

Administrative Certificates of Appropriateness

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

- COA #20-33, 221 S Indian River Drive – Install 3 new windows
- COA #20-36, 1303 Avenue D – Install new roof
- COA #20-40, 203 N 2nd Street – Paint exterior walls
- COA #20-41, 526 N 12th Street – Install new roof



Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 221 S INDIAN RIVER DRIVE

Parcel ID #: 2410-802-0003-000-8

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): SAINT LUCIE COUNTY/ PUBLIC DEFENDERS OFFICE

Mailing Address: 2300 VIRGINIA AVENUE, FORT PIERCE 34982

Phone Number(s): _____ Email: _____

Applicant
Name(s): SAINT LUCIE COUNTY - BRIAN MASTERS

Mailing Address: 2300 VIRGINIA AVENUE

Phone Number(s): _____ Email: _____

Representative
Name(s): MICHAEL J. WALDROP / CHAUNCEYS GLASS

Mailing Address: PO BOX 12757, FT. PIERCE, FL 34979

Phone Number(s): 772-834-7457 Email: mwaldrop@innovationcontracting.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, Brian Masters St Lucie County Project Manager as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Brian Masters

Signature of Owner

5/15/2020

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) _____

Other (describe) _____

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

REMOVE 3 GLASS BLOCK WINDOWS AND REPLACE WITH 3 STOREFRONT IMPACT GLASS
WINDOWS TO MATCH THE DESIGN OF THE EXISTING WINDOWS AROUND THE 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.



N. W BUILDING CORNER



S. W. BUILDING CORNER

REPLACE 3 GLASS
BLOCK WINDOWS WITH
STOREFRONT IMPACT
WINDOWS TO MATCH
EXISTING WINDOWS



WEST FACING FRONT OF BUILDING

NEW WINDOWS
WILL MATCH
EXISTING
WINDOWS

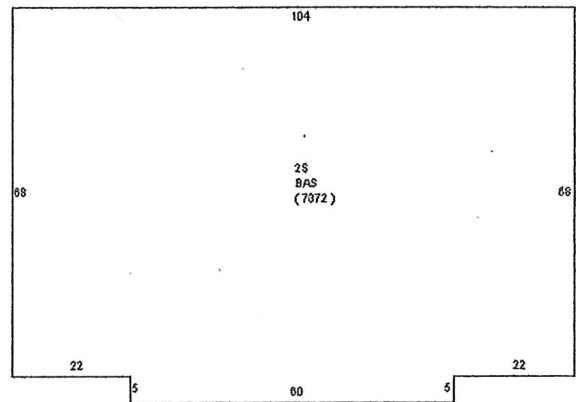
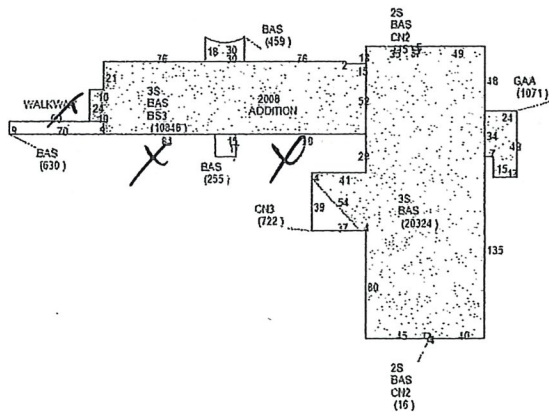
PUBLIC DEFENDERS OFFICE
221 S. INDIAN RIVER DRIVE

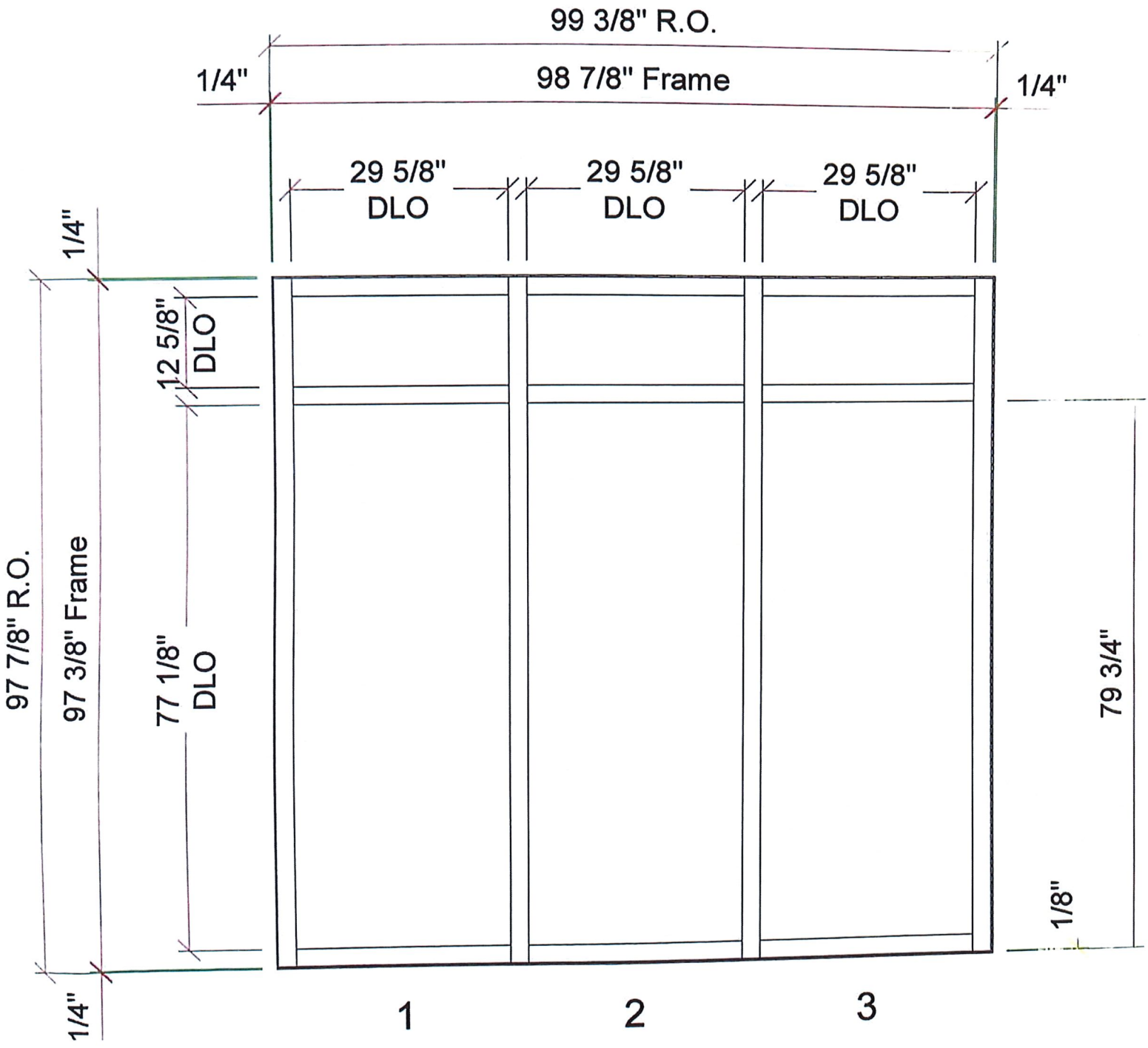
Improvements

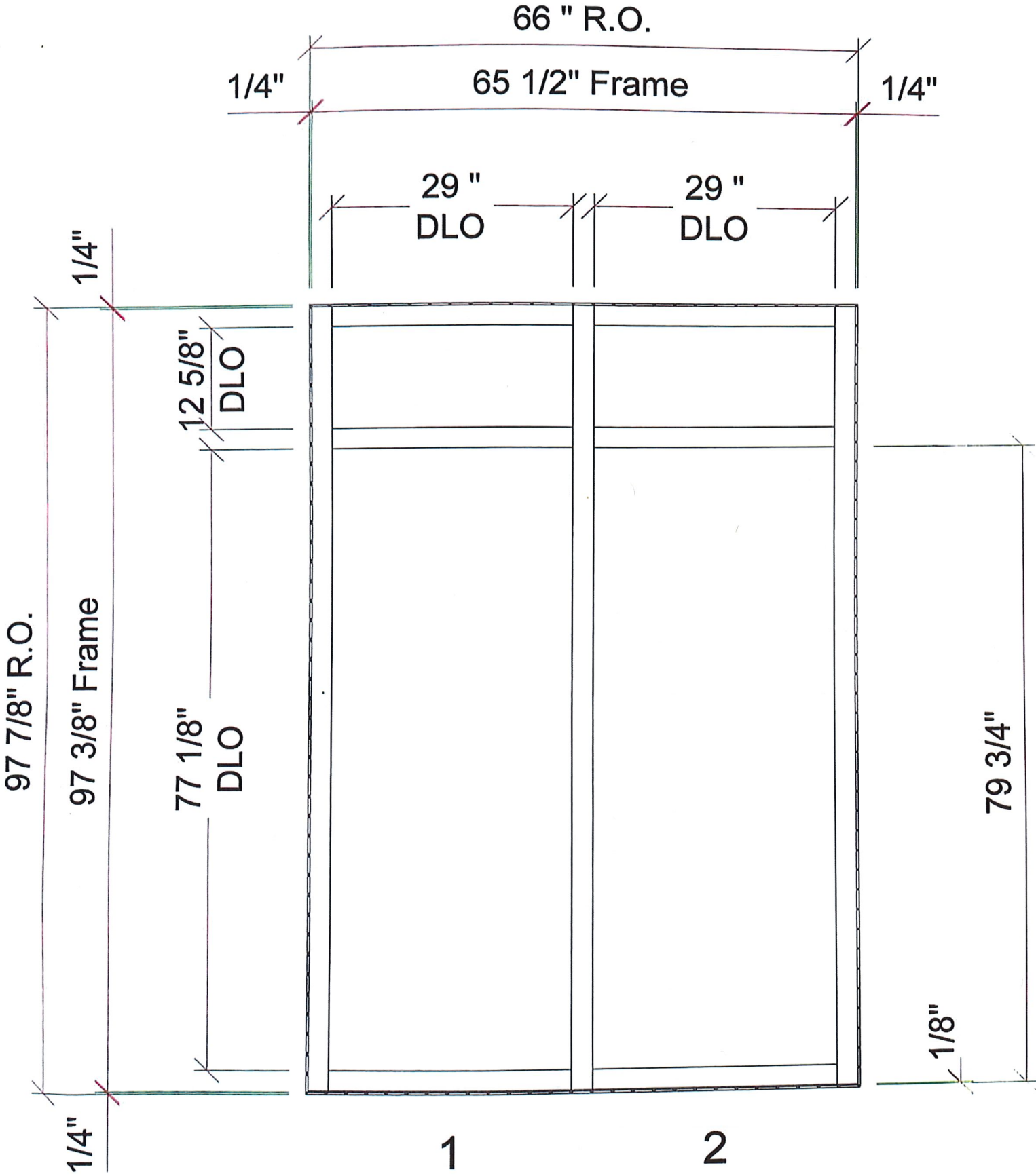
Building Sequence: 1
Bedrooms: 0
Bathrooms: 0
Building Type: HROF - HIGH RISE OFFICE-2
 STORIES OR GREATER
Story Height: 3 Story
No of Living Units:
Total Finished Area: 94,922
Gross Sketched Area: 107,594
Year Built: 1962
Effective Year: 2005
Primary Roof Cover: Roll Comp
Primary Roof Structure: BarJst/Rigid
Primary Wall: Reinf Conc
A/C %: 100

Building Sequence: 2
Bedrooms: 0
Bathrooms: 0
Building Type: HROF - HIGH RISE OFFICE-2
 STORIES OR GREATER
Story Height: 2 Story
No of Living Units:
Total Finished Area: 14,744
Gross Sketched Area: 14,744
Year Built: 1999
Effective Year: 1999
Primary Roof Cover: Rolled Memb
Primary Roof Structure: BarJst/Rigid
Primary Wall: Reinf Conc
A/C %: 100

Building Sketches









CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#20-36 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL
 Site address: 1303 Avenue D
 Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions of Approval	Applicable Standards
Install a new roof over existing flat roof using a torch application. 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 6/01/20
 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	Alexander L Howard 3104 Juanita Avenue Fort Pierce, FL 34946	E-Mail
Applicant	Andros Roofing & Construction, LLC 2706 Atlantic Avenue Fort Pierce, FL 34947	E-Mail androsconstruction@gmail.com



Bldg. Permit # _____

COA#

20-36

Certificate of Appropriateness Application

Building & Site Information

Address of the Site:

1303 AVENUE D

Parcel ID #:

2409.502.0039.000.4

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):

ALEXANDER L HOWARD

Mailing Address:

3104 JUANITA AV, FORT PIERCE, FL

Phone Number(s):

772-971-2247

Email: _____

772-332-3807 772-201-4088

Applicant

Name(s):

ANDROS ROOFING * CONSTRUCTION, LLC

Mailing Address:

2706 ATLANTIC AV, FORT PIERCE, FL 34947

Phone Number(s):

772-475-4915

Email:

ANDROS.CONSTRUCTION@FMRI-1.C

Representative

Name(s):

OSCAR HOWARD

Mailing Address:

3104 JUANITA AV, FT. PIERCE, FL 34950

Phone Number(s):

772-332-3807

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

Oscar Howard

Signature of Owner

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 checked="" 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: _____

REROOF *

roof over system - install a roof over existing roof system using a torch application.

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.

< **Lawrence NEW**
7:39 AM, May 28



Save



Share

< **Lawrence NEW**
7729852686



7:35 AM



7:36 AM





CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#20-40 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 203 N 2nd Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Paint exterior walls of the building to match interior. Proposed colors: Lucky Clover Green and Sleek White. Please see attached.		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



Maria Lewicka, AICP
Historic Preservation Planner 06/12/20
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	K&K II, Inc. 3636 N Milton Road Fort Pierce, FL 34950	E-Mail beaubryan@comcast.net
Applicant	AGunther Group, LLC DBA Florida Hemp Collective 203 N 2 nd Street Fort Pierce, FL 34950	E-Mail abbigail@floridahempcollective.com
Representative	Abbigail Gunther 162 U Vista Court Fort Pierce, FL 34950	E-Mail abbigail@floridahempcollective.com



CITY OF FORT PIERCE

PLANNING DEPARTMENT

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

RECEIVED

JUN 12 2020

CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 203 N. 2nd Street, Fort Pierce, FL 34950

Parcel ID #: 2410-503-0038-000-4

Type of Designation: Contributing Non-contributing Site within the Fort Pierce Historic District

Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
Name(s): K&K II, Inc.
Mailing Address: 3636 N. Milton Road, Fort Pierce, FL
Phone Number(s): 772-971-1934 Email: beaubryan@comcast.net

Applicant
Name(s): AGunther Group, LLC DBA Florida Hemp Collective
Mailing Address: 203 N 2nd Street, Fort Pierce, FL
Phone Number(s): 772-448-8453 Email: abbigail@floridahempcollective.com

Representative
Name(s): Abbigail Gunther
Mailing Address: 162 U Vista Court, Fort Pierce, FL 34950
Phone Number(s): 321-323-6108 Email: abbigail@floridahempcollective.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, BEN C. BRYAN TO as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.

[Signature] 6/11/20
 Signature of Owner 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) Painting the outside of the store to match interior white and green.
- Other (describe) _____

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

Please review the attached photo describing the color to be applied and the area that the color will be applied to.

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): _____

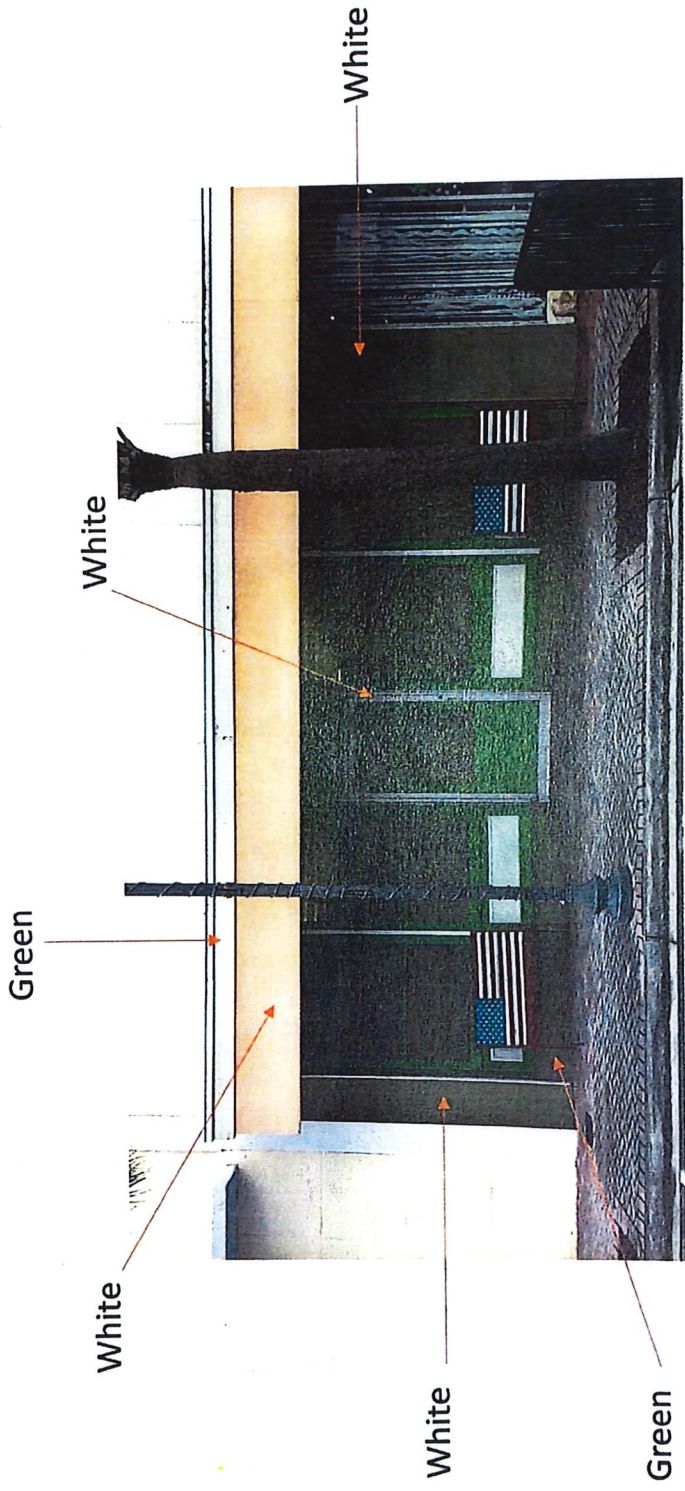
Application Requirements

- \$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.



Florida Hemp Collective, 203 N. 2nd Street, Fort Pierce, FL 34950
#MQ6-52 Lucky Clover Green & #OR-W15 Sleek White





CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#20-41 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 526 N 12th Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Removed and replace shingle roof with 5V Metal Roofing 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
Historic Preservation Board

Date



Maria Lewicka, AICP
Historic Preservation Planner

06/12/20

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	Ipayana Abayomi 526 N 12 th Street Fort Pierce, FL 34950	E-Mail
Applicant	Shoreline Roofing 1973 SW Glendale St Port St. Lucie, FL 34987	E-Mail shorelineroofing@yahoo.com



Bldg. Permit # _____

COA# 20-41

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 526 N. 12th St.
Parcel ID #: 2409-501-0085-000-8
Type of Designation: Contributing Non-contributing Site within the L/P Historic District
 Individually Designated Site, City Commission Resolution No. _____

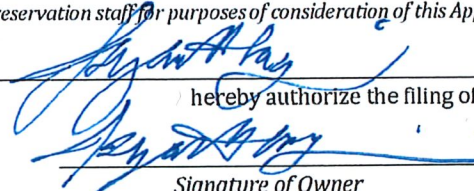
Property Owner/ Applicant Information

Property Owner(s) Name(s): Ipayana Abayomi
Mailing Address: 526 N. 12th St.
Phone Number(s): 772-971-4032 Email: _____

Applicant Name(s): Shoreline Roofing
Mailing Address: 1973 Sw Glendale st. Port St. Lucie Fl 34987
Phone Number(s): 772-227-9005 Email: shorelineroofing@yahoo

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,  as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.
Signature of Owner 6/10/2020 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 shingles to 5V-Metal

Other (describe) _____

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

remove shingle roof down to wood, re-nail wood to code

Install underlayment to code. install 5v crimp metal to code

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.







