

### **Administrative Certificates of Appropriateness**

Attached are Certificates of Appropriateness issued administratively in April 2020.

- COA #20-23, 900 Easter Avenue – Install new roof
- COA #20-24, 601 S 8<sup>th</sup> Street – Install new roof
- COA #19-25, 910 Citrus Avenue – Install new windows



**CERTIFICATE OF APPROPRIATENESS**  
 TO ALTER A DESIGNATED HISTORIC SITE

COA#20-23     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address: 900 Easter Avenue

Contributing                       Non-Contributing                       Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Removed and replace old metal shingle roof with to 5V-Crimp Metal Roofing System with Mill (silver metal) finish.  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

  
 \_\_\_\_\_                      04/08/20  
 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](mailto: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	Percy Kepfer 900 Easter Avenue Fort Pierce, FL 34950	E-Mail <a href="mailto:Reelgator19@aol.com">Reelgator19@aol.com</a>
Applicant	Collins Roofing, Inc. P.O. Box 12867 Fort Pierce, FL	E-Mail <a href="mailto:shorelineroofing@yahoo.com">shorelineroofing@yahoo.com</a>



Bldg. Permit # \_\_\_\_\_

COA# 20-23

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 900 Easter Ave  
Parcel ID #: 2410-709-0028-000-3  
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): Percy Keffer  
Mailing Address: 900 Easter Ave  
Phone Number(s): 772-332-0702 Email: reelgator19@aol.com

Applicant Name(s): Shoreline Roofing/Roland Wiley  
Mailing Address: 1973 Sw Glendale st. Port St. 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, Percy Keffer as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

*Percy Keffer*  
Signature of Owner

3/25/20  
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) Replace Old Metal Victorian Shingles with 5V-Crimp.
- Other (describe) \_\_\_\_\_

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

Remove old roof down to plywood, replace rotten wood where needed.

Dry-in with #30felt. Install New 5V crimp metal with Mill (silver metal) finish

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): \_\_\_\_\_

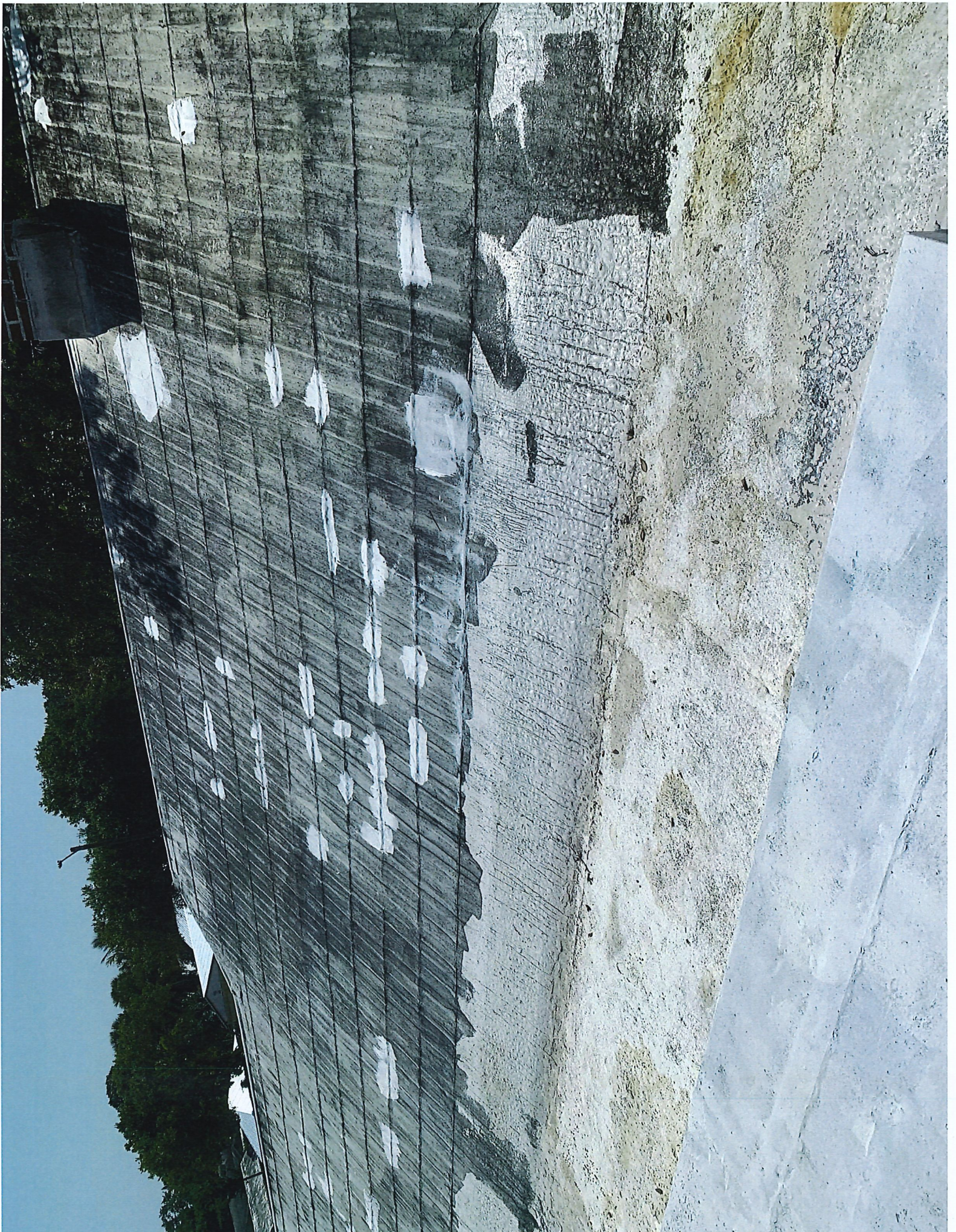
**Application Requirements**

- \$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#20-24     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address: 601 S 8<sup>th</sup> Street

Contributing     Non-Contributing     Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Removed and replace non-original shingle roof with to 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      04/08/20  
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](mailto: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	Aleena Moreno 601 S 8 <sup>th</sup> Street Fort Pierce, FL 34950	E-Mail
Applicant	Collins Roofing, Inc. P.O. Box 12867 Fort Pierce, FL	E-Mail <a href="mailto:Collinsroofinginc@gmail.com">Collinsroofinginc@gmail.com</a>



THE SUNRISE CITY  
**FORT PIERCE**  
PLANNING DEPARTMENT  
*Florida*

RECEIVED

APR 02 2020

COA#

20-24

Bldg. Permit # \_\_\_\_\_

CITY OF FORT PIERCE  
PLANNING & ZONING

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 601 S 8<sup>th</sup> St., Ft. Pierce FL

Parcel ID #: 2410-709-0088-000-1

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): Aleena Moreno

Mailing Address: 601 S 8<sup>th</sup> St., Ft. Pierce FL

Phone Number(s): 956-330-8553 Email: N/A

#### Applicant

Name(s): Collins Roofing Inc

Mailing Address: P.O. Box 12867, Ft. Pierce FL

Phone Number(s): 772-940-8667 Email: Collinsroofinginc@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, Aleena Moreno as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Aleena M. Tarshis Moreno

Signature of Owner

4/2/20  
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) Re Roof

Other (describe) \_\_\_\_\_

Please provide a detailed description of the proposed work to be performed: We will tear off the existing shingles, nail of the decking to current code, install a Selfadhesive underlayment and a 5V metal roofing 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.
  - 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.















RECEIVED

APR 03 2020

CITY OF FORT PIERCE  
PLANNING & ZONING

Bldg. Permit # \_\_\_\_\_

COA# 20-~~22~~25

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 910 Citrus Ave.

Parcel ID #: 2410-706-0063-000-1

Type of Designation:  Contributing  Non-contributing Site within the Sample Oaks Historic District

Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

### Property Owner/ Applicant Information

#### Property Owner(s)

Name(s): John Markowski

Mailing Address: 120 SW Carter Ave PSL FL 34983

Phone Number(s): 772 879-6362 Email: MarkowskiJM@gmail.com

#### Applicant

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

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

John Markowski  
Signature of Owner

March 30, 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) Replace windows

Other (describe) \_\_\_\_\_

Please provide a detailed description of the proposed work to be performed: Replace Old Aluminum windows with Single Hang Vinyl Frame LowE Impact Windows

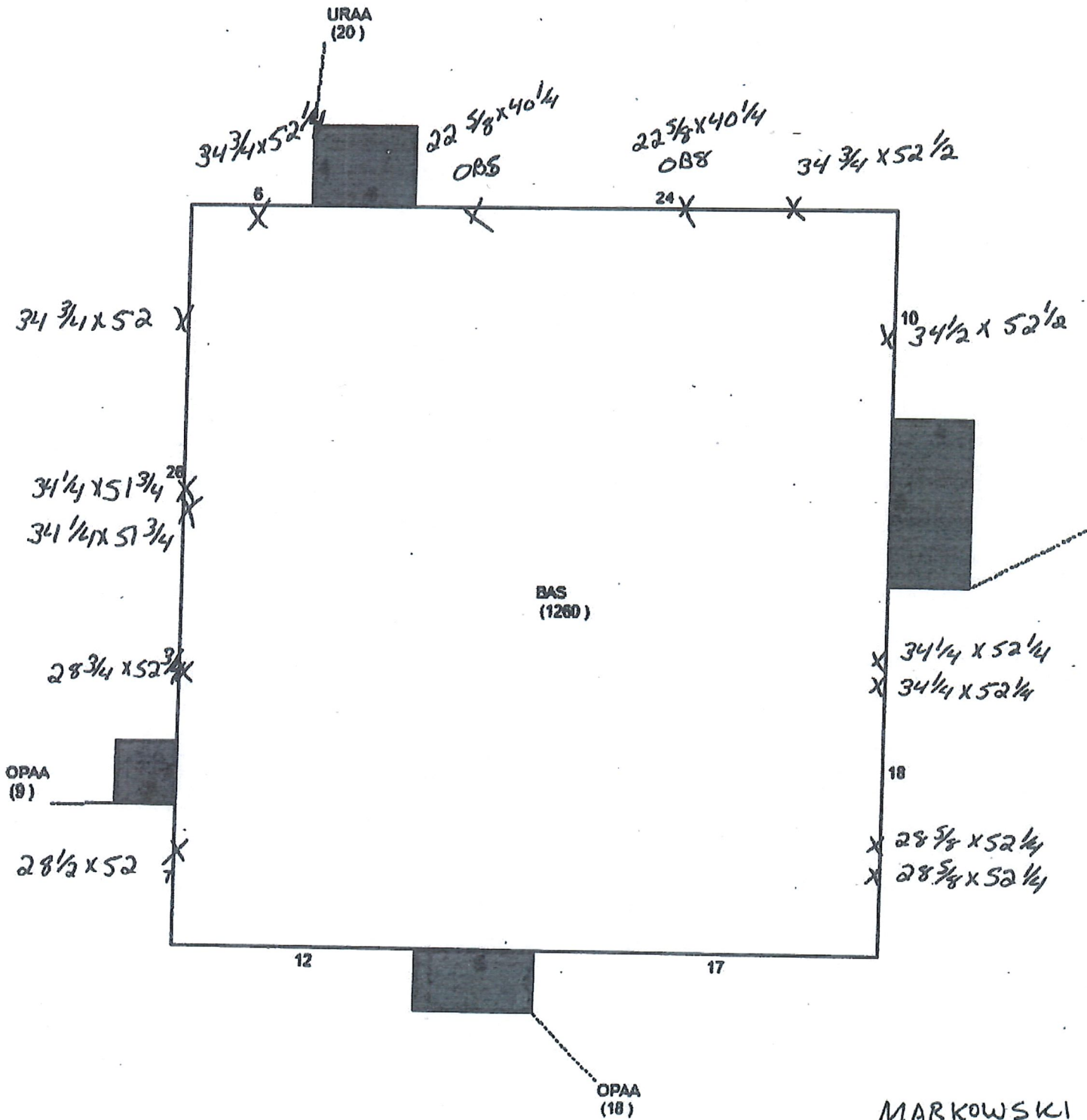
Have other alterations been made to the site within the last 12 months?  No  Yes, \_\_\_\_\_

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

**Application Requirements**

- \$10.00 Application fee
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- Color samples.
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.

**EAST COAST ALUMINUM  
PRODUCTS, INC.**  
913 Edwards Road  
Fort Pierce, FL 34982  
(772) 464-7600 283-5650



MARKOWSKI  
910 Citrus Ave.  
FT. PIERCE -

