

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in December 2020.

- COA #20-71, 732 Delaware Avenue – Roof replacement
- COA #20-73, 419 N 6th Street – Roof replacement
- COA #20-74, 701 Delaware Avenue, fence addition



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#20-74 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

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

SITE ALTERATIONS:

Request	Conditions of Approval	Applicable Standards
Install 6 ft tall, black vinyl coated, chain link fence with one (1) 5 ft. gate. Fence to be located around A/C unit and power box. 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


 _____ 12/17/20
 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	Caraf Holdings Delaware LLC. 701 Delaware Avenue Fort Pierce, FL 34950	E-Mail armando@carafoil.com
Applicant	Armando Fachado 7844 NW 178 th Street Hialeah, FL 33015	E-Mail armando@carafoil.com
Representative	Professional Grade Fence 470 Martin Road SE Palm Bay, FL 32909	E-Mail professionalgradefence@yahoo.com



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Bldg. Permit # _____

DEC 14 2020

COA# 20-74

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 District

Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s) Name(s): Caraf Holdings Delaware LLC

Mailing Address: 701 DELAWARE AVE Fort Pierce, FL 34950

Phone Number(s): 786-265-7210 Email: armando@carafoil.com

Applicant Name(s): Armando Fachado

Mailing Address: 7844 NW 178th ST Hialeah, FL 33015

Phone Number(s): 786-265-7210 Email: armando@carafoil.com


Representative Name(s): Professional Grade Fence

Mailing Address: 470 Martin Rd SE Palm Bay, FL 32909

Phone Number(s): 321-749-9884 Email: professionalgradefence@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, Armando Fachado as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.



Signature of Owner

12/10/2020

Date

Description of Requested Work

Please indicate the type of work requested:

- | | | | |
|---|--|-------------------------------------|-------------------------------------|
| <input checked="" 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 checked="" type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

Site Improvements (describe) New fence

Other (describe) _____

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

Install 62ft of 6ft tall, black vinyl coated, chain link fence. (1) 5ft gate. Fence to be located around A/C unit and power box.

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#20-73 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 419 N 6th Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove existing shingle roof and replace it with 5 V crimp, mill finish 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 Date
 Historic Preservation Board


 _____ 12/09/20
 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	419 N 20 th Street LLC 4555 S Indian River Drive Fort Pierce, FL 34982	E-Mail
Applicant/Representative	WWW Enterprises & Son, Inc./Wanda Gahn 8833 Lonesome Pine Trail	wandagahn@aol.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: 419 N 6th St
Parcel ID #: 241060300340003
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): 419 N 20th Street LLC
Mailing Address: 4555 S Indian River Dr., Fort Pierce, Fl. 34982
Phone Number(s): _____ Email: _____

Applicant
Name(s): WWW Enterprises & Son, Inc
Mailing Address: 8833 Lonesome Pine Trail
Phone Number(s): 772-465-9373 Email: wandagahn@aol.com

Representative
Name(s): Wanda Gahn
Mailing Address: 8833 Lonesome Pine Trail
Phone Number(s): 772-465-9373 Email: wandagahn@aol.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, Mary Saravello as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.
Mary Saravello
Signature of Owner
Date **DEC 09 2020**

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CITY OF FORT PIERCE
PLANNING & ZONING

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) Re-Roof

Other (describe) _____

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

Remove existing shingle roof., re-nail to current building code. Dry-in with peel-n-stick underlayment.

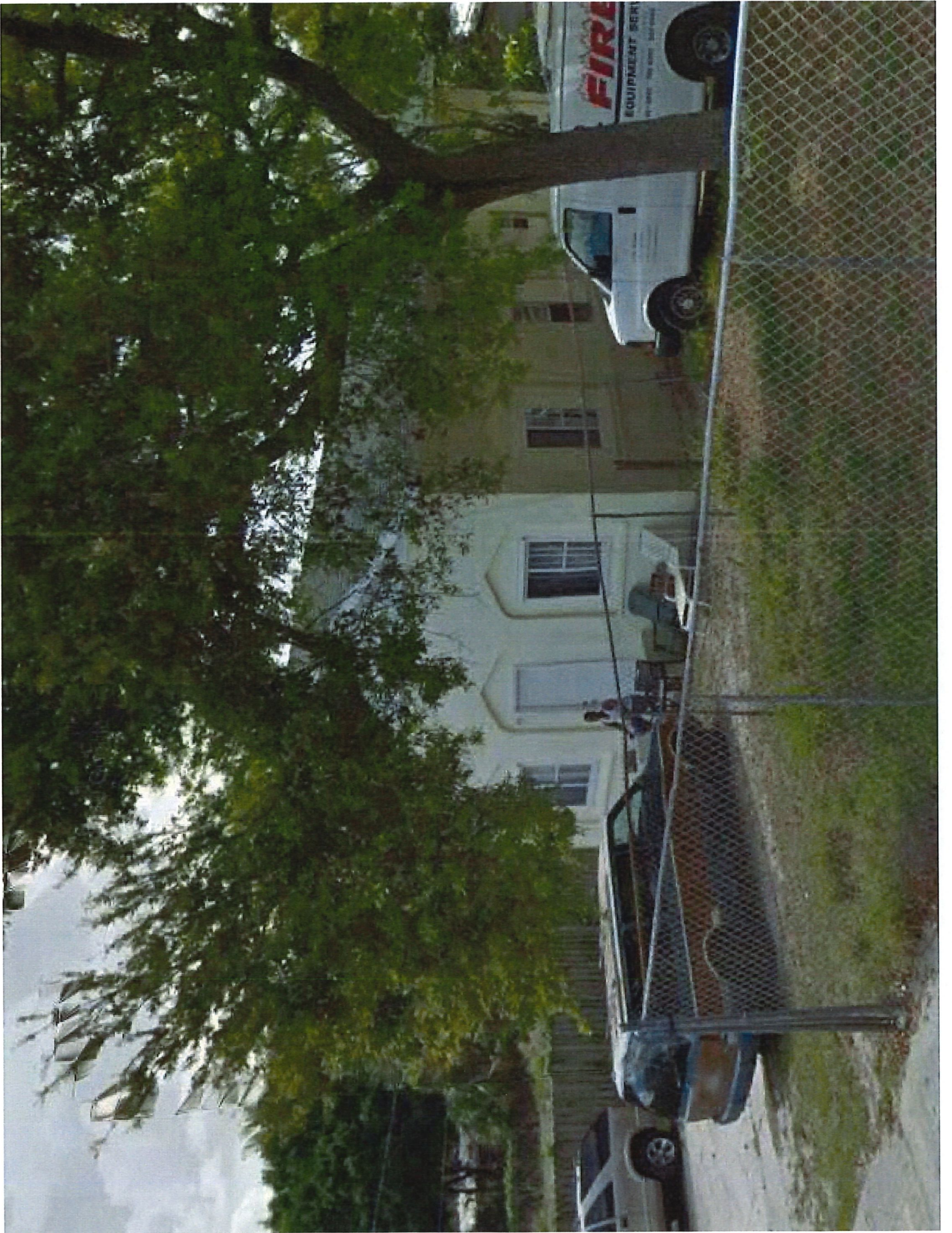
Install new 5V crimp 26 ga mill finish metal roofing system

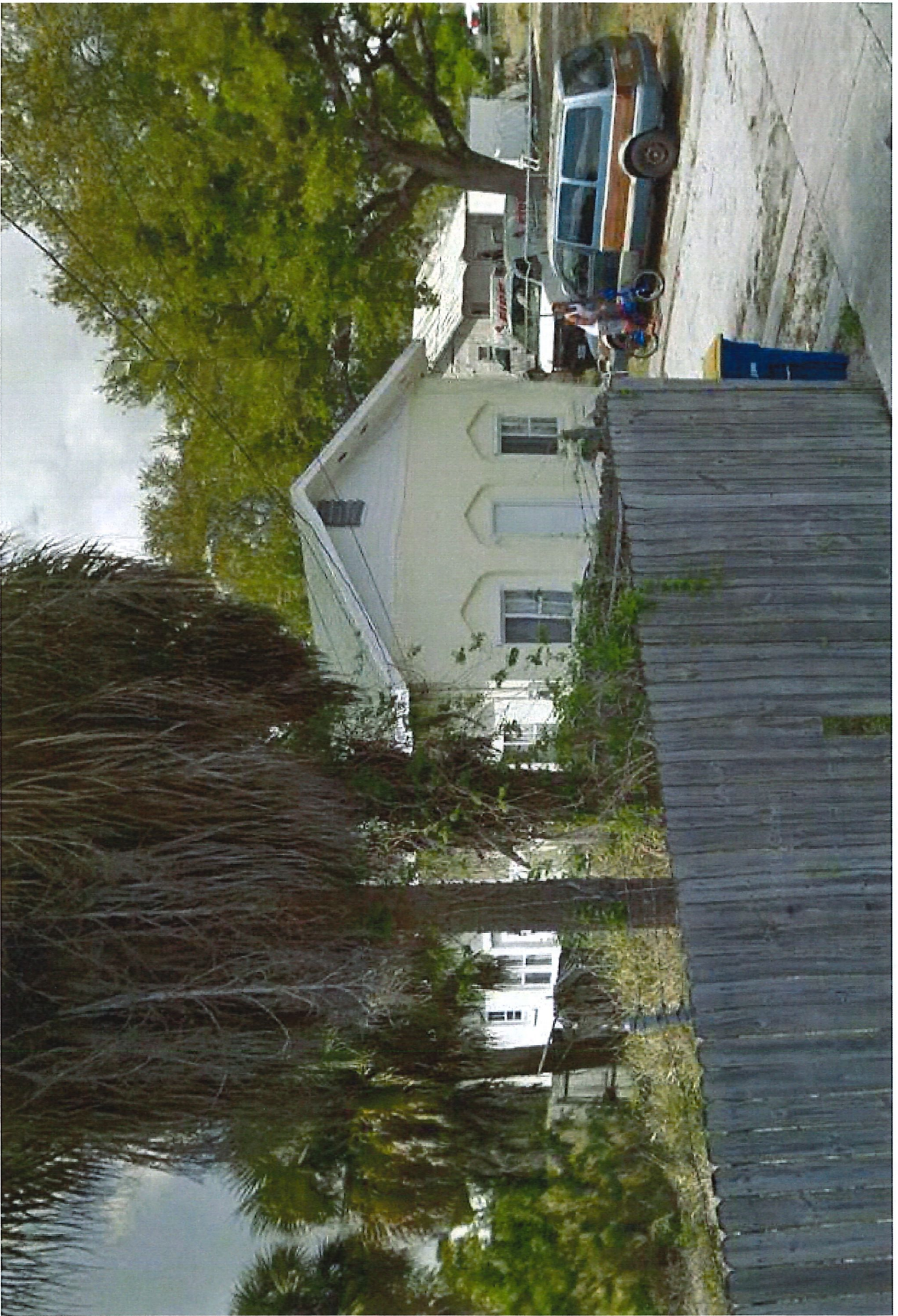
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.







CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#20-71 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 732 Delaware Avenue

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Removed and replace shingle roof. Color desert tan. 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

12/09/20

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	Kettly De Leger 732 Delaware Avenue Fort Pierce, FL 34950	E-Mail tiwingedlion@yahoo.com



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DEC 02 2020

COA# 20-71

Bldg. Permit # _____

CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 732 Delaware Avenue Fort Pierce, Florida. 34950

Parcel ID #: 3874-2870;4116-1735

Type of Designation: Contributing Non-contributing Site within the Oakland Park Historic District

Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s) Name(s): Kettly De Leger

Mailing Address: 732 Delaware Ave Fort Pierce, Florida. 34950

Phone Number(s): 505-620-0323 or 772-284-8684 Email: tiwingedlion@yahoo.com

Applicant Name(s): Same

Mailing Address: _____

Phone Number(s): _____ Email: _____

Representative Name(s): None

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

Kettly De Leger
Signature of Owner

12/2/2020
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) New roof

Other (describe) _____

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

Re--roof the existing dwelling in shingle, color desert tan. catalog provided

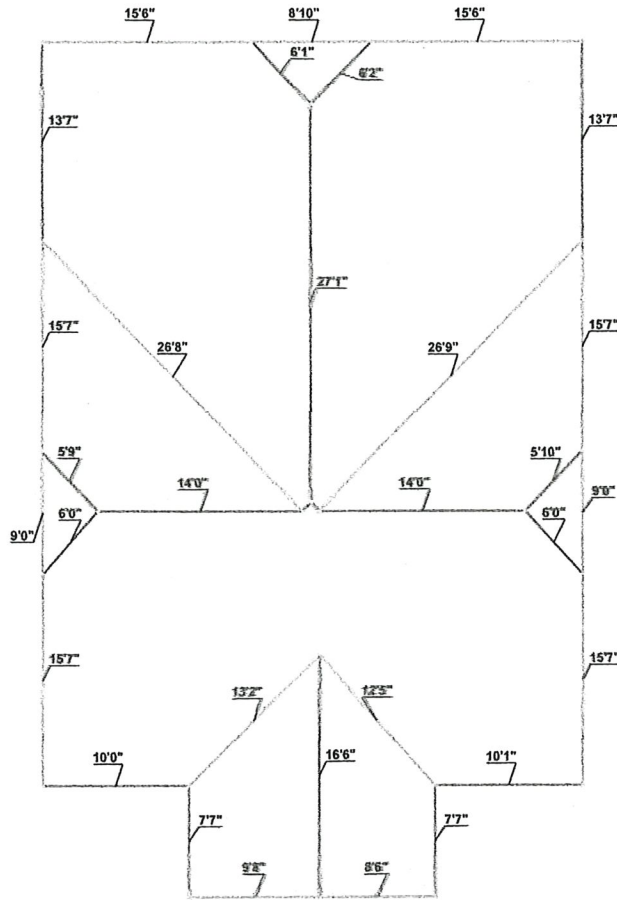
Have other alterations been made to the site within the last 12 months? No Yes, _____

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

Application Requirements

- \$10.00 Application fee
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- 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.

MEASUREMENTS



SQUARES

Actual Squares: 21.54 Sqs.
 Total Squares
 (Inc. Waste at 16 %): 25.01 Sqs.

LINE MEASUREMENTS

Eaves: 62 Ft.
 Rakes: 138 Ft.
 Ridges: 71 Ft.
 Hips: 37 Ft.
 Valleys: 78 Ft.
 Step: 0 Ft.
 Wall: 0 Ft.
 Pitch Change: 0 Ft.

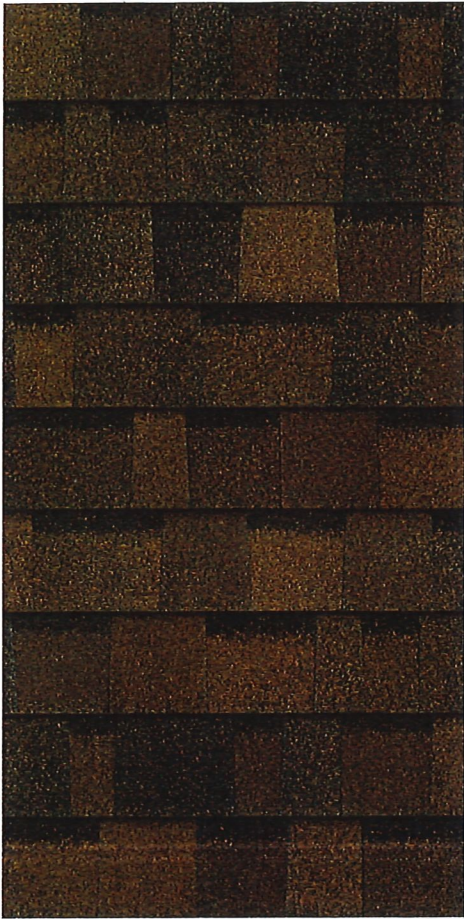
PITCH MEASUREMENTS

Pitch 5/12: 21.54 Sqs.

CATEGORY MEASUREMENTS

Ice & Water Shield: 0 Ft.
 Ridge Vent: 0 Ft.
 Rake Edge: 0 Ft.
 Eave Edge: 0 Ft.
 Step Flashing: 0 Ft.
 Apron Flashing: 0 Ft.
 Gutters: 0 Ft.
 Gutter Toppers: 0 Ft.
 Down Spouts: 0 Ft.

TruDefinition® Duration® Shingle Colors - Colors Available In All Service Areas - See Map Below



Brownwood†



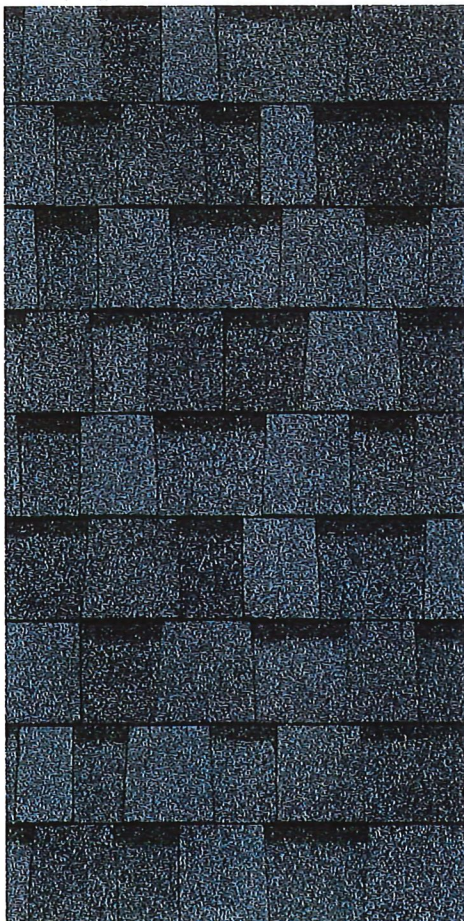
Chateau Green†



Desert Tan†



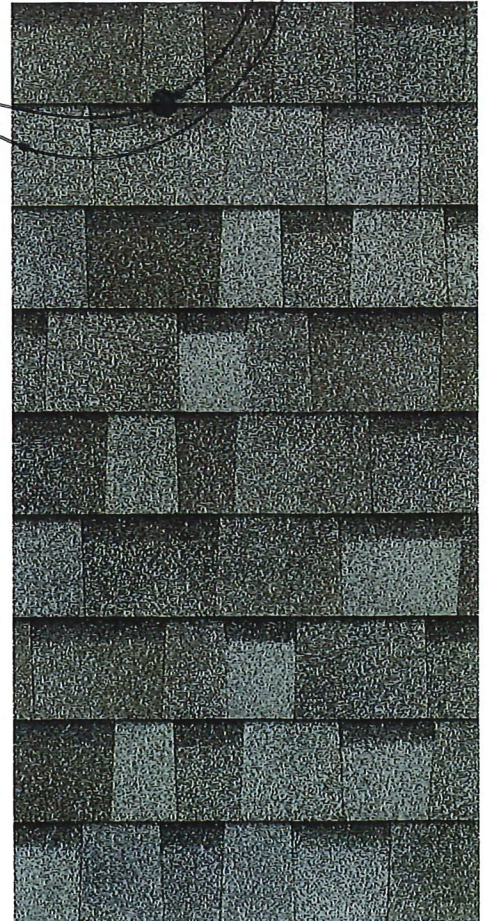
Drift†



Harbor Blue†



Onyx Black†



Quarry Gray†



Shas†

