

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in May 2020.
Part II

- COA #20-32, 210 S Depot Dr – Install new awnings
- COA #20-34, 701 Delaware Avenue – Install new roof
- COA #20-35, 523 N 12th Street – Install new roof



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#20-32 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 210 S Depot Drive

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Install 4 canvas awnings over 3 windows and front 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



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/Applicant	Kraaz & Kraaz Finance LLC 201 S q2nd St Ste 206 Fort Pierce, FL 34950	E-Mail
Applicant	Edward Mosher 210 S Depot Dr Fort Pierce, FL 34950	E-Mail mosher@mosherlawoffice.com
Representative	Clayton Travers 3181 SE Slater St Stuart, FL 34997	E-Mail travers@gate.net



RECEIVED

MAY 26 2020

CITY OF FORT PIERCE
PLANNING & ZONING

Bldg. Permit # 20841

COA# 20-32

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 210 South Depot Rd
 Parcel ID #: 2410-806-0003-000-0
 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): Kraaz & Kraaz Finance LLC
 Mailing Address: 201 S 2nd St Ste 206 Ft P. Fl. 34950
 Phone Number(s): 772-464-5885 Email: _____

Applicant
 Name(s): Edward Mosher
 Mailing Address: 210 South Depot Rd Ft. Pierce Fl. 34950
 Phone Number(s): 633-5742 Email: Mosher@mosherslawoffice.com

Representative
 Name(s): Clyton Travers
 Mailing Address: 3181 SE Slater St Stuart Fl. 34997
 Phone Number(s): 772-260-3078 Email: travers@gate.net

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

Signature of Owner

5-11-20
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 |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

- Site Improvements (describe) Canvas Awning S
- Other (describe) _____

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

4 Canvas Awning of Front of Building
3 Windows
1 Door

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.



- IRON ROD
- CONCRETE MONUMENT
- PIPE
- WOOD DISK
- PROFESSIONAL LAND SURVEYOR
- PROFESSIONAL SURVEYOR & MAPPER
- PLAT BOOK
- RIGHT-OF-WAY
- DIAL RECORD BOOK
- ...
- 3ER
- 2AL
- TY: EASEMENT
- CONCRETE POWER POLE
- IRON VALVE
- HYDRANT
- UNDERGROUND
- PLAT BOOK
- SECTION
- FORCED CONCRETE PIPE
- UPDATED METAL DISK

- 1 BUSINESS
- 2 R&C 5209
- 3 D UTILITY
- 4 SEWER MANHOLE
- 5 CONC WALK
- 6 ASIN

LOT 8 LYING EAST OF DEPOT DRIVE AND SOUTH OF ATLANTIC AVENUE, ALL OF P.P. COBB'S ADDITION TO FORT PIERCE, AS RECORDED IN PLAT BOOK OF PUBLIC RECORDS OF ST. LUCIE COUNTY, FLORIDA, LYING EAST OF DEPOT DRIVE FOOT STRIP OF LAND IN BLOCK 2, OF W.T. JONES SUBDIVISION, PLAT WHICH ADJOINS THE ABOVE MENTIONED LOTS 9 AND 10 ON THE SOUTH, FLORIDA.

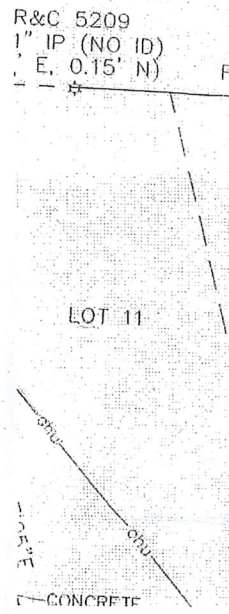
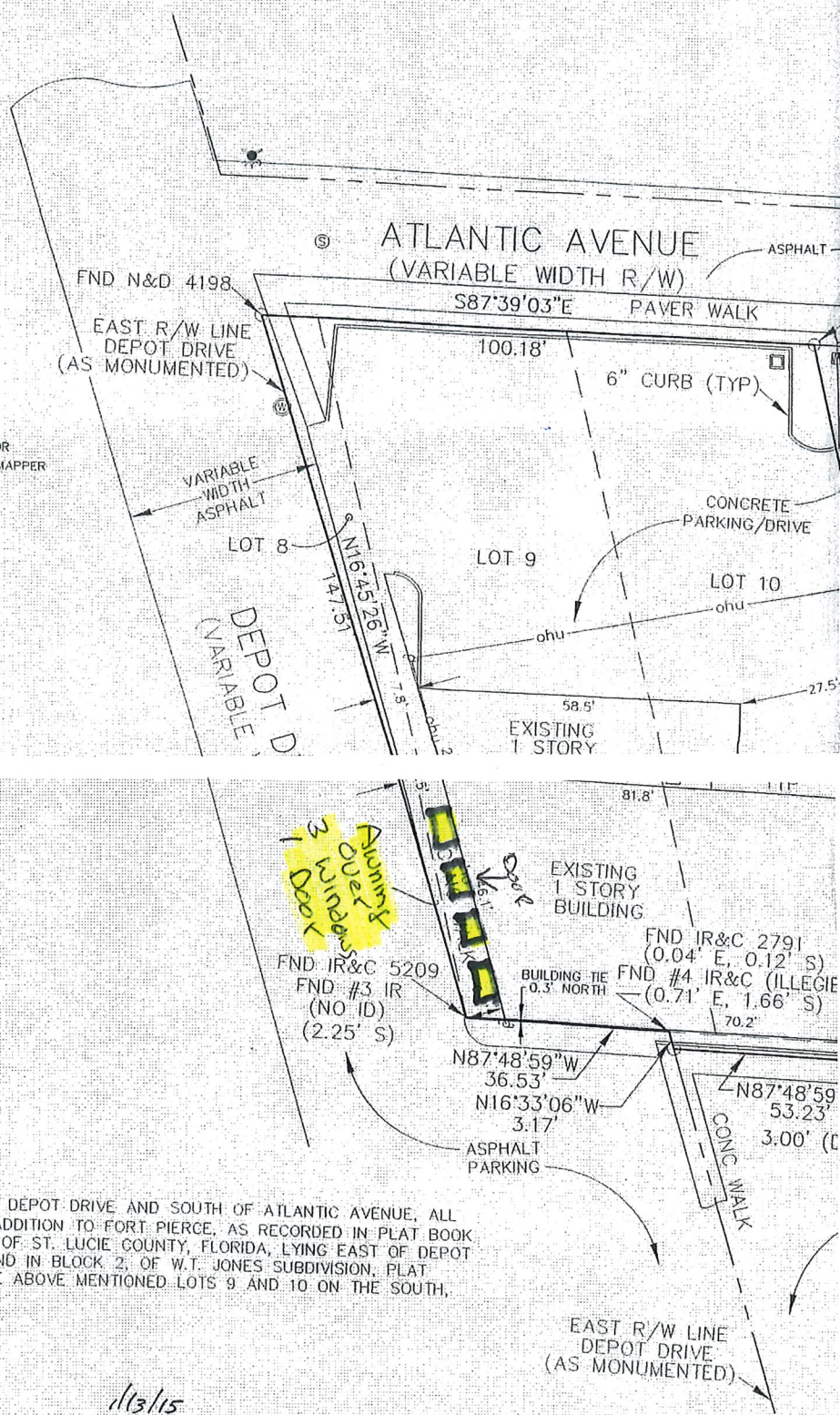
[Signature]
 LAND SURVEYOR # 5209

11/3/15
 DATE

BOUNDARY SURVEY
 PREPARED FOR
KRAAZ FINANCE, LLC

- REVISIONS -		BY
UPDATE		JOE M. 1/

TASK	BY	DATE
FIELD	DL	7/12/
CALCS.	RCL	7/11/
DRAWN	JMF	7/12/
CHECKED	RCL	7/13/
FILE REF.	FIELD BK.	
01.0113map.dwg	01-10/22	





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#20-34 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 701 Delaware Avenue
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions of Approval	Applicable Standards
Remove existing shingle roof, install base sheet & install new dimensional shingles, black color. See attached drawings.		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


 Maria Lewicka, AICP 5/27/20
 Historic Preservation Planner Date

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	Caraf Holdings Delaware LLC. 7844 NW 178 th Street Hiialeah, FL 33015	E-Mail armando@carafoil.com
Applicant	RGVO Roof & General Contractor, Inc 4454 Anna Lane Palm Springs, FL 33461	E-Mail construction9193@gmail.com



Bldg. Permit # _____

COA# 20-34

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 701 Delaware Ave, Fort Pierce, FL 34950
 Parcel ID #: 2410-709-0001-000-8
 Type of Designation: Contributing Non-contributing Site within the historic Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
 Name(s): Caraf Holding Delaware. LLC
 Mailing Address: 7844 NW 178th St, Hialeah, FL 33015
 Phone Number(s): 786-265-7210 Email: armando@carafoll.com

Applicant
 Name(s): RGVO Roof & General Contractor, Inc
 Mailing Address: 4454 Anna Lane, Palm Springs, FL 33461
 Phone Number(s): 561-667-2065 Email: construction9193@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, Armando Fachado / Caraf Holding Delaware LLC as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
 Signature of Owner

05/21/2020
 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 type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

- Site Improvements (describe) Shingle reroofing
- Other (describe) _____

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

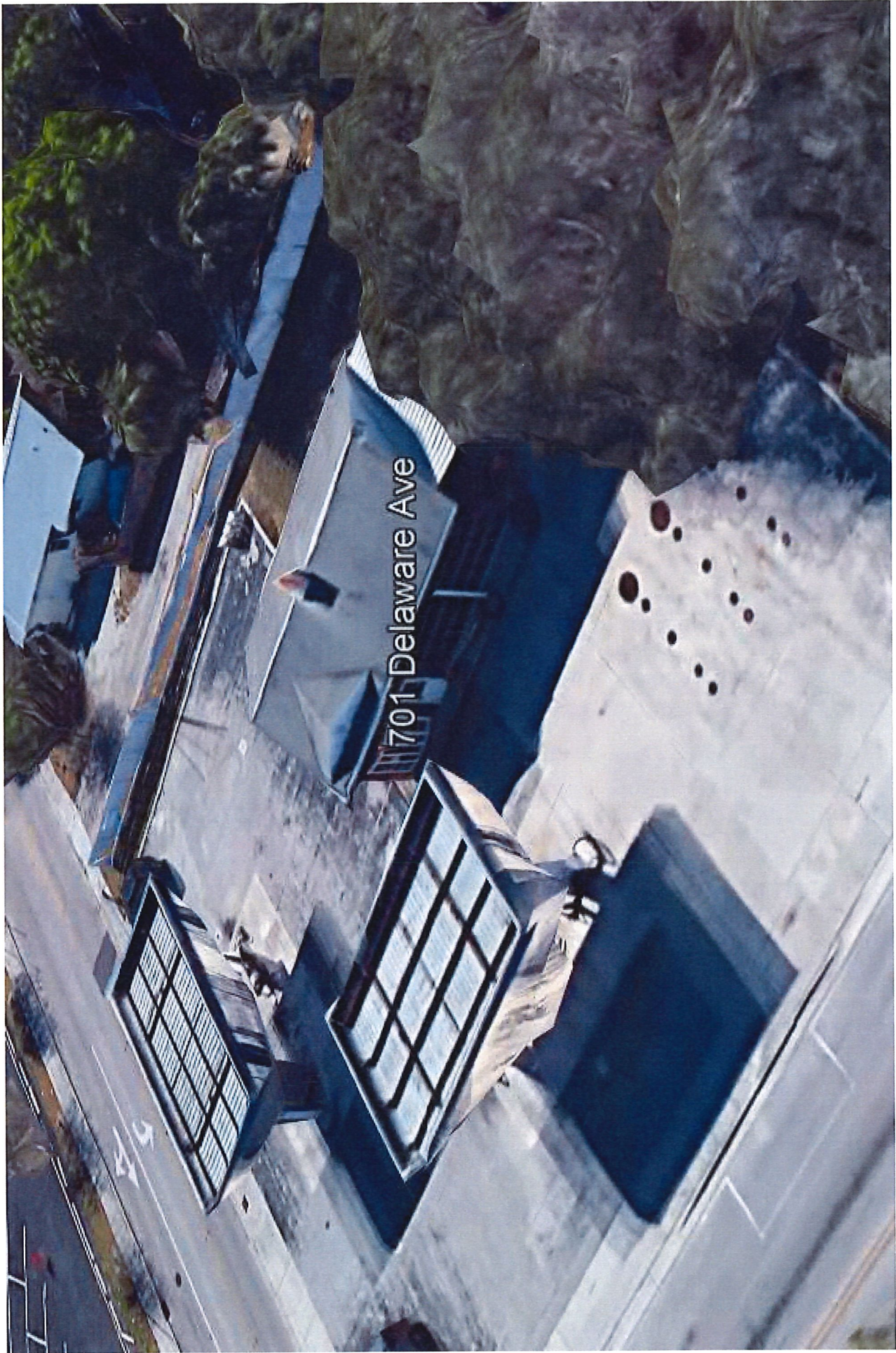
Remove existing shingle roof, renails, install base sheet & install new dimensional shingles- color - black -

Have other alterations been made to the site within the last 12 months? No Yes, in this permit only shop roof

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) **DIMENSIONAL SHINGLES**
- Color samples. **(BLACK)**
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.

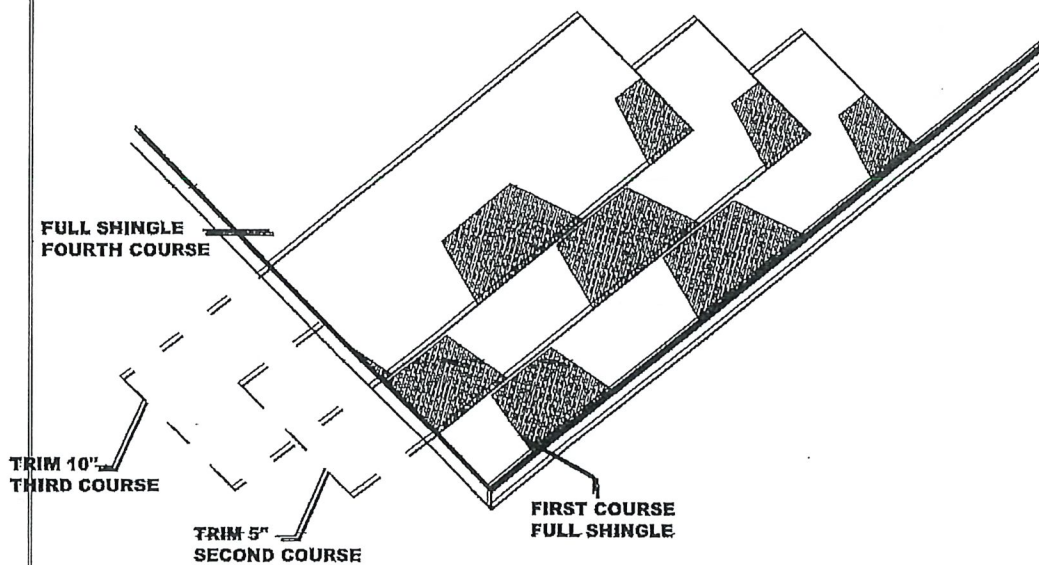






PINNACLE® PRISTINE,
STORMMASTER® AND PROLAM™ ARCHITECTURAL

DETAIL 'A'



MIAMI-DADE COUNTY
APPROVED

NOA No.: 17-0706.07
Expiration Date: 08/05/20
Approval Date: 11/15/18
Page 5 of 8



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#20-35 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 523 N 12th Street
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions of Approval	Applicable Standards
Remove and replace shingles on pitched roof and remove and replace flat deck with modified flat roof system. See attached drawings.		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


 Maria Lewicka, AICP 5/27/20
 Historic Preservation Planner Date

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	Lucinda Rich 523 N 12 th Street Fort Pierce, FL 34950	E-Mail
Applicant	Roland Wiley/Shoreline Roofing 1973 SW Glendale Street Port St. Lucie, FL 34987	E-Mail shorelineroofing@yahoo.com



MAY 27 2020

CITY OF FORT PIERCE
PLANNING & ZONING

COA#

20-35

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 523 N 12th st

Parcel ID #: 2409-501-0057-000-3

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): Lucinda Rich

Mailing Address: 523 N 12th St

Phone Number(s): 772-465-6126 Email: _____

Applicant Name(s): Roland Wiley/Shoreline Roofing

Mailing Address: 1973 sw Glendale St. Port Saint Lucie Fl. 34987

Phone Number(s): 772-260-9565 Email: shorelineroofing@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, Lucinda Rich as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Lucinda Rich
Signature of Owner

05/14/2020
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 type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

Site Improvements (describe) re-Roof

Other (describe) _____

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

Remove and replace shingles on pitched roof fl18355 Tanko
 remove and replace flat deck with modified flat roof system

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

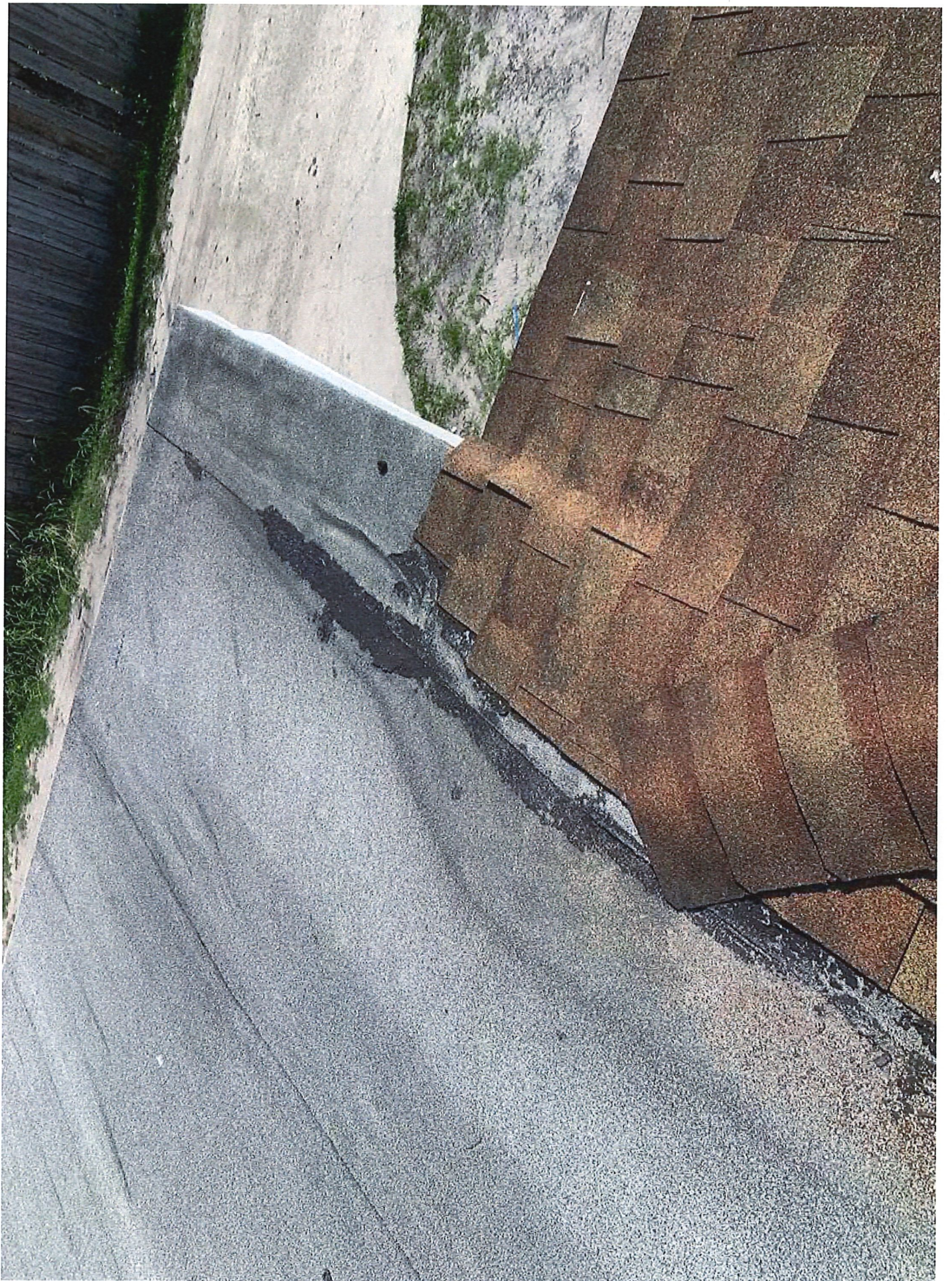
Will the proposed work require a Zoning Variance? No Yes, Code Section(s): _____

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







Design
Classic Colors

