

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in March 2021.

- COA #21-08, 1221 Delaware Avenue – Windows
- COA #21-09, 609 S 9th Street – Fence
- COA 21-10, 911 Citrus Avenue, Exterior Wall Finish
- COA 21-11, 239 S Indian River Drive, Spiral Stair
- COA 21-13, 735 Delaware Avenue, Roof
- COA 21-14, 729 S Indian River Drive, Roofs
- COA 21-15, 606 S 8th Street, Roof
- COA 21-16, 920 Georgia Avenue, Fence
- COA 21-17, 309 Orange Avenue, Façade Sign



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-08 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 1221 Delaware Avenue

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Replace six (6) non-operational windows with solid pieces of impact glass. Wood or aluminum framing would be maintained and finished in 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 Date
 Historic Preservation Board

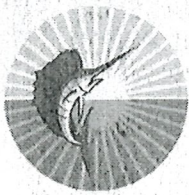

 _____ 03/03/21
 Maria Lewicka, AICP Date
 Historic Preservation Planner

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@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	1221 Delaware Avenue LLC 1127 Granada Street Fort Pierce, FL 34949	E-Mail
Representative	Michael Broderick 1127 Granada Street Fort Pierce, FL 34949	E-Mail tridentproperty@bellsouth.net



RECEIVED

MAR 01 2021

COA# 21-08

Bldg. Permit # _____

CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 1221 Delaware Ave, Fort Pierce, FL 34950

Parcel ID #: 2409-823-0046-000-2

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): 1221 Delaware Ave LLC

Mailing Address: 1127 Granada Street, Fort Pierce, FL 34949

Phone Number(s): 561-719-3356 Email: tridentproperty@bellsouth.net

Applicant Name(s): 1221 Delaware Ave LLC

Mailing Address: 1127 Granada Street, Fort Pierce, FL 34949

Phone Number(s): 561-719-3356 Email: tridentproperty@bellsouth.net

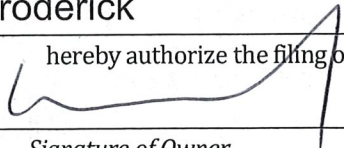
Representative Name(s): Michael Broderick

Mailing Address: 1127 Granada Street, Fort Pierce, FL 34949

Phone Number(s): 561-719-3356 Email: tridentproperty@bellsouth.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, Michael Broderick as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.


Signature of Owner

2/23/21
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) _____
- Other (describe) _____

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

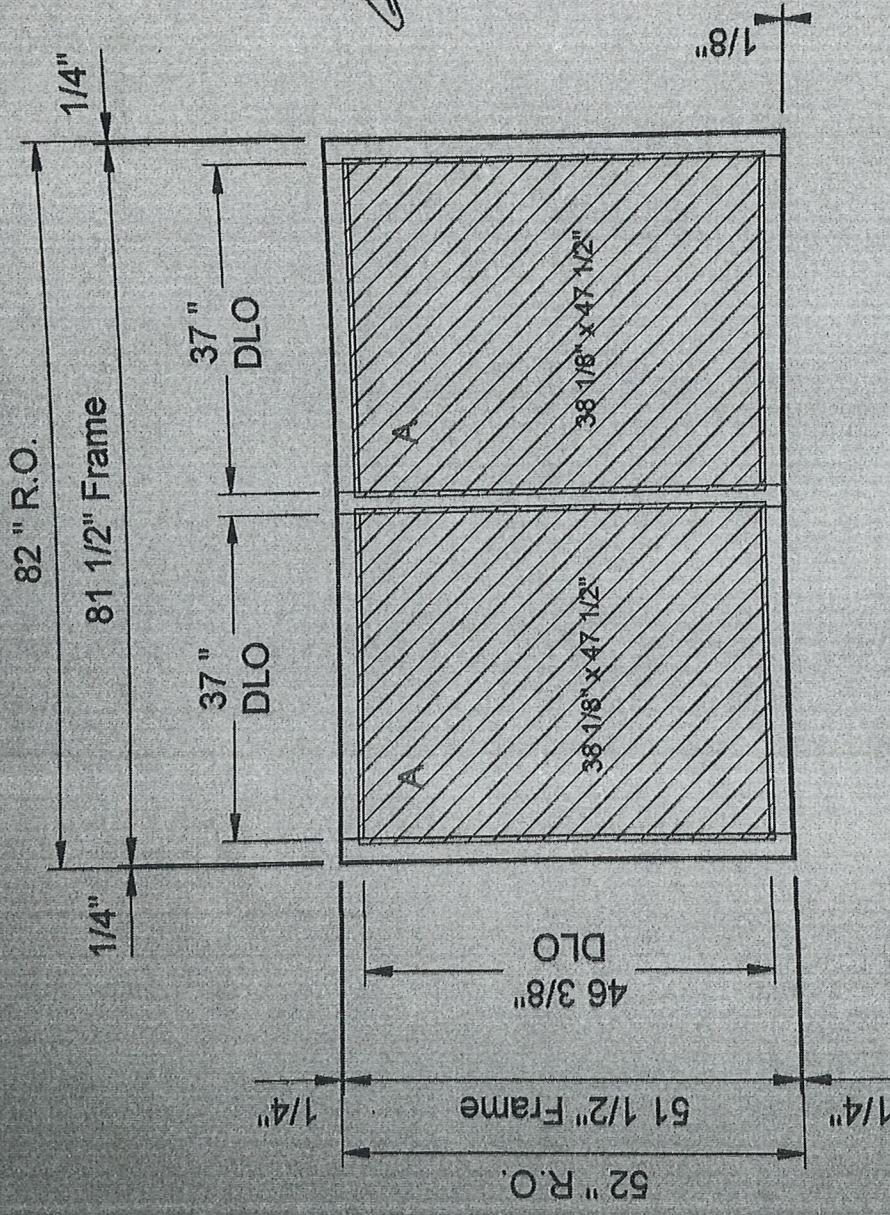
6 non operational windows to be replaced with solid pieces of impact glass. Wood or aluminum framing would be maintained and finished in white.

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.

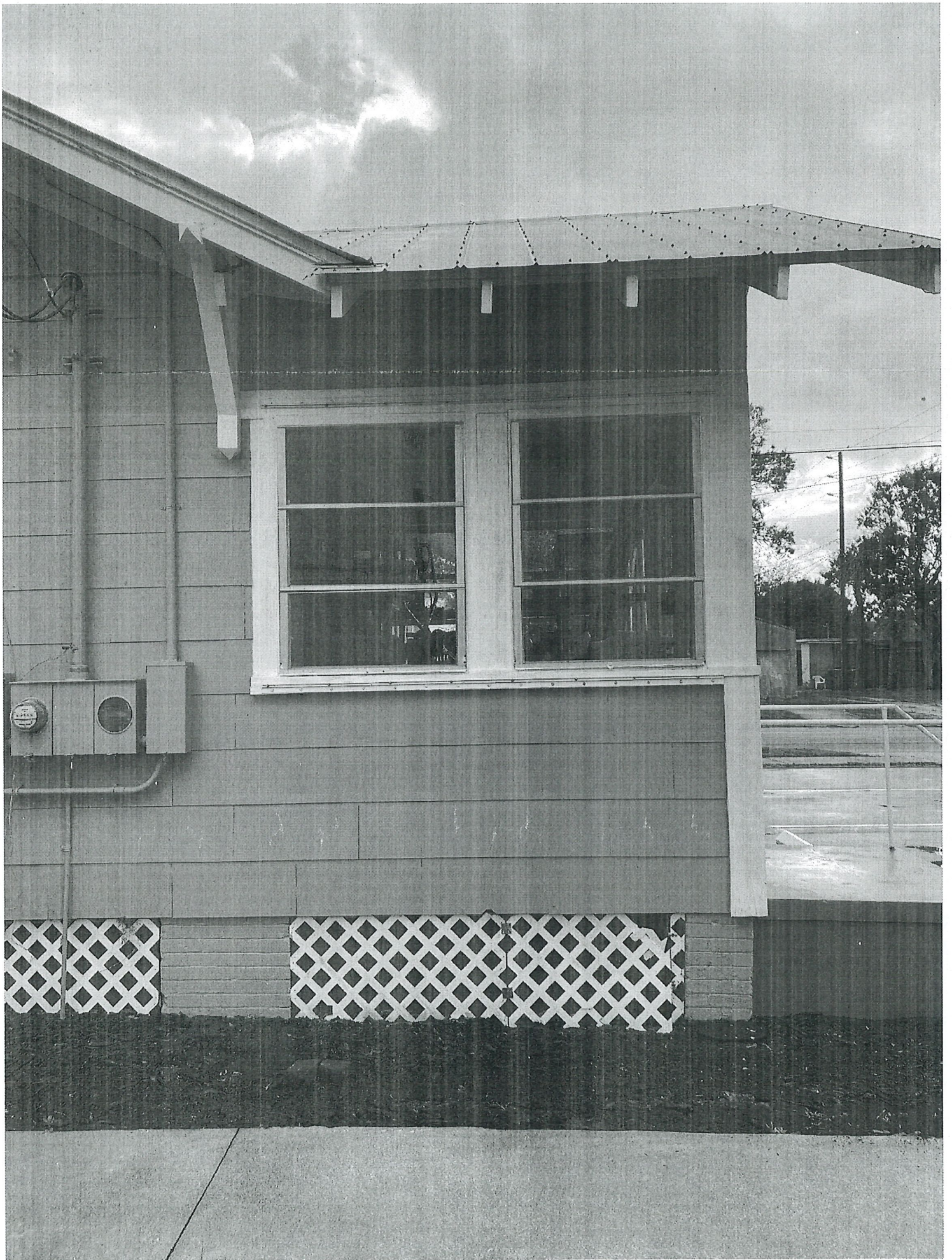


Plus
 (1) 24 x 36
 DRAINAGE
 1/8" DIA
 1/8" DIA

GLEZ
 GLEZ

BRODERICK REMAINING WINDOWS - 1 - 001 - 1 (3 Thus)
 Frame: (White) FL500 Flush Glz Impact Dry Glaze 9/16 in. Sentry
 Glass
 10/29/2020







CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#21-09
BP #21-1088

HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 609 S 9th Street

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Install 6 ft tall, PVC/Vinyl white fence and 10' wide gate on the sides and rear of the property as shown on the attached plan. Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

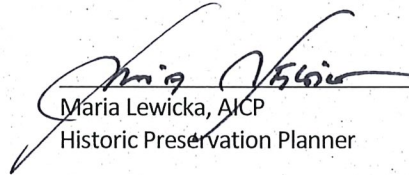
APPROVED:

Board Approval

Administrative Approval

Suzanne Boardman, Chair
Historic Preservation Board

Date



Maria Lewicka, AICP
Historic Preservation Planner

03/08/21

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:	Pauline Leisenfelt 609 S 9 th Street Fort Pierce, FL 34950	E-Mail Pauline.leisenfelt@gmail.com
Applicant:	Iban Avellaneda 2913 Middle Road Fort Pierce, FL 24981	E-Mail palmjrfence@gmail.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: 609 S 9th St, Fort Pierce FL 34950
Parcel ID #: 2410-709-0107-000-1
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): Pauline Leisenfelt
Mailing Address: 609 S 9th St, Fort Pierce FL 34950
Phone Number(s): 7157021433 Email: pauline.leisenfelt@gmail.com

Applicant
Name(s): Iban Avellaneda
Mailing Address: 2913 Middle Rd, Fort Pierce FL 34981
Phone Number(s): 7728288820 Email: palmjrfence@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, Pauline Liesenfelt as Owner(s) of the subject property do

hereby authorize the filing of this application on my/our behalf.
DocuSigned by:
Pauline Liesenfelt 3/1/2021
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) PVC/Vinyl White Fence Installation

Other (describe) _____

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

PVC/Vinyl White Fence Installation, One DoubleDrive 10ft Wide Gate, 6ft Tall, 256 Ft Total Length

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): _____

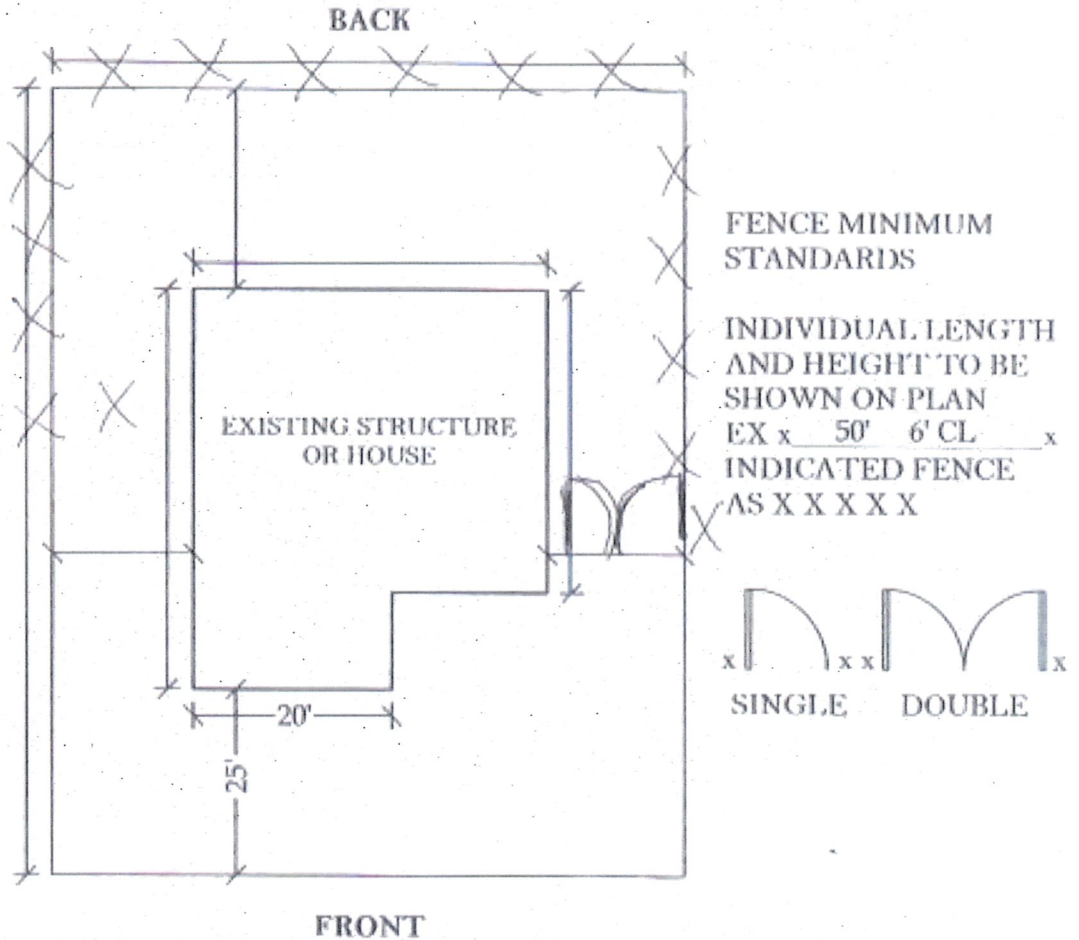
Application Requirements

- \$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.

CITY OF FORT PIERCE
 BUILDING DEPARTMENT
 FENCE FORM
 (772) 467-3725
 FAX (772) 467-3849

Owner Name Paulina Lisanfelt
 Property Address 609 S 9th St Fort Pierce, FL

*FENCES NOT PERMITTED ON VACANT LOTS



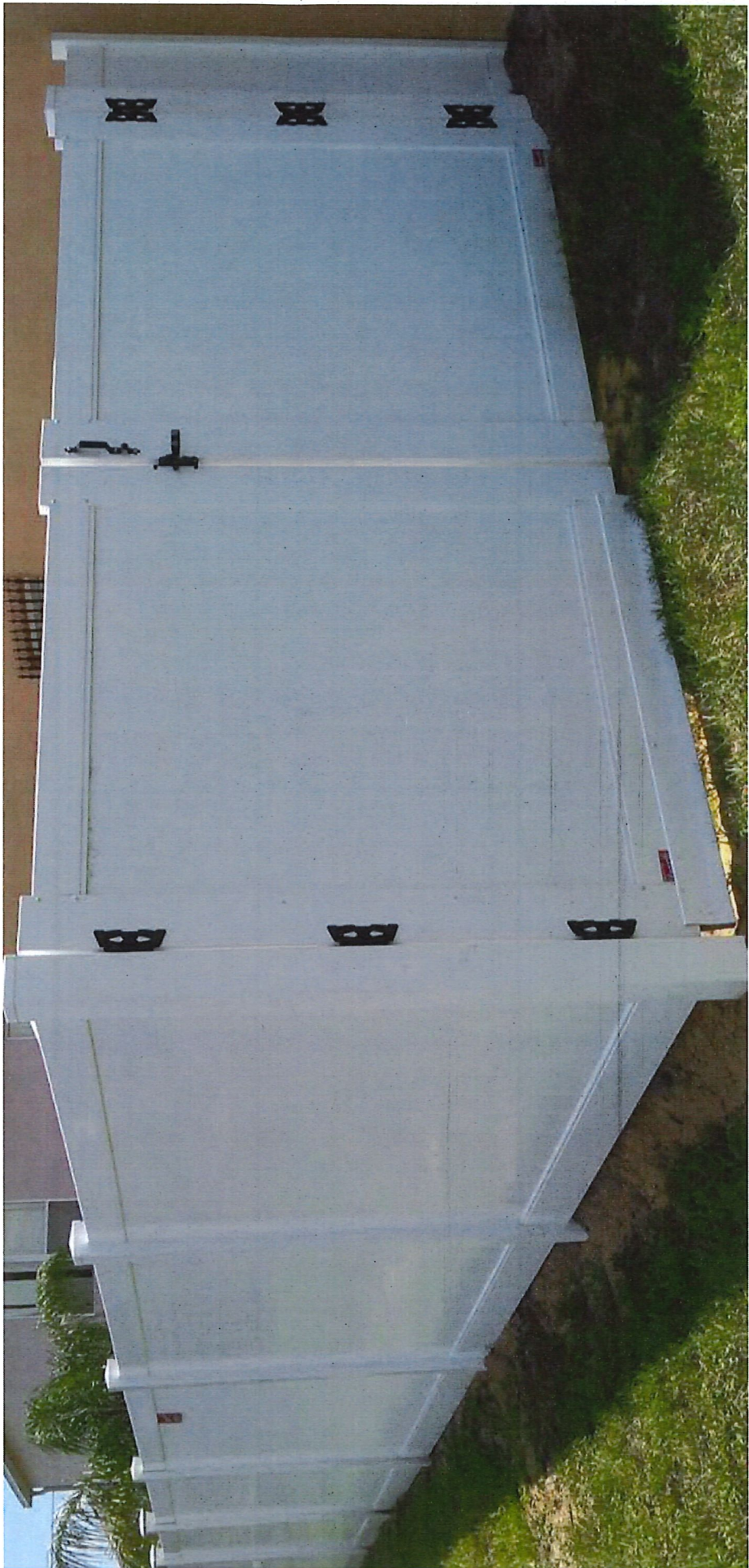
PLOT PLAN
 1" = 20' SCALE

TYPE pre / vinyl
 TOTAL LENGTH 256 LF
 HEIGHT 6 FT
 GATE N° 10ft SIZE 6ft LOC

PROPOSED FENCE SECTION MUST BE CLOUDED
 ANY FENCES GOOD SIDE OUT









CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-10 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL
 BP #21-1011

Site address: 911 Citrus Avenue

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove old wood and replace it with new pressure treated wood. Remove old, damaged siding and replace it with stucco. 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


 _____ 03/03/21
 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	Fritzmont Valsaint 4708 Palmetto Drive Fort Pierce, FL 34982	E-Mail pdf04pdf04@gmail.com



CITY OF FORT PIERCE

PLANNING DEPARTMENT

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

Certificate of Appropriateness Application

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MAR 03 2021

Building & Site Information

Address of the Site: 911 citrus ave fort pierce fl

Parcel ID #: 2410-706-0081-000/3

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

Individually Designated Site, City Commission Resolution No. _____

CITY OF FORT PIERCE
PLANNING & ZONING

Property Owner/ Applicant Information

Property Owner(s)
Name(s): fritzmont valsaint

Mailing Address: 4708 palmetto drive fort pierce fl 34982

Phone Number(s): 7729402137 Email: pdf04pdf04@gmail.com

Applicant
Name(s): fritzmont valsaint

Mailing Address: 4708 palmetto drive fort pierce fl 34982

Phone Number(s): 7729402137 Email: pdf04pdf04@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, fritzmont valsaint as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

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) STUCCO

Other (describe) _____

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

remove old wood and siding and replace with new pressure treat wood, metal mesh with tar paper, then
stucco

Have other alterations been made to the site within the last 12 months? No Yes, 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)
 - Color samples.
-
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.









RECEIVED

MAR 03 2021

COA# 21-11

Bldg. Permit # _____

CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 239 S, INDIAN RIVER DR.

Parcel ID #: _____

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): BOSTON HOUSE OF FT PIERCE LLC.

Mailing Address: 4560 S. 25TH ST FT PIERCE FL 34981

Phone Number(s): 678-517-7493 Email: SHELLY N JOHN 90@GMAIL.COM

Applicant Name(s): MARTIN MOHR PRESIDENT

Mailing Address: 4560 S. 25TH ST FT PIERCE FL 34981

Phone Number(s): 678-517-7493 Email: SHELLY N JOHN 90@GMAIL.COM

Representative Name(s): MIKE MENARD W/ ARCHITECTONIC INC.

Mailing Address: 806 DELAWARE AVE FT PIERCE FL 34950

Phone Number(s): 772 460-7751 Email: M.MENARD@ARCHITECTONIC.INC.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, MARTIN MOHR as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Martin Mohr

Signature of Owner

9/5/19

Date

Description of Requested Work

Please indicate the type of work requested:

- Fence
- Window(s)
- Rehabilitation
- Shed
- Signage
- New Construction
- Door(s)
- Shutter(s)
- Demolition
- Roof **X SPIRAL STAIR**
- Porch
- Relocation

Site Improvements (describe) _____

Other (describe) ADD SPIRAL STAIR TO NORTH WEST CORNER

Please provide a detailed description of the proposed work to be performed: EXTEND SECOND DECK AS REQ'D TO INSTALL SPIRAL STAIR FOR SECOND FLOOR EMERGENCY EGRESS

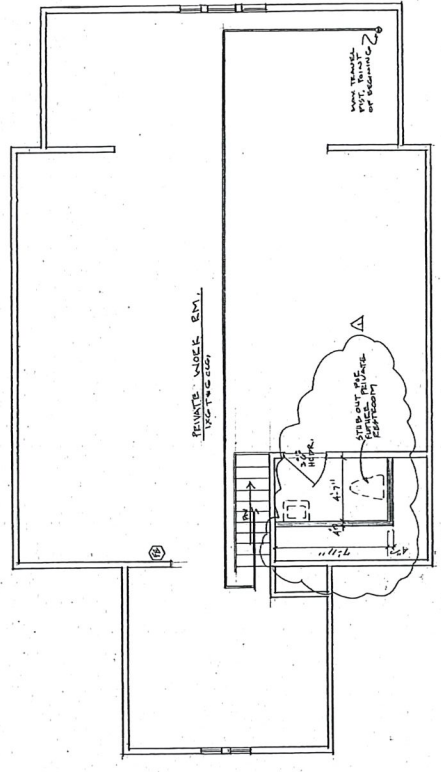
Have other alterations been made to the site within the last 12 months? No Yes, _____

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

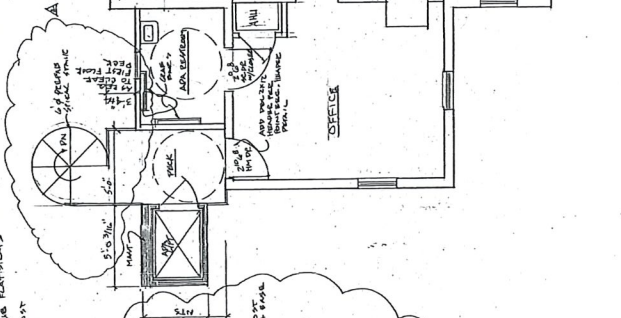
Application Requirements

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

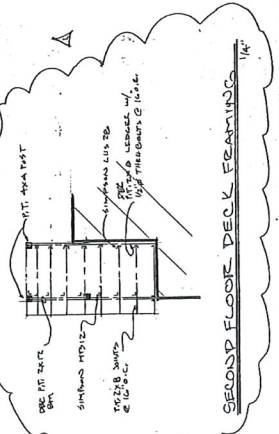
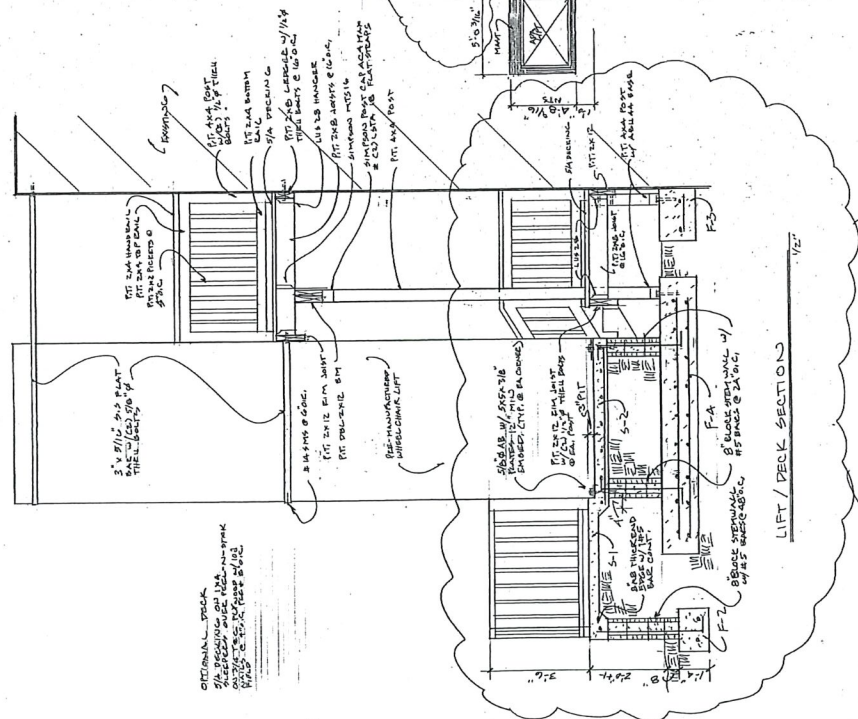
REVISION	NO.	DATE	BY	REASON
1	1/11/17	MSU	MSU	ISSUE FOR PERMITS
2	1/11/17	MSU	MSU	ISSUE FOR PERMITS
3	1/11/17	MSU	MSU	ISSUE FOR PERMITS

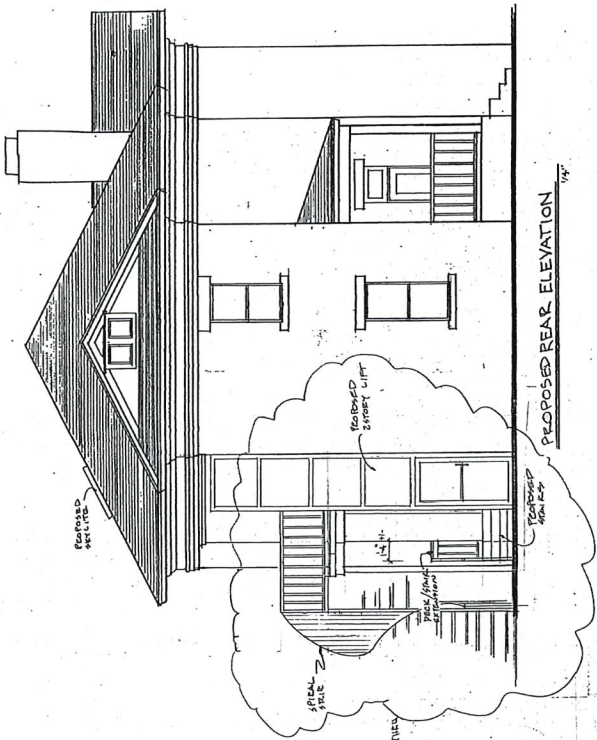


THIRD FLOOR PLANS (RENOVATION)
 1/4"

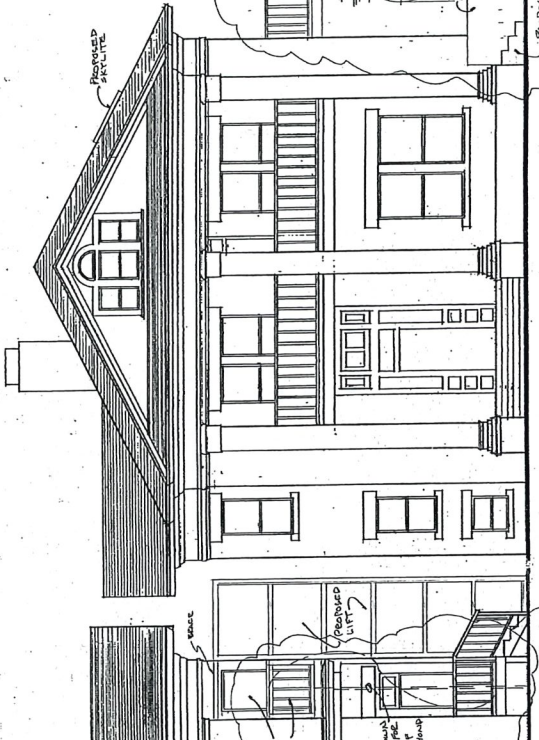


SECOND FLOOR PLANS (RENOVATION)
 1/4"

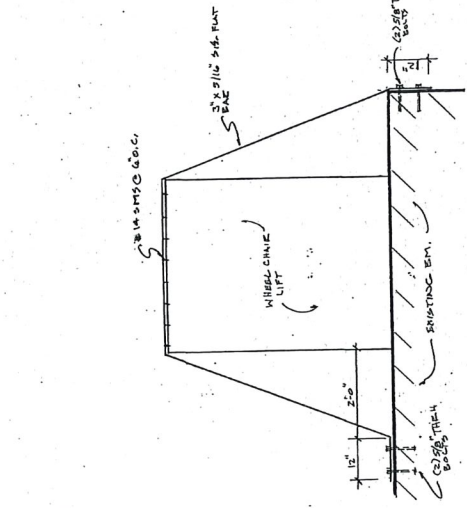




PROPOSED REAR ELEVATION 1/4"



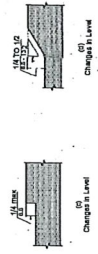
PROPOSED FRONT ELEVATION 1/4"



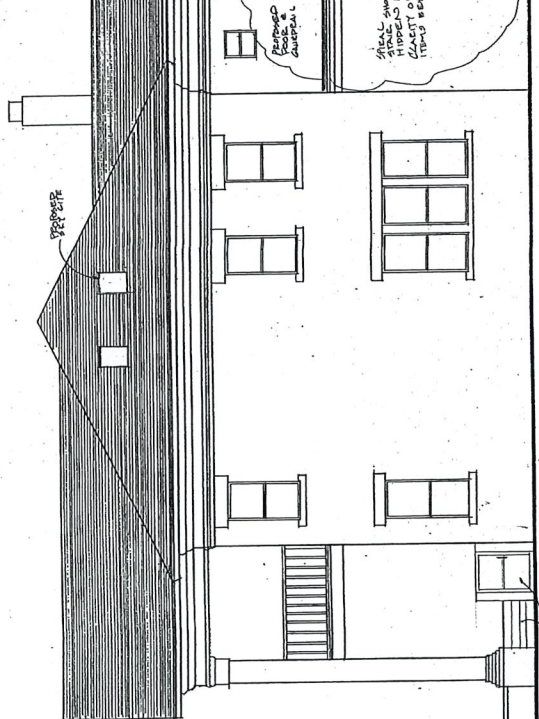
STAIR DETAIL
 NOTE: FABRICATE STEATS AFTER WHEEL CHAIR LIFT IS IN PLACE



FIGURE 19 STAIR HANDRAILS
 NOTE: HANDRAILS ON RAMPERS WHICH ARE KEPT CONTINUOUS SHALL EXTEND NOT LESS THAN 18\"/>



THRESHOLD ON ACCESSIBLE PATH
 FLORIDA ACCESSIBILITY CODE REQUIREMENTS



PROPOSED RIGHT SIDE ELEVATION 1/4"

SPIRAL
STAIR
LOCATION



SPIRAL
STAIR
LOCATION

