



Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 239 S, INDIAN RIVER DR.

Parcel ID #: _____

Type of Designation: Contributing Non-contributing Site within the Downtown 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: 4560 S. 25TH ST FT PIERCE FL 34981

Phone Number(s): 678-517-7493 Email: SHELLY N JOHN 90@GMAIL.COM

Applicant
Name(s): MARTIN MOHR PRESIDENT

Mailing Address: 4560 S. 25TH ST FT PIERCE FL 34981

Phone Number(s): 678-517-7493 Email: SHELLY N JOHN 90@GMAIL.COM

Representative
Name(s): MIKE MENARD w/ ARCHITECTONIC INC.

Mailing Address: 306 DELAWARE AVE FT PIERCE FL 34950

Phone Number(s): 772 460-7751 Email: MMENARD@ARCHITECTONICINC.COM

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.

Martin Mohr
Signature of Owner

9/5/19
Date

Description of Requested Work

Please indicate the type of work requested:

Fence

Shed

Door(s)

Roof

X LIFT

Window(s)

Signage

Shutter(s)

Porch

X SKYLIGHTS

Rehabilitation

New Construction

Demolition

Relocation

Site Improvements (describe) ADD WHEEL CHAIR LIFTS

Other (describe) ADD SKY LIGHTS

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

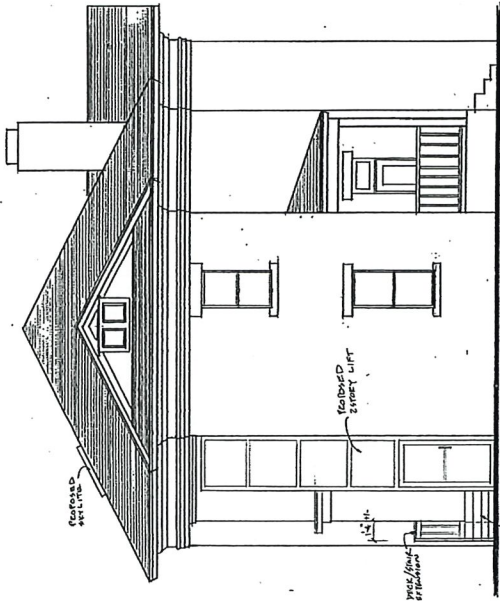
ADD WHEEL CHAIR LIFT @ FRONT & REAR PORCHES
ADD WALK WAY FROM COURTYARD & INSTALL
SKY LIGHTS

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

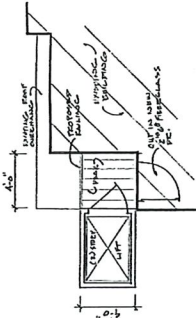
Will the proposed work require a Zoning Variance? No Yes, Code Section(s):

Application Requirements

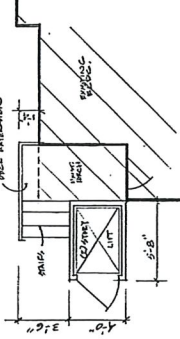
- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
 - > Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
 - > Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the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



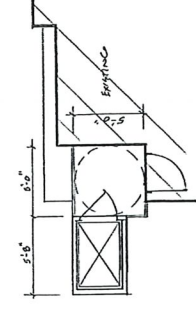
PROPOSED REAR ELEVATION 1/4"



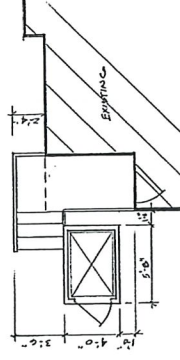
PARTIAL SECOND FLOOR PLAN 1/4"



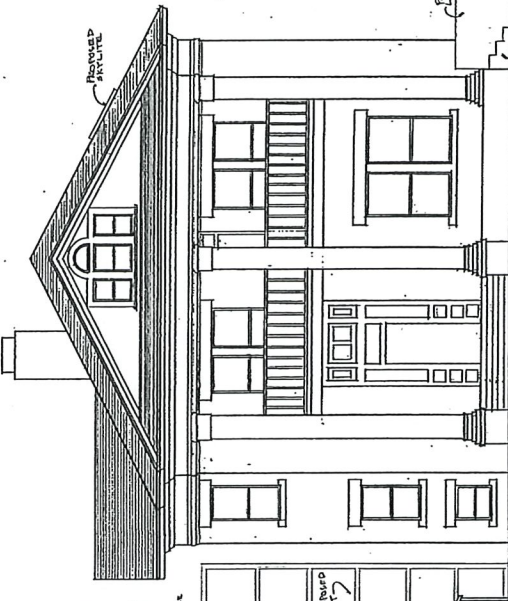
PARTIAL FIRST FLOOR PLAN 1/4"



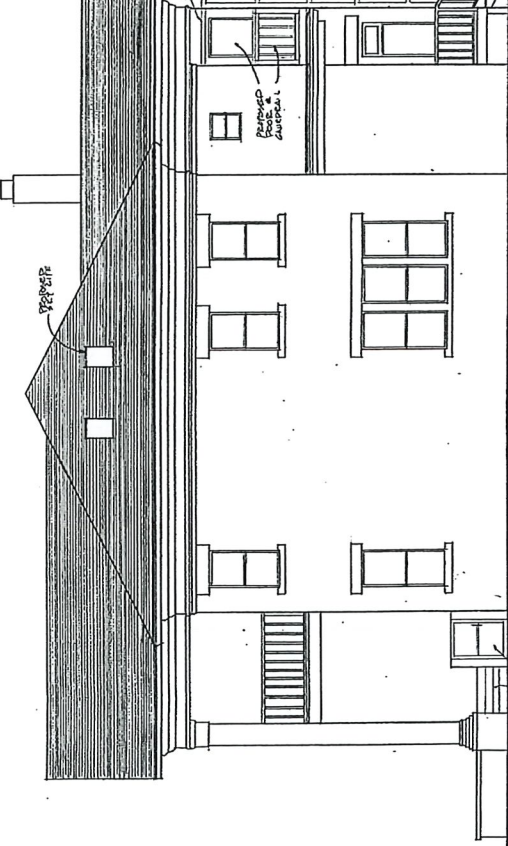
ALT. SECOND FLOOR PLAN 1/4"



ALT. FIRST FLOOR PLAN 1/4"



PROPOSED FRONT ELEVATION 1/4"



PROPOSED RIGHT SIDE ELEVATION 1/4"











