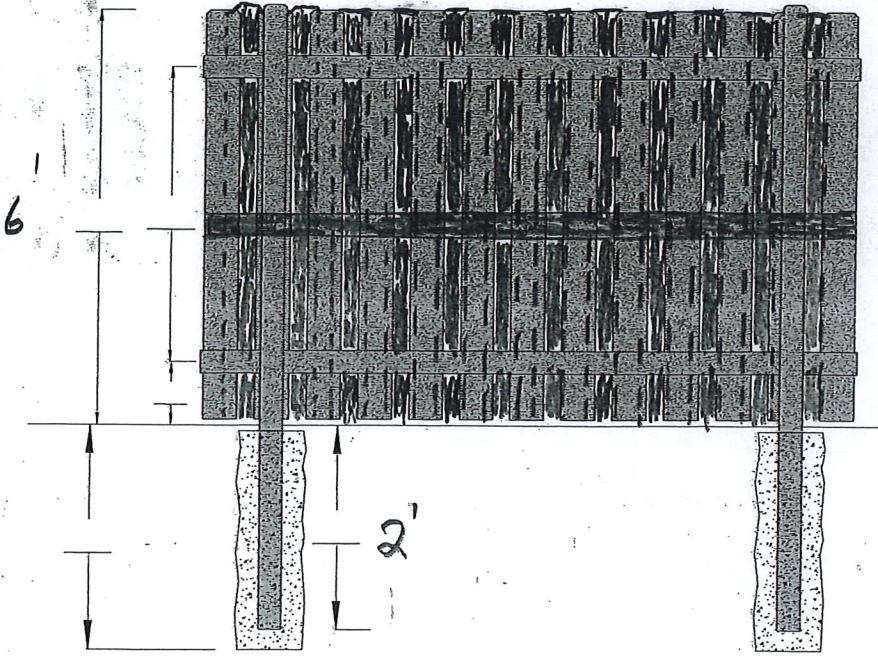
**BOARD ON BOARD**



Top View



Side View



Front View



Project: 906 Delaware Ave	
Site Location:	Date:
<del>SATS</del>	Drawing # W-06

Batsche





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

COA#19-40     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address: 100 N 2<sup>nd</sup> Street

Contributing     Non-Contributing     Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Replace one existing accordion storm shutter (bronze color) on the east side window.  Please see attached.	Storm shutters shall be deployed only upon the issuance of a storm warning from the governing agency authorized to issue such warning.	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

6/07/19  
 Date

*This alteration meets the Secretary of the Interior's Standards for the Treatment of Historic Properties and the City of Fort Pierce Code of Ordinances.*

*Should you have any further questions or concerns, contact Maria Lewicka, Historic Preservation Planner, at (772) 467-3738 or via e-mail at [mlewicka@city-ftpierce.com](mailto:mlewicka@city-ftpierce.com).*

*Thank you for your efforts to preserve and redevelop historic Fort Pierce through your participation in the Certificate of Appropriateness Application process. Staff looks forward to working with you in the future to preserve and rehabilitate our historic neighborhoods and structures.*

Provided to:	Name/Address	Via
Owner	RFMD Investments LLC P.O. Box 650991 Vero Beach, FL 32965	E-Mail <a href="mailto:pattyatrfmd@aol.com">pattyatrfmd@aol.com</a>
Applicant	D.V.T. Hurricane Shutters, Inc. 3100 N Kings Highway Fort Pierce, FL 34951	E-Mail <a href="mailto:Dvthurricanes shuttersinc@hotmail.com">Dvthurricanes shuttersinc@hotmail.com</a>
Other	Paul Thomas, CFP Building Administrator Kim West, CFP Building Department Susan Keller, CFP Building Department	E-Mail E-Mail E-Mail



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

MAY 31 2019

COA# 19-40

CITY OF FORT PIERCE  
PLANNING DEPARTMENT

# Certificate of Appropriateness Application

116 N 2nd St

## Building & Site Information

Address of the Site:

100 N 2nd St. - Ft. Pierce, FL 34950

Parcel ID #:

2410-503-0069-000-0

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):

RFMD Investments LLC

Mailing Address:

P.O. Box 650991 Vero Beach, FL 32965

Phone Number(s):

772-577-4145

Email: pattyatrmdl@aol.com

Applicant

Name(s):

D.V.T. Hurricane Shutters, Inc.

Mailing Address:

3100 N Kings Hwy. Ft. Pierce, FL 34951

Phone Number(s):

772-466-4575

Email: arthurricanes shutters inc@hotmail.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,

RFMD Investments, LLC  
116 N. 2nd Street, Suite 201

Fort Pierce, FL 34950

[Signature] as Owner(s) of the subject property do

authorize the filing of this application on my/our behalf.

[Signature]

Signature of Owner

5/10/19

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) Replace Existing Accordion Shutter.  
 Other (describe) Bronze Color.

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

- Installation of (1) Accordion Shutter  
- We will remove existing Accordion shutter-  
- Replace with up to code Accordion shutter.

Have other alterations been made to the site within the last 12 months?  No  Yes, Install 1 Accordion Shutter.

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.



East

Storefront

- \* Remove old
- \* Install new vics

#1  
273'14  
x  
107

1