

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in June 2020.
Part III

- COA #20-22, 500 Orange Avenue – Install new roof (flat part)
- COA #20-26, 508 Means Court – Install new roof
- COA #20-28, 506 N 2nd Street – Install new windows



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#20-22 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 500 Orange Avenue

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Removed and replace flat part of the roof. 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 06/15/20
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@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	4616 Investment LLC 2005 Coconut Drive Fort Pierce, FL 34949	E-Mail
Applicant	Stan Synkorski 500 Orange Avenue Fort Pierce, FL 34947	E-Mail
Representative	Marzo Roofing Inc. 861 SW Lakehurst Drive Port St. Lucie, FL 34983	E-Mail marzoroofing@gmail.com

Bldg. Permit # _____

COA# 20-22



CITY OF FORT PIERCE

PLANNING DEPARTMENT

RECEIVED

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

MAR 31 2020

CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 500 ORANGE AVE. FT PIERCE FL 34947

Parcel ID #: 2410-607-0004-000-6

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): 4616 INVESTMENT LLC

Mailing Address: 2005 COCONUT DRIVE, FT PIERCE FL 34949

Phone Number(s): 772-986-0142 Email: _____

Applicant

Name(s): STAN SYNKOSKI

Mailing Address: 500 ORANGE AVE. FT PIERCE FL 34947

Phone Number(s): _____ Email: _____

Representative

Name(s): MARZO ROOFING INC

Mailing Address: 861 SW LAKEHURST DRIVE PALM BEACH FL 33483

Phone Number(s): 772-871-2489 Email: MARZOroofinginc@gmail.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, Stanley A. Synkoski STANLEY A. SYNKOSKI as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Stanley A. Synkoski
Signature of Owner

3/30/20
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) SILICONE TPO FLAT ROOF / INSTALL NEW TPO ON
LEFT REAR BY ROOF HATCH ^{ROOF COATING} APPR
 Other (describe) _____ 6

Please provide a detailed description of the proposed work to be performed: CLEANING OFF
TPO MEMBRANE TO APPLY SILICONE ROOF COATING ON
MAIN TPO ROOF. ALSO, ON LEFT REAR FLAT ROOF BY
ROOF HATCH, TO REMOVE EXISTING TPO & INSTALL NEW TPO.

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.

ROOF AREA
 500 ORANGE AVE
 FORT PIERCE, FL 34950, USA



Ridge



Hip



Valley



Rake



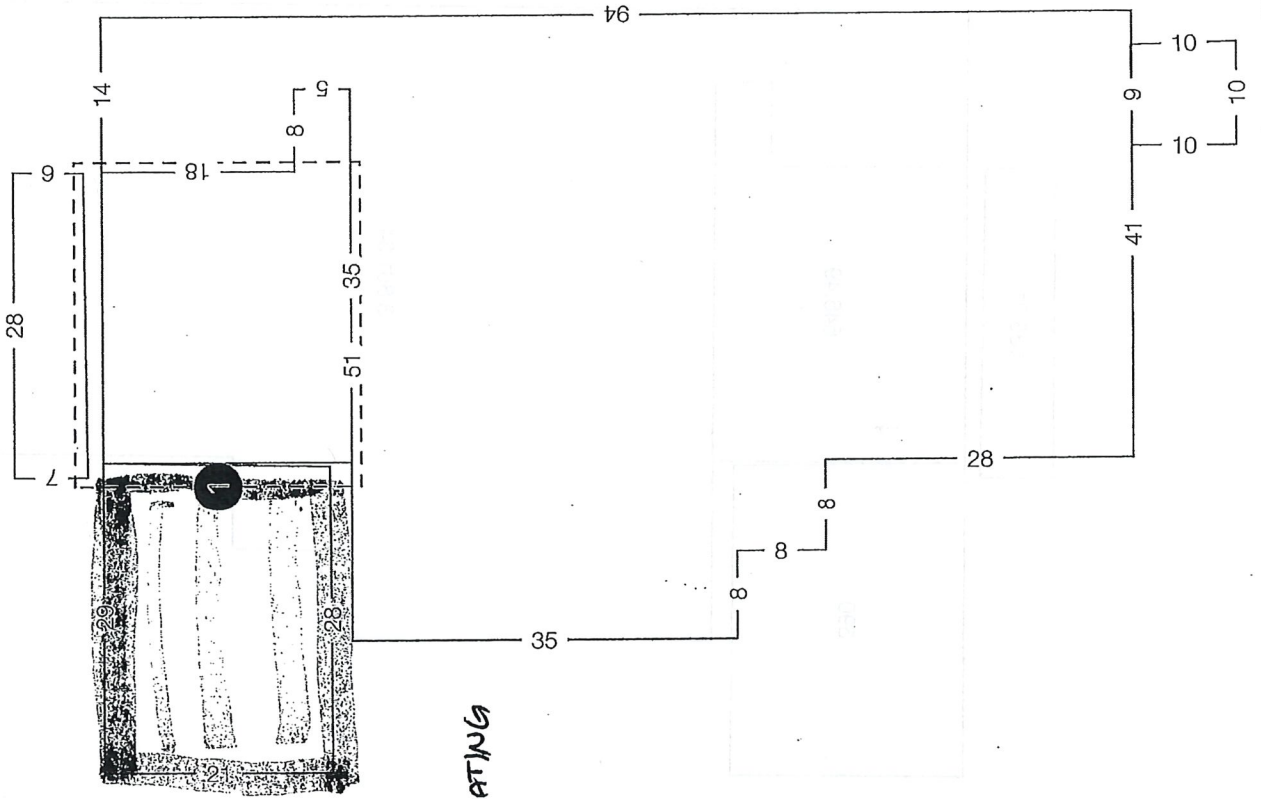
Eave



Flashing
 492' 11"



Step Flashing



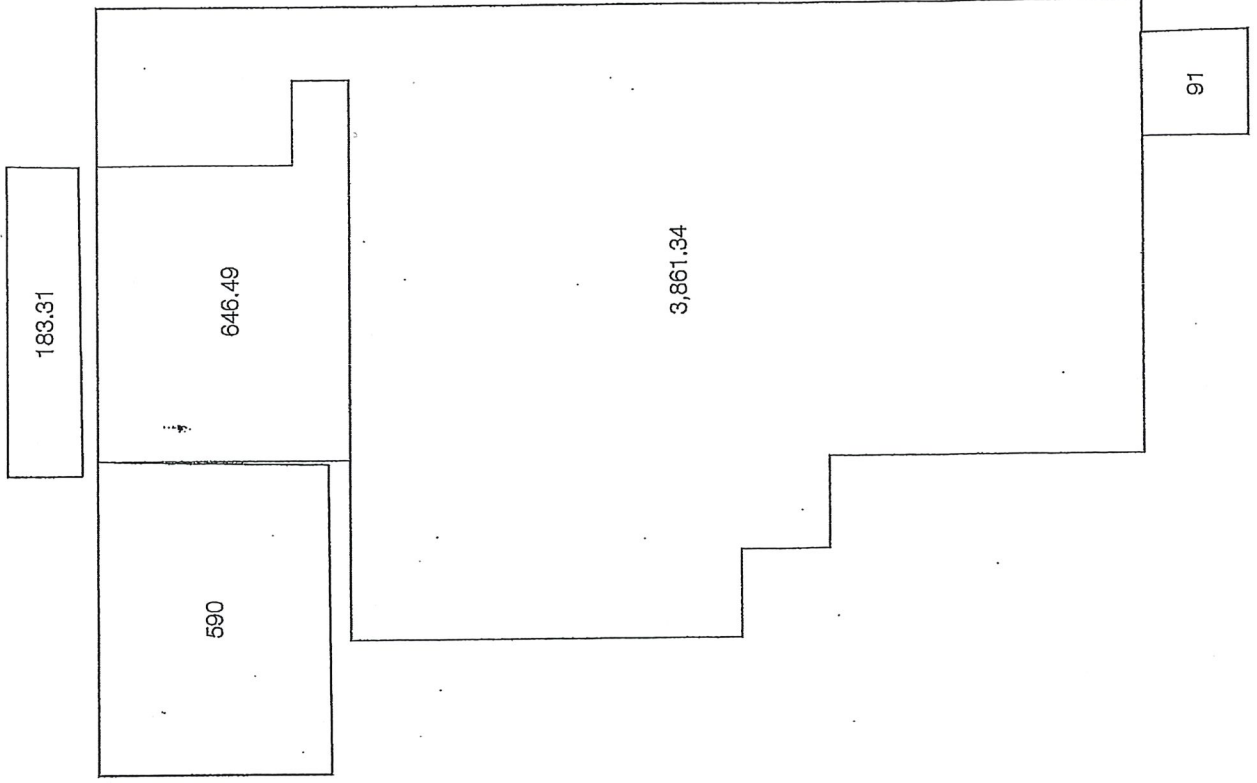
SILICONE COATING

TPO

ROOF AREA
500 ORANGE AVE
FORT PIERCE, FL 34950, USA



Total Area
5372.16 sqft
Total Slopes: 5
Area 1 5372.16 sqft





Amaris Gil

From: Olga Durasova <basilic17@gmail.com>
Sent: Tuesday, March 17, 2020 1:07 PM
To: Amaris Gil
Subject: Marzo Roofing pic

SECURITY WARNING: This email originated outside of the City of Fort Pierce systems. Please use caution when clicking links or opening attachments. For questions or concerns please contact IT immediately. .





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#20-26 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 508 Means Court
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions of Approval	Applicable Standards
Remove and replace shingles on pitched roof. See attached drawings.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

Board Approval

Administrative Approval

 Suzanne Boardman, Chair
 Historic Preservation Board Date


 _____ 6/10/2020
 Maria Lewicka, AICP Date
 Historic Preservation Planner

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/Applicant	Joseph Dunbar 508 Means Court Fort Pierce, FL 34950	E-Mail cristaldunbar@yahoo.com



Bldg. Permit # _____

COAH 20-26

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 508 Means Ct. Fort pierce FL 34950

Parcel ID #: _____

Type of Designation: Contributing Non-contributing Site within the _____ Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

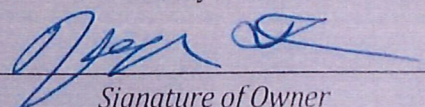
Property Owner(s)
Name(s): Joseph H Dunbar
Mailing Address: 508 Means Ct Fort pierce FL 34950
Phone Number(s): 561-904-1245 Email: Cristaldunbar@yahoo.com

Applicant
Name(s): Joseph H Dunbar
Mailing Address: 508 Means Ct. Fort pierce FL 34950
Phone Number(s): 561-904-1245 Email: Cristaldunbar@yahoo.com

Representative
Name(s): Joseph Dunbar
Mailing Address: 508 Means Ct Fort pierce FL 34950
Phone Number(s): 561-904-1245 Email: Cristaldunbar@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, Joseph Dunbar as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.


Signature of Owner

4/13/20
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 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) Reshingling
 Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Reshingle the Whole Roof.

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): Historical

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.



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CITY OF FORT PIERCE
BUILDING DEPARTMENT
RE-ROOF FORM

PHONE: 772-467-3718

FAX: 772-467-3849

Owner Name: Joseph Dunbar ✓
Property Address: 308 Means Ct Fort Pierce
Description of Work: Re Roof Shingles
Roof Spec's: _____

Notice: Shingles **can not** be used on roof slope less than 2/12 pitch.
Check manufacturer specifications, some indicate min 3/12.

Less than 4/12 requires 19" lap for underlayment.

**Flat Roofs: Less than 7 degrees and less than 400sqft area
requires enhanced nailing**

2017 (6th Edition) FBC Residential Section 905

2017 (6th Edition) FBC Building Section 1507

Roof Dimensions: 800 - 900 gft

Square Footage: 800 - 900

Rotten Wood: Yes No

Roof Type: Gable Hip Flat Other

Roof Material: Shingle Metal Tile Tar & Gravel Other

Pitch/Slope: Tri Angler

Underlayment: WOOD # Felt: _____ Other: _____

** Must note on Product Approval any material used**



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#20-28 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 506 N 2nd Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove old awning windows and replace with new single hung windows. 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


 _____ 06/08/20
 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	AABAA International, Inc. P.O. Box 4098 Fort Pierce, FL 34948	E-Mail
Representative	Donna Benton 1365 Bayshore Drive Fort Pierce, FL 34949	E-Mail donna@southercastles.com

RECEIVED

APR 29 2020

CITY OF FORT PIERCE
PLANNING & ZONING



THE SUNRISE CITY
FORT PIERCE
PLANNING DEPARTMENT
Florida

COA# 20-28

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: _____

506 N 2nd St. Fort Pierce, 34950

Parcel ID #: _____

2403-705-0102-100-3

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): _____

AABAA International, Inc.

Mailing Address: _____

c/o P.O. Box 4098, Ft Pierce, FL 34948

Phone Number(s): _____

Email: _____

Applicant

Name(s): _____

Mailing Address: _____

Phone Number(s): _____

Email: _____

Representative

Name(s): _____

Donna Benton

Mailing Address: _____

1365 Rayshore Dr.

Phone Number(s): _____

Email: _____

772-519-6786 Email: Donna@SouthernCastles.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, Hal Fashlee as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Hal Fashlee by Donna Benton
Signature of Owner

4-10-2020
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 type="checkbox"/> Roof |
| <input checked="" 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) New windows
 Other (describe) _____

Please provide a detailed description of the proposed work to be performed: _____
replace old awning windows
with New Single hung 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.

August 8, 2016

To Whom It May Concern:

I give Donna Benton permission, as my agent, to sign and pull permits for properties owned by me in the names of AABAA International, Inc. and 421 N. 2nd Street Trust, located in the City of Fort Pierce, Florida.

Thank you for working with us as we revitalize the properties.

Sincerely,

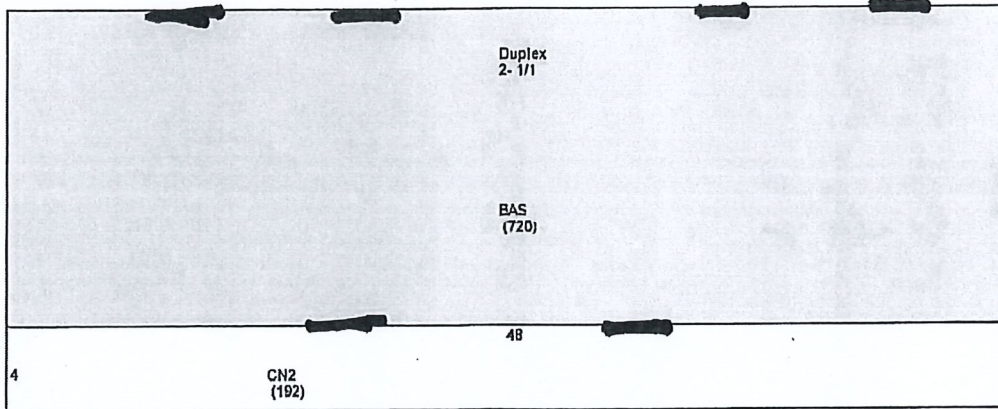
A handwritten signature in black ink that reads "Hal Lashlee". The signature is written in a cursive style with a large initial "H".

Hal Lashlee

506 N 2nd

Unit 3

Unit 4





V1 SERIES/70 SERIES SINGLE
HUNG WINDOW (2127)
ELEVATIONS & ANCHOR LAYOUTS

BUILDING DROPS, INC.
398 E. DANIA BEACH BLVD., STE. 338
DANIA BEACH, FL 33004
PH: (954) 744-4738
FAX: (954) 399-8478
WEB: www.buildingdrops.com



TITLE: PREPARED BY:

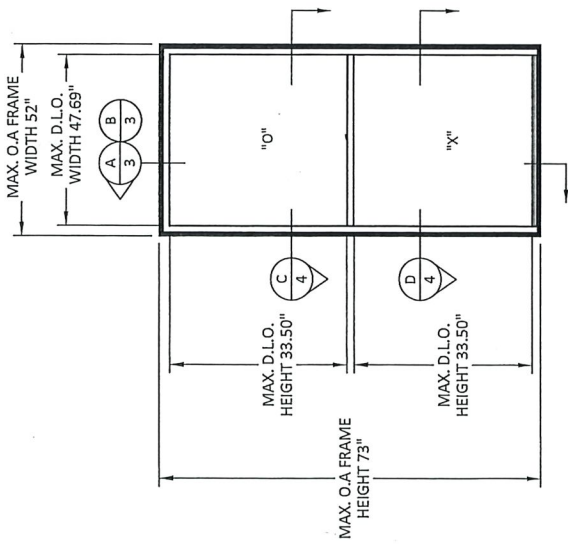
REMARKS	BY	DATE

THE INSTALLATION DETAILS DESCRIBED HEREIN ARE GENERIC AND MAY NOT REFLECT ACTUAL CONDITIONS FOR A SPECIFIC PROJECT. THE CONTRACTOR SHALL VERIFY ALL REQUIREMENTS FROM THE REQUIREMENTS DETAILED HEREIN. A LICENSED ENGINEER OR ARCHITECT SHALL PREPARE A SITE SPECIFIC DOCUMENT FOR USE WITH THIS DOCUMENT.

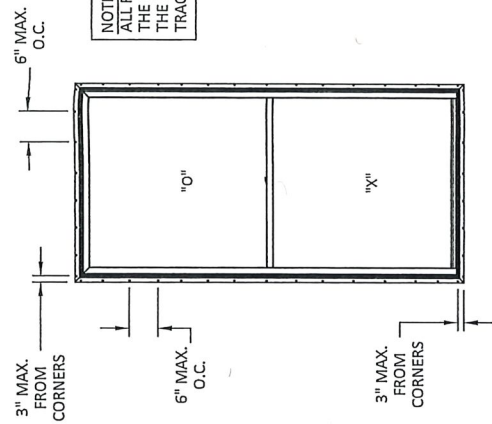


HERMES J. NORDER, P.E.
FLORIDA P.E. No. 73778
HUNTER GROUP, INC.
388 E. DANIA BEACH BLVD., # 338
DANIA BEACH, FL 33004
FPE CERT. OF AUTHORIZATION No. 28978

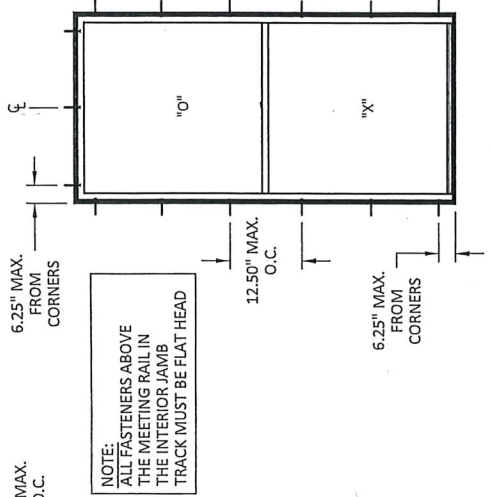
FL #: **FL14911**
DATE: **01.23.18**
DWG. BY: **HR** CHK. BY: **HFN**
SCALE: **NTS**
DWG. #: **SWD050**
SHEET:



ELEVATION
SINGLE HUNG WINDOW



ANCHOR LAYOUT
NAIL FIN - SINGLE HUNG WINDOW



ANCHOR LAYOUT
THROUGH FRAME - SINGLE HUNG WINDOW