

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in December 2019.

- COA #19-80, 411 N US Highway 1 – Windows Replacement



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#19-80 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 411 N US Highway 1

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove and replace single hung windows with new insulated, impact resistant windows with colonial grid to match existing. Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

Board Approval

Administrative Approval

 Suzanne Boardman, Chair Date
 Historic Preservation Board


 _____ 12/16/19
 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@cityoffortpierce.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	Homar Investments, LLC 2400 S Ocean Drive Fort Pierce, FL 34949	E-Mail
Applicant	Hoyt "Pat" Murphy Jr. 2400 S Ocean Drive Fort Pierce, FL 34949	
Representative	Crist Construction Co. 4365 Gator Trace Ln Fort Pierce, FL 34982	E-Mail jimcrst@yahoo.com



Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 411 N. U.S. 1

Parcel ID #: 2410 603 0015 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): HOMAR Investments, LLC

Mailing Address: 2400 S. Ocean Dr., Ft. Pierce 34949

Phone Number(s): _____ Email: _____

Applicant
Name(s): Hoyt "PAT" Murphy JR.

Mailing Address: 2400 S. Ocean Dr., Ft. Pierce 34949

Phone Number(s): 772-461-3250 Email: _____

Representative
Name(s): CRIST Construction Co.

Mailing Address: 4365 GARDNER TRACE LN. FT. PIERCE 34982

Phone Number(s): 772-320-4024 Email: jimcrst@yahoo.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, Hoyt C. Murphy JR / Homar Investments LLC as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

12/11/19
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 checked="" 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) _____

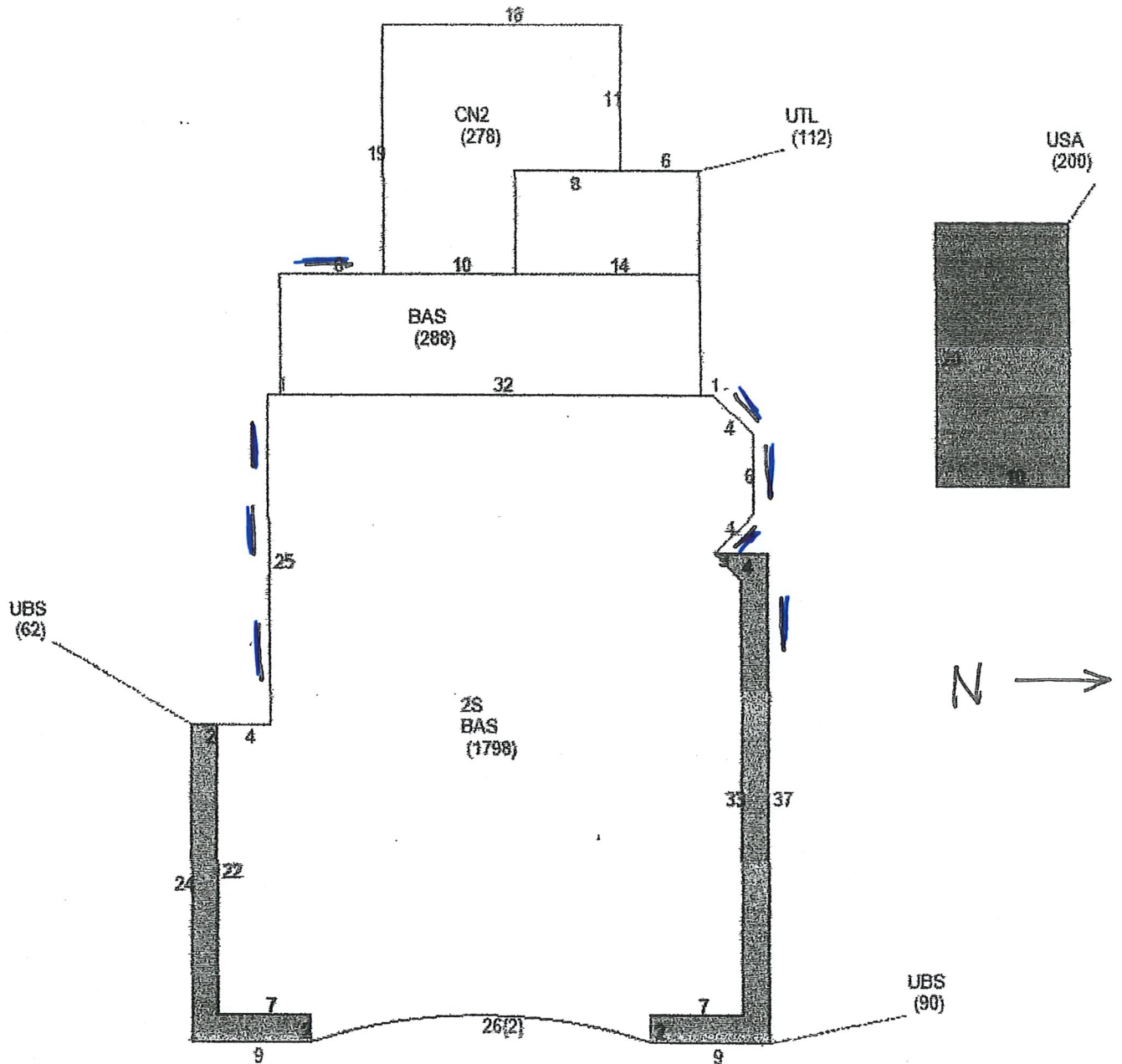
Please provide a detailed description of the proposed work to be performed: Remove + Replace
Single Hung Windows w/ insulated - impact resistant
windows

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.

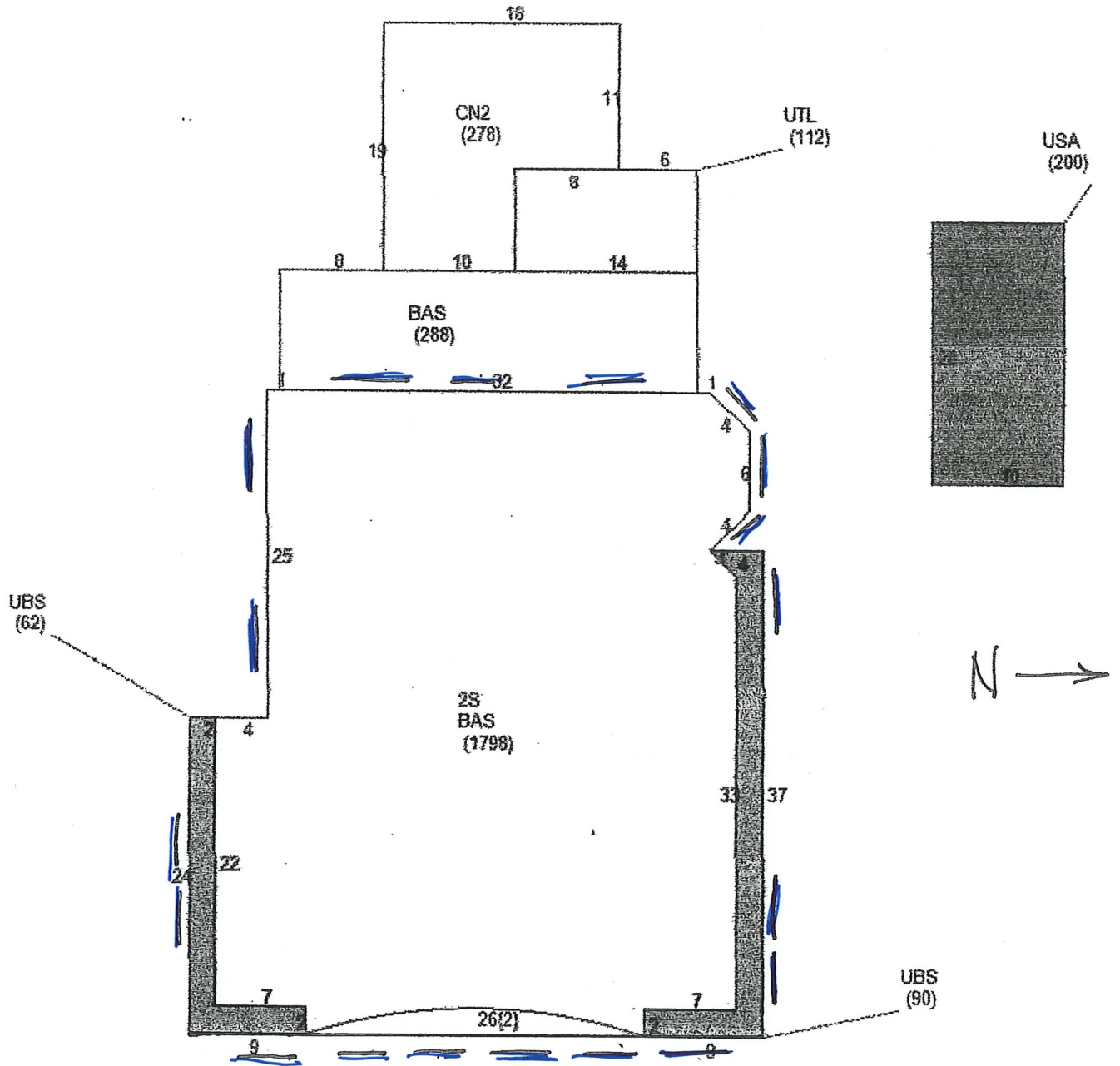


HOMAR INVESTMENTS, LLC
 411 N. U.S 1
 Ft. Pierce, FL 34950

WINDOW REPLACEMENTS
 1ST FLOOR
 NTS

" — " shows
 Locations
 (8)

CRIST CONSTRUCTION CO
 772-370-4024



HOMAR INVESTMENTS, LLC
 411 N. U.S. 1
 FT. PIERCE 34950

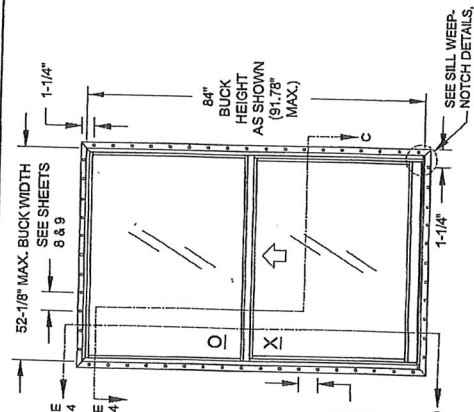
CRIST CONSTRUCTION CO.
 772-370-4024

WINDOW REPLACEMENT
 2ND FLOOR
 NTS
 "—" shows
 locations
 (19)

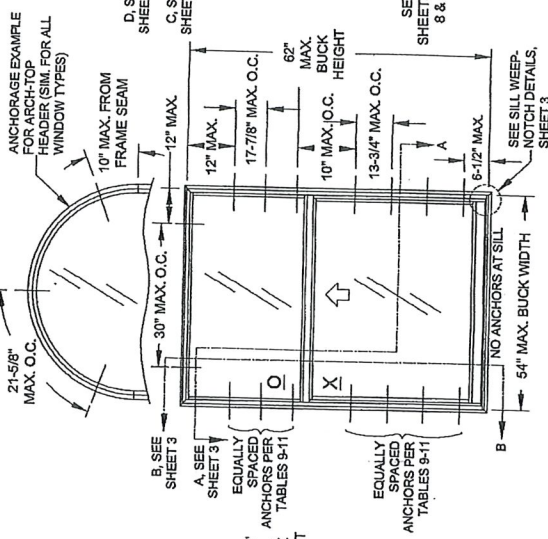




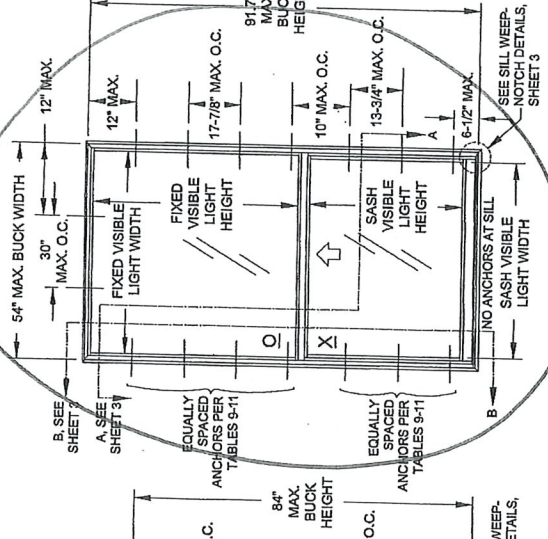
DESIGN PRESSURE RATING	IMPACT RATING
VARIABLE PER REINFORCEMENT LEVEL, SEE SHEETS 6-7	LARGE & SMALL MISSILE IMPACT RESISTANT



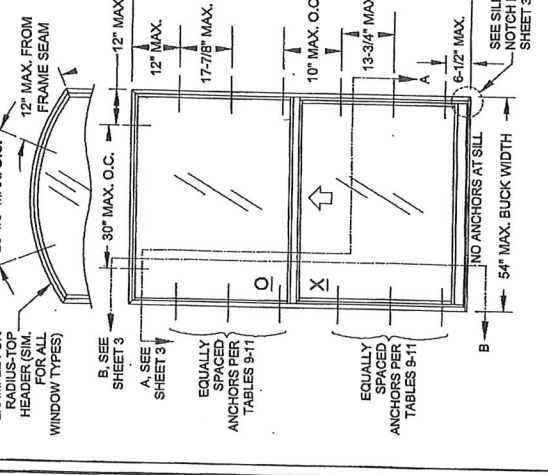
ELEVATION FOR TYP. EQUAL LEG FRAME SHOWN WITH EQUAL-LITE CONFIGURATION



ELEVATION FOR TYP. FLANGE FRAME SHOWN WITH STANDARD COITAGE CONFIGURATION FOR CUSTOM COITAGE CONFIGURATION UP TO 75\"/>



ELEVATION FOR TYP. FLANGE FRAME SHOWN WITH ORIEL/PROVIEW CONFIGURATION



ELEVATION FOR TYP. FLANGE FRAME SHOWN WITH ORIEL/PROVIEW CONFIGURATION

GENERAL NOTES:

- 1) THIS PRODUCT HAS BEEN DESIGNED & TESTED TO COMPLY WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE, INCLUDING THE HIGH VELOCITY HURRICANE ZONE (HVHZ).
- 2) SHUTTERS ARE NOT REQUIRED WHEN USED IN WIND-BORNE DEBRIS REGIONS. FOR INSULATED GLASS INSTALLATIONS ABOVE 30\"/>

GENERAL NOTES:

- 1) ELEVATIONS..... 1
- 2) FRAME, GLASS & ANCHOR OPTIONS..... 1
- 3) INSTALLATION, FLANGE & EQUAL LEGBOX..... 2
- 4) GLAZING DETAILS..... 3
- 5) DESIGN PRESSURES..... 4
- 6) ANCHOR QUANTITIES..... 5-7
- 7) EXTRUSION PROFILES..... 8-10
- 8) ASSEMBLY & PARTS LIST..... 11
- 9) 12-13

CODES / STANDARDS USED:

- 2017 FLORIDA BUILDING CODE (FBC), 6TH EDITION
- 2014 FLORIDA BUILDING CODE (FBC), 5TH EDITION
- ASTM E1300-09
- ANSIA/FAPA VDS-2015 FOR WOOD CONSTRUCTION
- ALUMINUM DESIGN MANUAL, ADM-2015
- AISI S100-12
- AISC 360-10

USER INSTRUCTIONS:

- 1) DETERMINE THE SITE SPECIFIC WINDOW OPENINGS DESIGN PRESSURE REQUIREMENT FROM ASCE 7.
- 2) DETERMINE THE MOST SUITABLE ANCHOR GROUP FROM TABLES 2 OR 3 ACCORDING TO THE INSTALLATION CONDITIONS.
- 3) KNOWING YOUR GLAZING OPTION (TABLE 1), WINDOW CONFIGURATION AND SIZE, DETERMINE YOUR WINDOW'S DESIGN PRESSURE FROM TABLES 4-8. IT MUST EQUAL OR EXCEED THE DESIGN PRESSURE REQUIREMENT FOR THE WINDOW OPENING OBTAINED IN STEP 1.
- 4) DETERMINE THE ANCHOR QUANTITY FROM TABLES 9-11. VERIFY THE ANCHORS/SUBSTRATE WILL MEET REQUIREMENTS FOR YOUR OPENING'S CONDITION FROM TABLES 2 OR 3, AND THAT ALL MIN. REQUIREMENTS FROM THIS SHEET-SET ARE MET.
- 5) INSTALL AS PER SHEET 3 FOR THRU-FRAME INSTALLATION OR SHEET 4 FOR INTEGRAL FIN INSTALLATION.

NOTE: DESIGN PRESSURE RATING DETERMINATION IS THE SAME PROCESS FOR ALL FRAME TYPES (J-CHANNEL, FLANGE, INTEGRAL FIN OR EQUAL LEGBOX).

REVISIONS:

06/06/17
 UPDATED TO FBC 2017 - JR -

	<p>Drawn By: J ROSOWSKI</p> <p>Date: 05/15/15</p>
<p>1070 TECHNOLOGY DRIVE N. VENICE, FL 34275 (941) 480-1600</p> <p>COPYRIGHT © 2017 PGT INDUSTRIES, INC. ALL RIGHTS RESERVED</p> <p>CERT. OF AUTH. #29226</p>	<p>Product Revised as complying with the Florida Building Code Acceptance No. 17-0630-05 Expiration Date 11/30/2017</p> <p>By: <i>[Signature]</i> Miami Trade Product Control</p>
<p>DESCRIPTION: GENERAL NOTES & ELEVATION</p> <p>TITLE: SINGLE HUNG WINDOW INSTALLATION - LM</p>	<p>Sheet: 1 OF 13</p> <p>Drawing No.: MD-SH5500-01</p> <p>Rev: B</p>