

JAN 09 2020

COA# 20-03

Bldg. Permit # _____



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: 317 Orange Ave
Parcel ID #: 2410-702-0001-000-7
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): St Lucie Battery and Tire Company
Mailing Address: 5500 Orange Ave Fort Pierce FL 34947
Phone Number(s): 772-461-1746 Email: DMiller@SURT.com

Applicant
Name(s): Garage Door Depot
Mailing Address: 435 NW Enterprise Dr Port St Lucie FL 34986
Phone Number(s): 772-460-7630 Email: Tiffany@ddgaragedoorspsl.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, G. D Miller Pres / SURT as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

1/9/20
Date

Description of Requested Work

Please indicate the type of work requested:

Garage Door

- Fence
- Shed
- Door(s)
- Roof
- Window(s)
- Signage
- Shutter(s)
- Porch

- Rehabilitation
- New Construction
- Demolition
- Relocation

- Site Improvements (describe) New back garage door
- Other (describe) _____

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

Tear out and replace 8x8 garage door on back of 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.

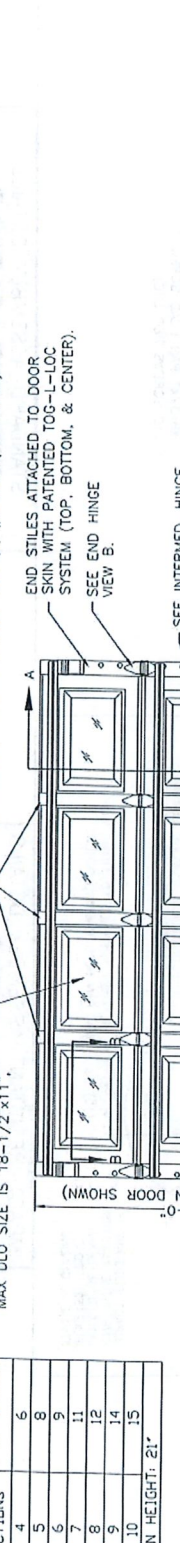
REV. NO.	ZONE	DATE	ECN NO.	APPROV'D	SH	DESCRIPTION
17	-	2/11/13	-	-	-	REVISED FOR NEW LOADS.

REV. NO.	ZONE	DATE	ECN NO.	APPROV'D	SH	DESCRIPTION
17	-	2/11/13	-	-	-	REVISED FOR NEW LOADS.

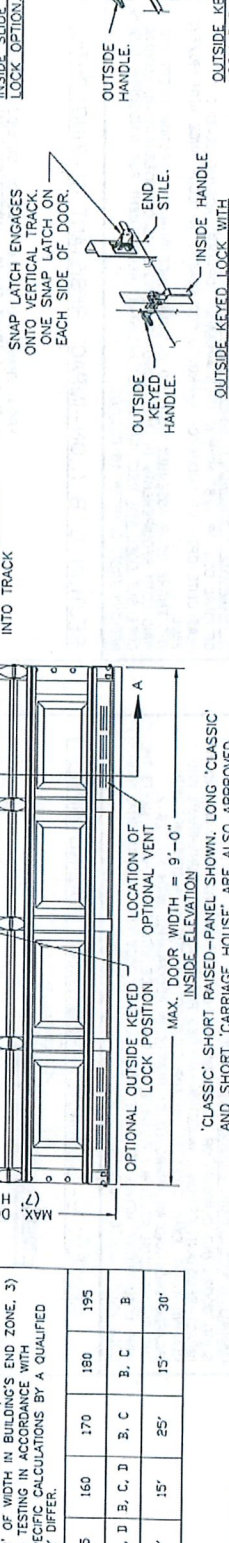
MODELS	24 GA	25 GA	25 GA
'CLASSIC' RAISED PANEL EMBOSS DOORS			
MODELS	25 GA	25 GA	25 GA
CLOPAY	GDSS	GRSS	---
IDEAL	48. 48B	42. 42B	---
HOLMES	---	---	---
SHORT PANEL	---	---	---
LONG PANEL	---	---	---

MODELS	25 GA	25 GA	25 GA
'CARRIAGE HOUSE' RAISED PANEL EMBOSS DOORS			
MODELS	25 GA	25 GA	25 GA
CLOPAY	GDSS	GRSS	---
IDEAL	48. 48B	42. 42B	---
HOLMES	---	---	---
SHORT PANEL	---	---	---
LONG PANEL	---	---	---

OPTIONAL GLAZING MAY BE STANDARD OR IMPACT RESISTANT GLAZING. SEE SECTION B-B ON SHEET 2 FOR DETAILS. MAX. STANDARD SIZE IS 19'-1/2" x 16". IMPACT RESISTANT GLAZING IS 21'-5/8" x 14'-1/8". MAX DLO SIZE IS 18'-1/2" x 11".



SHORT PANEL/FLUSH MODELS: (1) INTERMEDIATE STILE BETWEEN EACH EMBOSS (3) STILES PER SECTION AT 9" WIDE]. EACH INTERM. STILE ATTACHED WITH TOG-L-LOC (TOP & BOTTOM) AND URETHANE ADHESIVE (ALONG CENTER). LONG-PANEL MODELS: (3) TOTAL STILES PER SECTION. (1) STANDARD INTERMEDIATE STILE BETWEEN EACH EMBOSS. EACH STANDARD INTERM. STILE ATTACHED WITH TOG-L-LOC (TOP & BOTTOM) AND URETHANE ADHESIVE (ALONG CENTER). EXTRA INTERM. STILES (1) PER LONG PANEL PER SECTION, FIELD-INSTALLED WITH (4) #8 SMS (PER STILE).



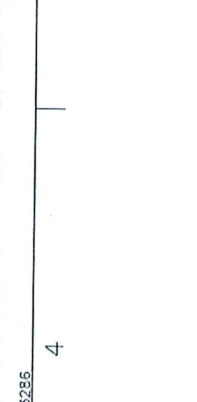
DESIGN LOADS: -38.0 P.S.F. & -44.0 P.S.F.
 TEST LOADS: +57.0 P.S.F. & -66.0 P.S.F.
 TOLERANCES ARE UNLESS STATED OTHERWISE
 .0 = ±.031
 .00 = ±.015
 .000 = ±.005
 Degrees = ±1/2
 UNLESS STATED OTHERWISE DIMENSIONS ARE IN INCHES

MANUFACTURING PRODUCT CODE
 SHORT PANEL: PAN-21153
 LONG PANEL: PAN-21159
 PART NO.: N/A
 WINDLOAD RATING
 W6 DP38
 8585 Duke Boulevard
 Mason, OH 43040 USA
 Phone: 614-278-1854
 Fax: 614-278-1853
 DESCRIPTION: CLASSIC AND CH RP STEEL PAN SC +38/-44 PSF
 DRAWN BY: MW
 DATE: 3/15/95
 SCALE: NTS
 CHECKED BY: --
 DATE: --
 SHEET 1 OF 4
 SIZE: B
 VER: IBC

14 GA. END HINGES 18 GA. INTERMEDIATE HINGE VIEW "B".
 #14-5/8" SHEET METAL SCREWS
 1/4"x3/4" SELF TAPPING SCREWS
 'CLASSIC' SHORT RAISED-PANEL SHOWN. LONG 'CLASSIC' AND SHORT 'CARRIAGE HOUSE' ARE ALSO APPROVED.
 14 GA. END HINGES 18 GA. INTERMEDIATE HINGE VIEW "C".

THIS DOOR MEETS OR EXCEEDS THE DESIGN LOADS FOR THE BUILDING WIND SPEEDS LISTED BELOW ACCORDING TO THE FLORIDA BUILDING CODE OR THE INTERNATIONAL BUILDING CODE (BASED ON ASCE 7-10). DOOR HAS BEEN TESTED IN ACCORDANCE WITH ANY ROOF SLOPE AND WIND DIRECTION IN BUILDING'S END ZONE. (3) ANS/DASMA JOB. SITE-SPECIFIC CALCULATIONS BY A QUALIFIED DESIGN PROFESSIONAL MAY DIFFER.

ULTIMATE WIND SPEED (MPH)	155	160	170	180	195
EXPOSURE CATEGORY	B, C, D	B, C, D	B, C	B, C	B
MEAN ROOF HEIGHT	25'	15'	25'	15'	30'



DESIGN ENGINEER:
 SCOTT HAMILTON, P.E.
 FLORIDA LICENSE NO. 63286





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#20-04 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 521 N 2nd Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Replace flat roof (back part only). Apply two layers of self-adhering base sheet and one layer of self-adhering cap sheet. 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


 _____ 1/10/20
 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	Whimsy LLC, Kenneth T. Scott 453 Milton Road Fort Pierce, FL 34946	E-Mail kscott@scottcitrus.com
Applicant	Packard Roofing and waterproofing, Inc. 2182 NW Reserve Park Trace Port St Lucie, FL 34986	E-Mail ssmith@packardRoofing.com



Bldg. Permit # _____

COA# 2006

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 521 N. 2nd St.
 Parcel ID #: 2403-705-0074-000-6
 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): WHIMSY LLC KENNETH T. SCOTT
 Mailing Address: 453 MILTON RD FORT PIERCE, FL 34946
 Phone Number(s): 772-216-0707 Email: KSCOTT@SCOTTCITRUS.COM

Applicant
 Name(s): Packard Roofing and Waterproofing, Inc
 Mailing Address: 2182 NW Reserve Park Trace, Fort St Lucie, FL 34986
 Phone Number(s): 772-468-3723 Email: SSMITU@packardRoofing.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, KENNETH T. SCOTT as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
 Signature of Owner

1-7-2020
 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) Replacing flat Roof at Back only

Other (describe) _____

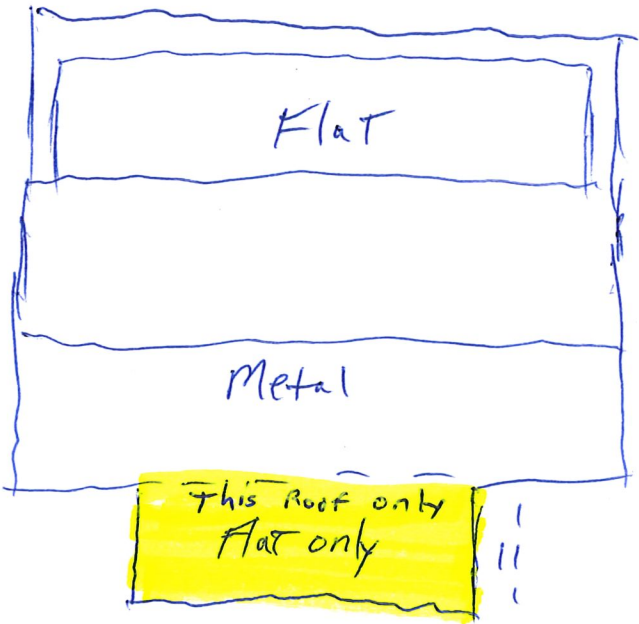
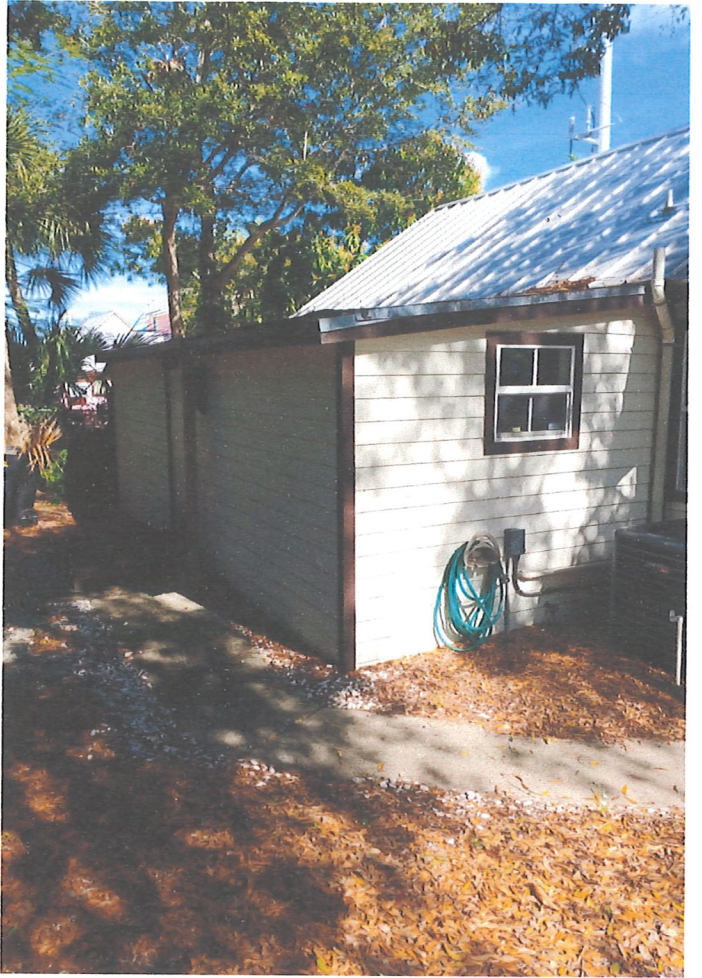
Please provide a detailed description of the proposed work to be performed: Remove old flat roof, Remail plywood. Apply two layers of self adhering base sheet. Apply one layer of self adhering Cap sheet.

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.





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#20-06 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 800 Avenue C

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove and replace damaged, single door. 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


 _____ 01/21/19
 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	Mt Olive Missionary Baptist CH 800 Avenue C Fort Pierce, FL 349e50	E-Mail
Applicant	Andros Construction, LLC 2706 Atlantic Avenue Fort Pierce, FL 34947	E-Mail androsconstruction@gmail.com



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: 800 AVENUE C
Parcel ID #: 2410-604-0093-000-7
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): MT. OLIVE MISSION
Mailing Address: 800 AVENUE C, FT. PIERCE, FL 34960
Phone Number(s): 772-475-4915 Email: _____

Applicant
Name(s): **ANDROS CONSTRUCTION, LLC**
Mailing Address: **2706 ATLANTIC AVENUE**
Phone Number(s): **FORT PIERCE, FL. 34947** Email: ANDROS.CONSTRUCTION@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, MT. OLIVE MISSIONARY BAPTIST CHURCH as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Lyd M. Coors
Signature of Owner

1-13-2020
Date

Description of Requested Work

Please indicate the type of work requested:

- | | | | |
|------------------------------------|----------------------------------|---|--------------------------------|
| <input type="checkbox"/> Fence | <input type="checkbox"/> Shed | <input checked="" 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) INSTALLATION OF DOOR ONLY

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.

800 AVE C MT. OLIVE MISSION

1-7-2020

E

REMOVE REMAINS
DOOR SWING
DOOR

2 STEPS.
CONCRETE

N

11"

7"

@ 1" RISE

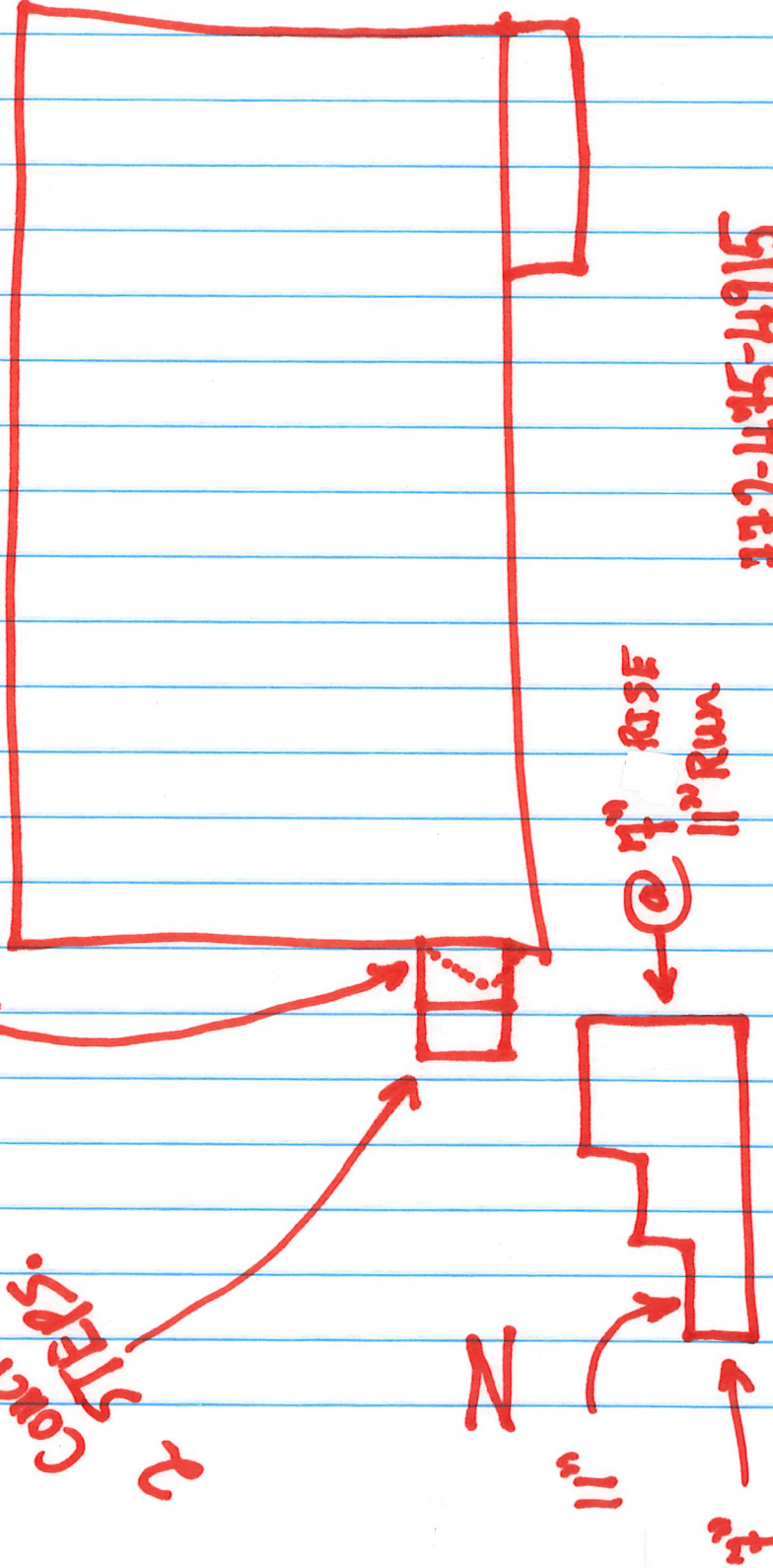
11" RUN

772-475-4915

ANDROS CONSTRUCTION, LLC

2706 ATLANTIC AVENUE

FORT PIERCE, FL. 34947







Move to Archive



6 Panel IMPACT
Steel
36" X 80"
Right Hand Outswing
38 - 1/4" X 81 - 1/8"
1002357656
HOME DEPOT #0283
966731-41

LOAD DATE 02/27/18 LOAD BY
PCY 837812 EDI
JAMB 8-818
BILL TO No. 818
TECA 100 V1 8/20/18

IMPACT
STORM GUARD
IMPACT-RATED DOORS

Steel
Acero



Right Hand Outswing

ROUGH OPENING:

38 - 1/4" x 81 - 1/8"



1002357656

HOME DEPOT #0283

LOAD DATE: 02/27/19

LOAD: 32

DROP: 2

PO #: 83978442 - EDI

DFS#:

966731-41

JAMB: 4 - 9/16

Impact Rating:
HVHZ & Windborne Debris

SILL: Os

DP Rating:
+ 70.0 / - 70.0

BRICKMOLD: No Brickmold

TSCA Title VI Exempt

Approval/Evaluation
FL 22513.6

2-HD.EPH2.NEW

1-137996



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#20-07 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 529 N 11th Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Replace flat roof using Polyglass roof system. 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


 _____ 1/22/20
 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	Qamar U Wahaj 233 SW Whitmore Drive Port St. Lucie, FL 34984	E-Mail gamarwahaj@yahoo.com
Applicant	Durham Brothers Inc. 1371 The 12 th Fairway Wellington, FL 33414	E-Mail johnfdurham@msn.com



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: 529 N 11st

Parcel ID #: 2409-501-0118-000-9

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): QAMAR U WAHAJ

Mailing Address: 233 SW WHITMORE DR, PORT ST LUCIE, FL 34984

Phone Number(s): 772 971 3354 Email: Qamexwahaaj@yahoo.com

Applicant
Name(s): JOHN F. DURHAM (DURHAM BROTHERS, INC.)

Mailing Address: 1371 THE 12TH FAIRWAY, WELLINGTON, FL 33414

Phone Number(s): (561) 315-1835 Email: johnfdurham@msn.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, QAMAR U - WAHAJ as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Qamexwahaaj
Signature of Owner

15 Jan 2020
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) Re-roof
- Other (describe) _____

Please provide a detailed description of the proposed work to be performed: TEAR-OFF EXISTING
FLAT ROOF AND REPLACE WITH NEW POLYGLASS USA
SYSTEM. NOA 17-0825.01 SYSTEM TYPE EE(14) BASE
SHEET ELASTOBASE, MEMBRANE POLYBOND G

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.
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