



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-13 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 735 Delaware Avenue

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove front entry roof tile and replace it with Clay Crown Roof Tile (Mediterranean). Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

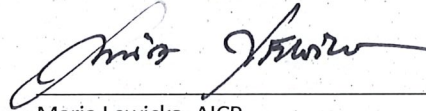
APPROVED:

Board Approval

 Suzanne Boardman, Chair
 Historic Preservation Board

 Date

Administrative Approval



Maria Lewicka, AICP
 Historic Preservation Planner

03/24/21

 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@cityoffortpiece.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	R & D Management and Investments Inc. 10380 SW Village Center Dr. #333 Port Saint Lucie, FL 34987	E-Mail mickbrown799@gmail.com
Applicant	Fox Haven Roofing Group, LLC 2467 SE Marseille Street PSL, FL 34952	E-Mail accounting@foxhavenroof.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: 735 Delaware Avenue, Fort Pierce, FL 34950
Parcel ID #: 2410-709-0008-000-7
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): R & D Management and Investments
Mailing Address: 10380 SW Village Center Dr #333 PSL, FL
Phone Number(s): 954-638-2134 Email: mickbrown799@gmail.com 34987

Applicant Name(s): Fox Haven Roofing Group, LLC.
Mailing Address: 2467 SE Marseille St. PSL, FL 34952
Phone Number(s): 772.249.4954 Email: accounting@foxhavenroof.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, Michael Brown as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

M. Brown
Signature of Owner

3/22/21
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 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) _____
- Other (describe) _____

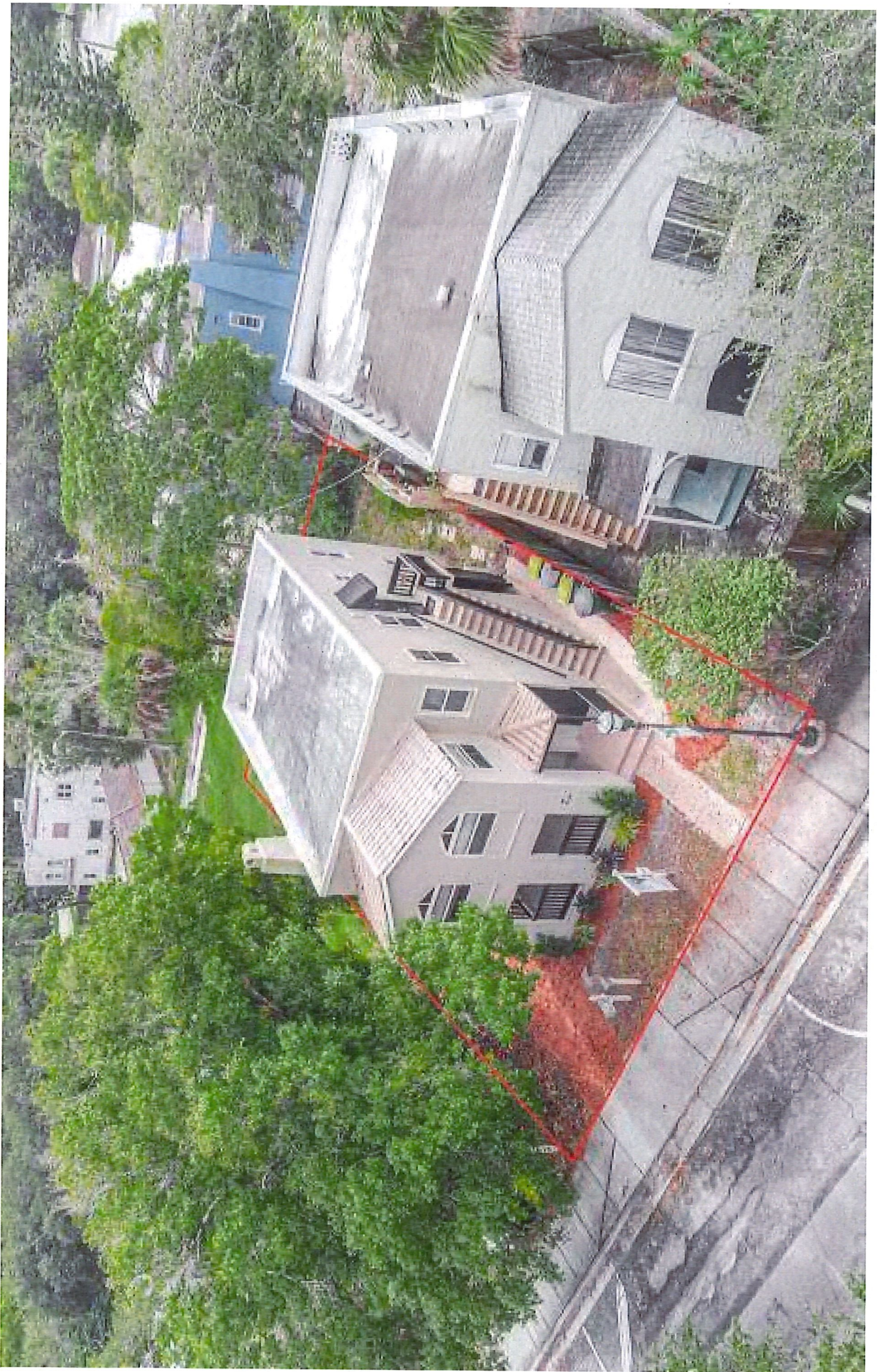
Please provide a detailed description of the proposed work to be performed: Remove existing roof material down to wood deck only front gable + front entry tile roofs to be replaced. Install #30 underlayment. Install boral self-adhered tile seal. Install crown concrete tile fastened with foam.

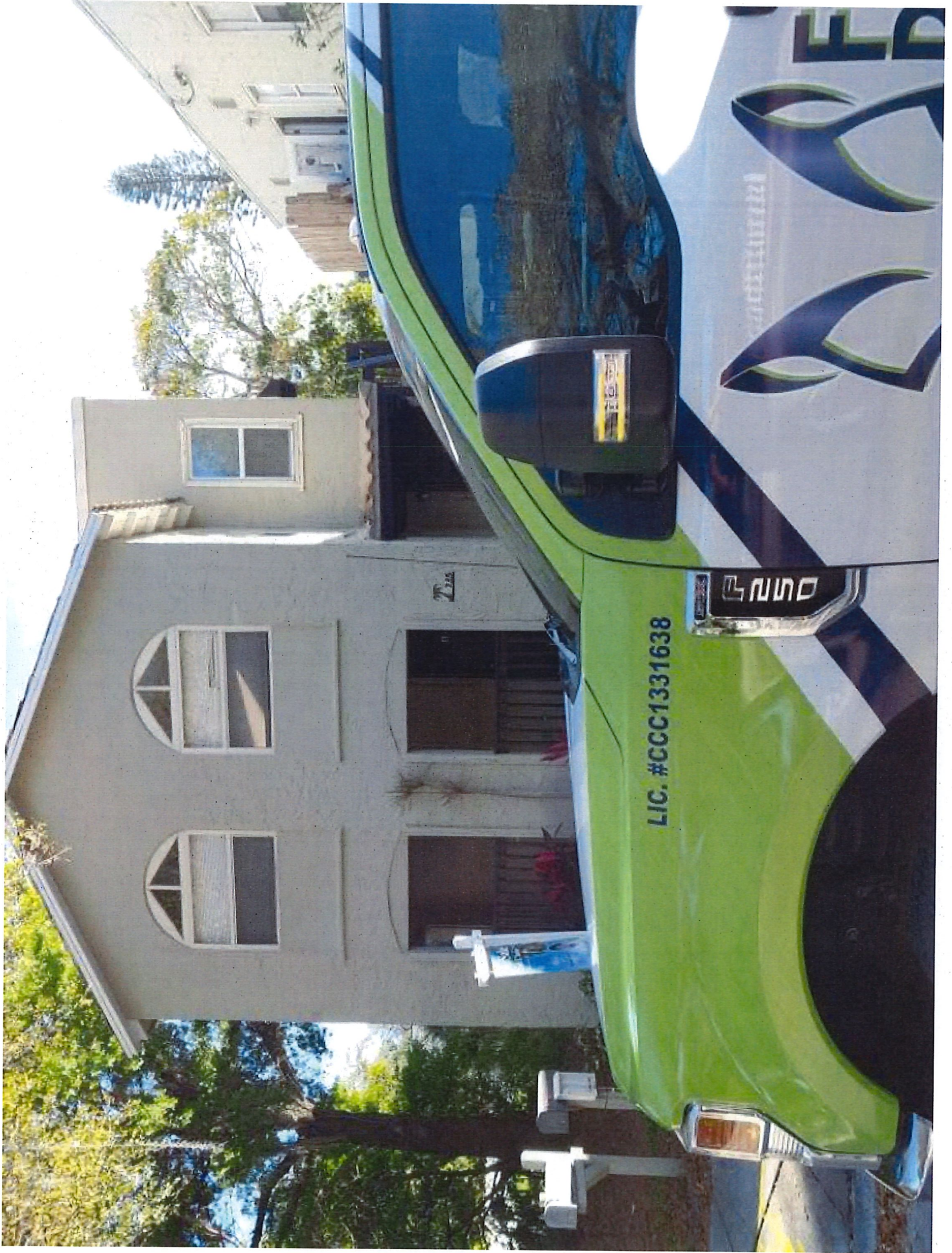
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.





LIC. #CCC1331638

Dodge

Bus

FD



DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY
PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
Miami, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/pera

NOTICE OF ACCEPTANCE (NOA)

Crown Building Products of Florida LLC
6018 SW HWY 72
Arcadia, FL. 34266

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed and accepted by Miami-Dade County RER - Product Control Section to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Section (in Miami-Dade County) and/or the AHJ (in areas other than Miami-Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. RER reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the Florida Building Code including the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: Crown Roof Tile (Mediterranean)

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA revises NOA 15-1222.04 consists of pages 1 through 7.

The submitted documentation was reviewed by *Freddy Semino*



NOA No.: 19-1021.13
Expiration Date: 05/12/21
Approval Date: 11/07/19
Page 1 of 7

ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub Category: Roofing Tiles
Material: Clay

1. SCOPE

This approves a roofing system using **Crown Roof Tile (Mediterranean)** manufactured by **Crown Building Products of Florida LLC** in **Mansfield, TX.**, as described in Section 2 of this Notice of Acceptance. For locations where the pressure requirements, as determined by applicable Building Code does not exceed the design pressure values obtained by calculations in compliance with RAS 127 using the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Crown Roof Tile (Mediterranean)	L = 17.3" W = 11.8" 0.63" thick nominal 3.9" high	TAS 112 Type – 1a Class III	High profile clay roof tile. For mechanical direct deck, battens installation (4/12 min slope), and direct deck adhesive set applications with the nominal interlocking headlap.
Trim Pieces	Length: varies Width: varies varying thickness	TAS 112	Accessory trim, clay roof pieces for use at hips, rakes, ridges and valley terminations manufactured for each tile profile.

2.1 PRODUCTS MANUFACTURED BY OTHERS

<u>Product Name</u>	<u>Product Description</u>	<u>Manufacturer (With Current NOA)</u>
ICP Adhesives Polyset AH-160	Two component polyurethane foam adhesive.	ICP Adhesives and Sealants, Inc.
TILE BOND™ Roof Tile Adhesive	Single component polyurethane foam roof tile adhesive.	The Dow Chemical Company
“Tile Tite” Roof Tile Mortar	Premixed, pre-bagged roof tile mortar.	Bermuda Roof Co. Inc.
Bonsal Roof Tile Mortar	Premixed, pre-bagged roof tile mortar.	Bonsal American
“Quikrete” Roof Tile Mortar, FL-15	Premixed, pre-bagged gray roof tile mortar.	The Quikrete Companies, Inc.



NOA No.: 19-1021.13
 Expiration Date: 05/12/21
 Approval Date: 11/07/19
 Page 2 of 7

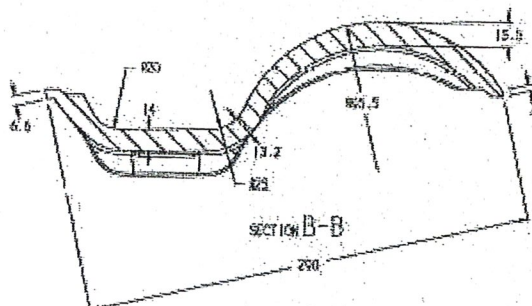
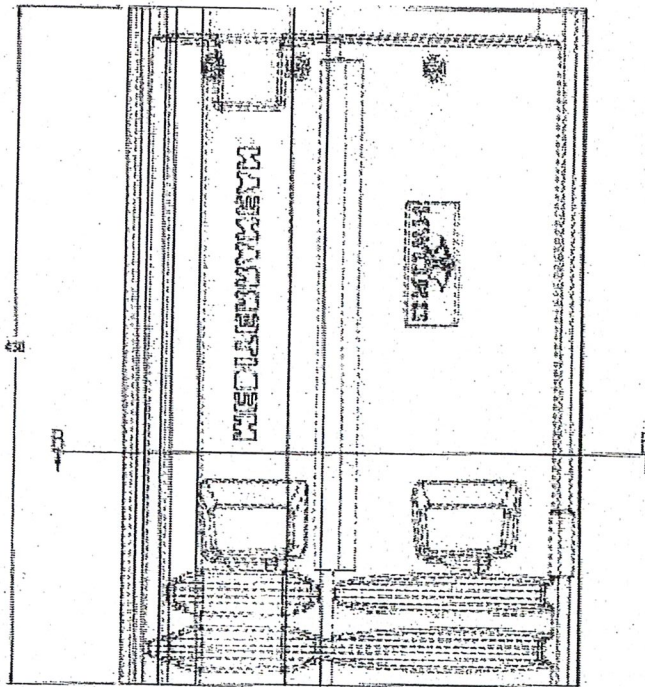
6. BUILDING PERMIT REQUIREMENTS:

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

6.1.2 Any other documents required by Building Official or Applicable building code in order to properly evaluate the installation of this system.

PROFILE DRAWING



**CROWN ROOF TILE (MEDITERRANEAN)
END OF THIS ACCEPTANCE**



NOA No.: 19-1021.13
Expiration Date: 05/12/21
Approval Date: 11/07/19
Page 7 of 7



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-14 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL
 BP #21-1792 & #21-1793

Site address: 729 S Indian River Drive, Unit 1,2,5 and 6

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove shingle roof and replace it with JA TAYLOR EDGE-LOC metal roof 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

Maria Lewicka
 _____ 03/31/21
 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	Sun Moon Sea development LLC 600 NE 56 th Street Miami, FL 33137	E-Mail chrisresmiami@yahoo.com
Applicant	JA Taylor Roofing 302 Melton Drive Fort Pierce, FL 34982	E-Mail ashley@jataylorroofing.com



Bldg. Permit # _____

COA# 21-14

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 729 S Indian River Dr (unit 1+2.5+W)
 Parcel ID #: 2410-805-0014-060-5
 Type of Designation: Contributing Non-contributing Site within the Rivers Edge Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner / Applicant Information

Property Owner(s)
 Name(s): Sun Moon Sea Development LLC
 Mailing Address: 1000 NE 56th St, Miami, FL 33137
 Phone Number(s): 305-778-2424 Email: chriskeslmiami@yahoo.com

Applicant
 Name(s): JA Taylor Roofing
 Mailing Address: 302 Melton Drive, Fort Pierce, FL 34982
 Phone Number(s): 772-466-4040 Email: ashley@jaylorroofing.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, Christine J Kesl as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

20 March 2021
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) re-roof

Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Tear off shingle, reroof deck. Install JA Taylor Edge-loc metal roof system over polyglass MTS self-adhered underlayment

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): _____

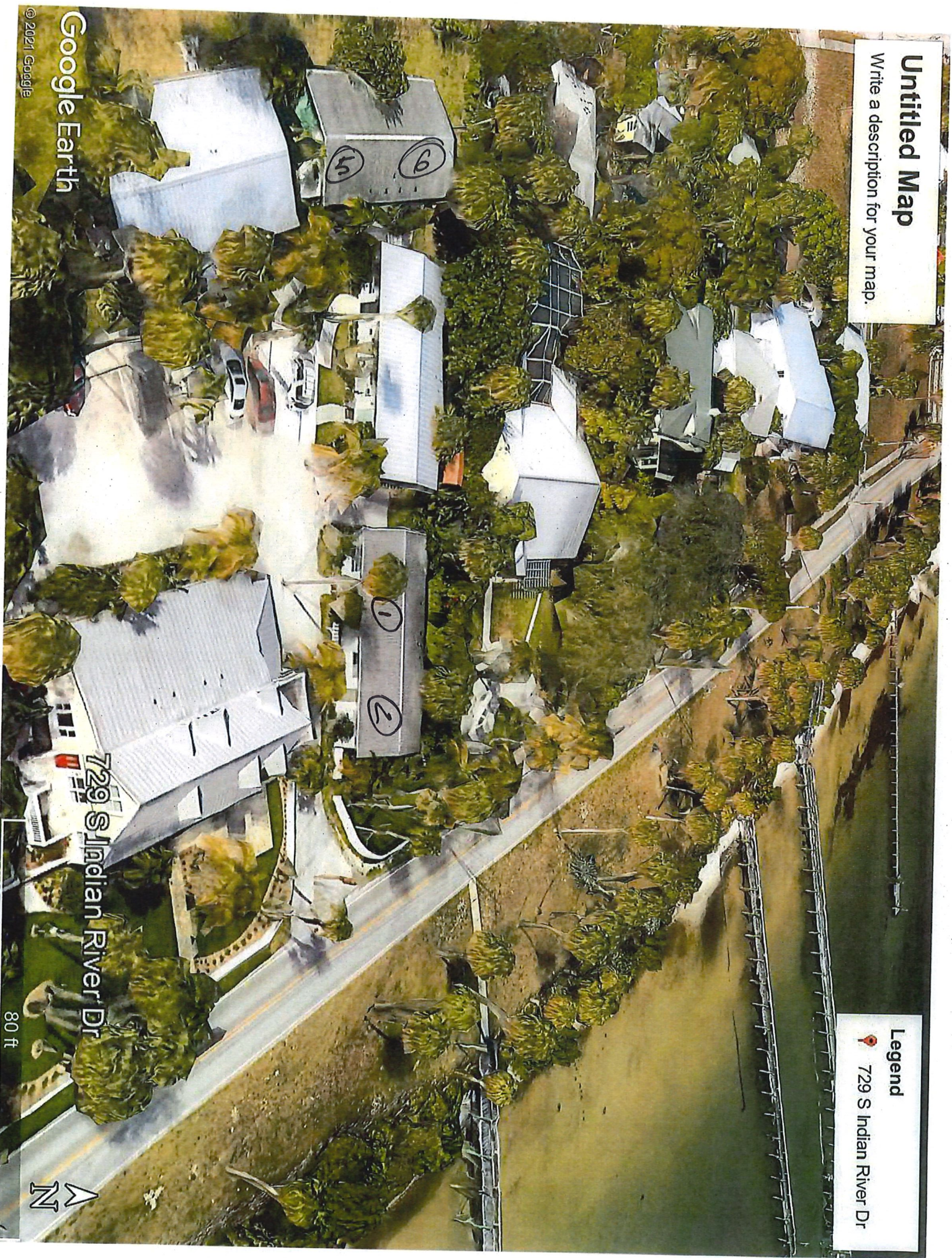
Application Requirements

- \$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. mill finish metal
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.

Untitled Map

Write a description for your map.

Legend
📍 729 S Indian River Dr



Google Earth

© 2021 Google

729 S Indian River Dr



80 ft







CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-15 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL
 BP #21-1901

Site address: 606 S 8th Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Work to be performed on outbuilding. Remove existing mill finish metal shingle roof down to decking. Install 5V 24 gauge, galvanized metal roof with mill 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


 _____ 03/29/21
 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	Brandon R Nobile, Shauna M Nobile Thomas A Bruce 606 S 8 th Street Fort Pierce, FL 34950	E-Mail bnobile@remnantconstruction.com
Applicant	Jason Morar – Southern Roof Systems, Ins 2685 SW Domina Road PSL, FL 34953	E-Mail jason@southernroofsystems.com

Bldg. Permit # _____

COA# 21-15



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: 606 S 8th St, Ft Pierce, FL 34950
Parcel ID #: 2410-709-0082-000-9
Type of Designation: Contributing Non-contributing Site within the Oakland Park Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner / Applicant Information

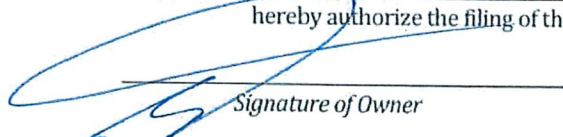
Property Owner(s)
Name(s): Brandon R Nobile, Shauna M Nobile, Thomas A Bruce
Mailing Address: 606 S 8th St, Ft Pierce, FL 34950
Phone Number(s): 772-349-7015 Email: bnobile@RemnantConstruction.com

Applicant
Name(s): Jason Morar - Southern Roof Systems, Inc
Mailing Address: 2685 SW Domina Rd, Port Saint Lucie, FL 34953
Phone Number(s): 772-324-9613 Email: jason@southernroofsystems.com

Representative
Name(s): Jason Morar - Southern Roof Systems, Inc
Mailing Address: 2685 SW Domina Rd, Port Saint Lucie, FL 34953
Phone Number(s): 772-324-9613 Email: jason@southernroofsystems.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, Brandon Nobile as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.


Signature of Owner

3-23-21
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 checked="" type="checkbox"/> Roof <i>for shed</i> |
| <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: _____

Work to be performed on outbuilding. Remove existing metal shingle roof down to decking.

Install self-adhered membrane directly to the decking (mechanically fastened).

Install 5V 24 gauge, galvanized metal roof. Color will be mill finish.

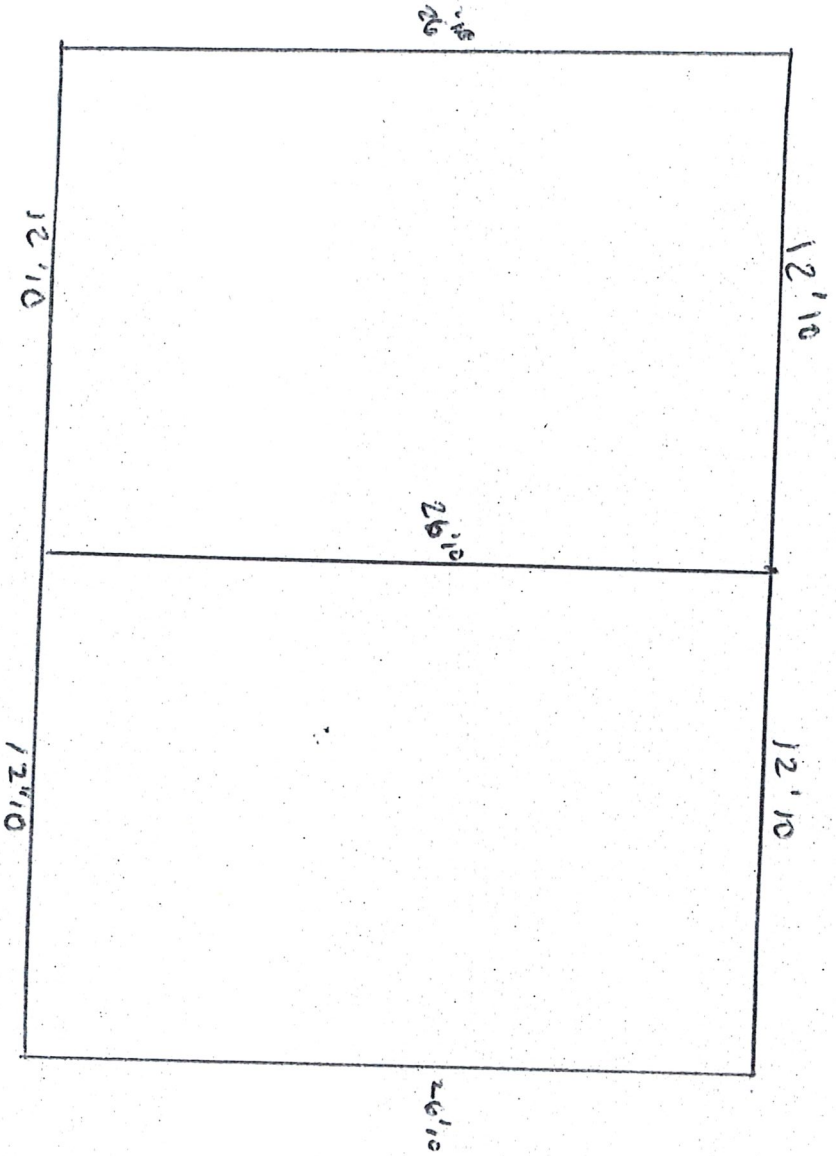
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.

600 S 8th St Ft Pierce FL 34950

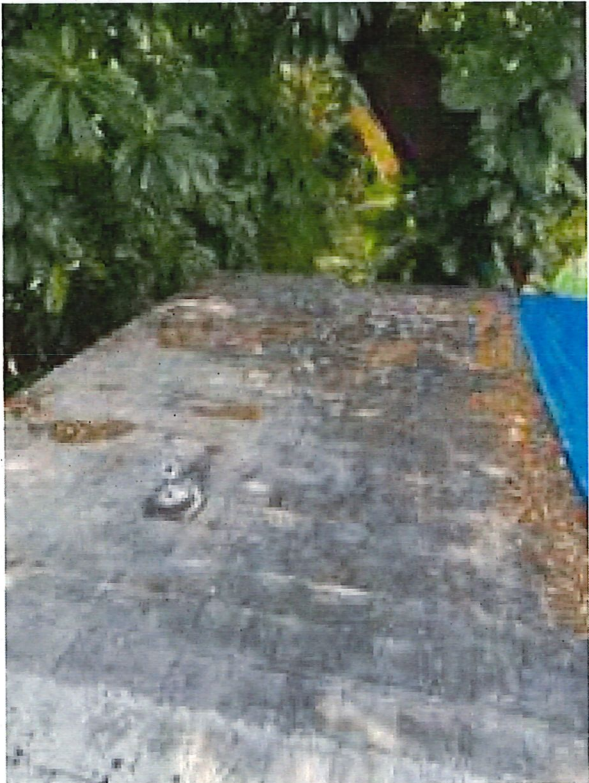
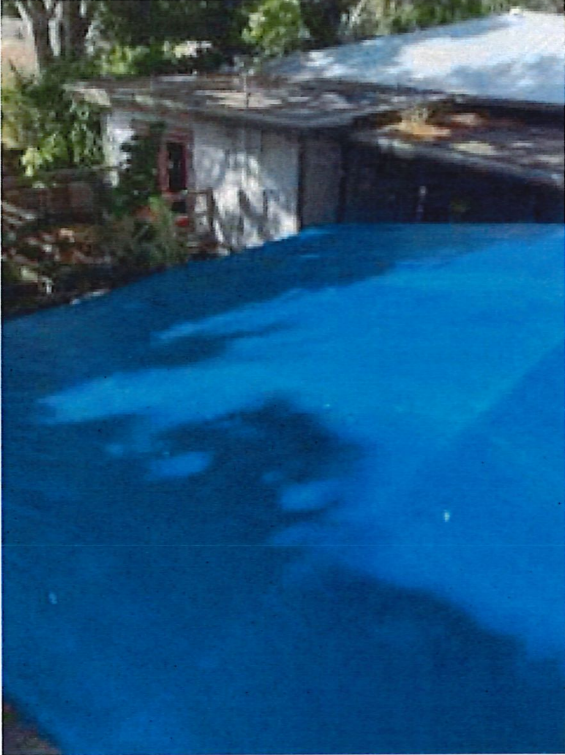


7 sq

1x6
Fascia 100 LF

1 - 1" Stack Pipe

EXISTING ROOF (MILL FINISH METAL SHINGLES)



PROPOSED ROOF STYLE AND LOOK



p



EXTREMEMETAL

FABRICATORS

SKILLED CRAFTERS OF METAL ROOFING SYSTEMS

26ga (min) VMAX over 15/32" (min) plywood

Extreme Metal Fabricators
2160 SW Poma Dr | Palm City FL 34990

Product Description

5V Crimp style exposed fastener panel with 24" max coverage and nominal rib height of 3/8".

Product Material

26ga (min) steel

Corrosion resistant per FBC 1507.4.3 where required

Fastener

#9 or #10 x 1.5" fastener with sealing washer
Compliant with FBC 1506.6 where required.

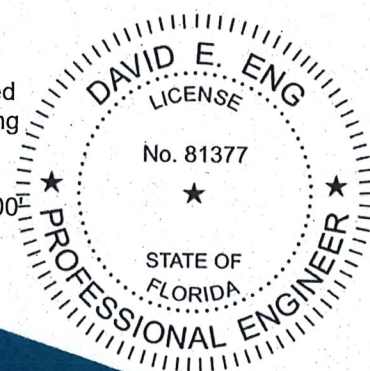
Substrate/Deck

15/32" (min) plywood or
3/4" (min) thick wood plank (min S.G. of 0.42)

Evaluated by:

David Eng, PE
Timberlake Cove, LLC
3324 W Univ Ave #206 | Gainesville FL
FL PE 81377 | FL CA 33344
www.TimberLakeCove.com

Digitally signed
by David E Eng
Date:
2020.12.16
10:14:31+01'00'



VMAX

5V Crimp Exposed Seam

This item has been digitally signed and sealed by D.E. Eng, PE, on the date indicated. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-16
 BP #21-1996

HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 920 Georgia Avenue

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Install 4 ft tall, white vinyl picket fence 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

03/29/21
 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:	Kara Y Wood 20 Orange Avenue Ph 6 Fort Pierce, FL 34950	E-Mail
Applicant:	Fence Pros of the Treasure Coast LLC, Robert Boles 339 Lexington Ct SW Vero Beach, FL 32962	E-Mail Robert@fenceprosc.com



Bldg. Permit # _____

COA# 21-16

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 920 GEORGIA AVE
 Parcel ID #: 2410-710-0019-000-1
 Type of Designation: Contributing Non-contributing Site within the _____ Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner / Applicant Information

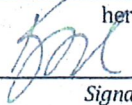
Property Owner(s) Name(s): Kara Y Wood
 Mailing Address: 20 Orange AVE Ph 6, Fort Pierce, FL 34950
 Phone Number(s): _____ Email: _____

Applicant Name(s): Fence Pros of the Treasure Coast LLC Robert Boles
 Mailing Address: 339 Lexington Ct SW, Vero Beach, FL 32962
 Phone Number(s): 772-696-0436 Email: robert@fenceprostc.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.

Kara Wood
 I / We, _____ as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.


 Signature of Owner

03/24/21
 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 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: _____

4' White Vinyl picket fence to extend from the west front corner of the house to the west property line, down the property line and back to the back edge of the house.

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): _____

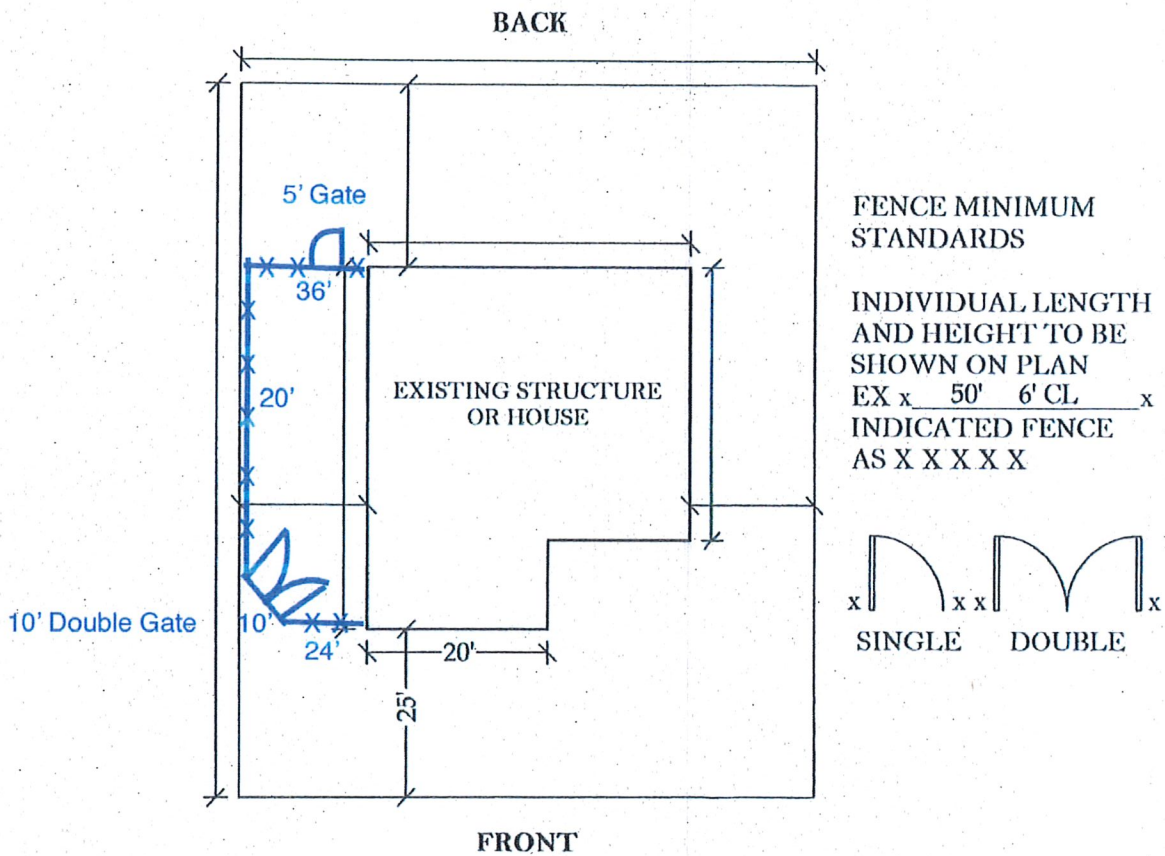
Application Requirements

- \$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 Kara Y Wood
 Property Address 920 GEORGIA AVE

*FENCES NOT PERMITTED ON VACANT LOTS

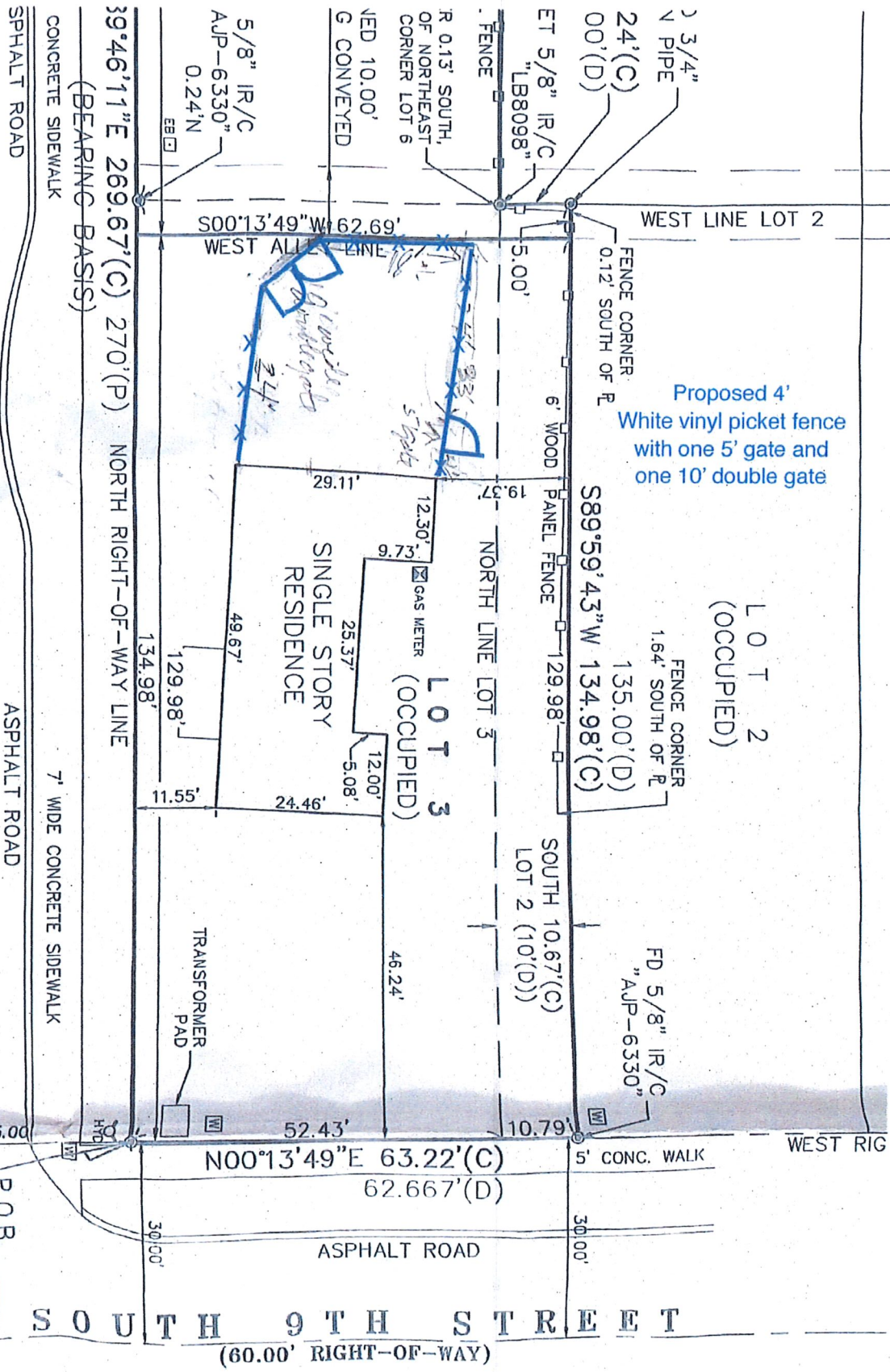


PLOT PLAN
 1" = 20' SCALE

TYPE White Vinyl Picket
 TOTAL LENGTH 90 LF
 HEIGHT 4 FT 1-5' and
 GATE N° 2 SIZE 1-10' LOC Double

PROPOSED FENCE SECTION MUST BE CLOUDED
 ANY FENCES GOOD SIDE OUT

GEORGIA AVENUE
 SOUTH LINE SECTION 10
 (70.00' RIGHT-OF-WAY)



LOT 2
 (OCCUPIED)

LOT 3
 (OCCUPIED)

Proposed 4'
 White vinyl picket fence
 with one 5' gate and
 one 10' double gate

SINGLE STORY
 RESIDENCE

TRANSFORMER
 PAD

SOUTH 9TH STREET
 (60.00' RIGHT-OF-WAY)





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-17 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 309 Orange Avenue

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

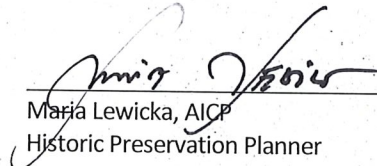
Request	Conditions of Approval	Applicable Standards
Install new façade sign (duranodic bronze) See attached drawings.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

Board Approval

 Suzanne Boardman, Chair Date
 Historic Preservation Board

Administrative Approval


 _____ 3/29/21
 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	Gates Gates Properties, LLC 313 Orange Avenue Fort Pierce, FL 34950	E-Mail
Applicant	Roderick Waller 3550 Okeechobee Road Fort Pierce, FL	E-Mail rodwaller1@gmail.com



Bldg. Permit # _____

COA# 21-17

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 309 Orange Avenue Fort Pierce, FL 34950
 Parcel ID #: 2410-701-0003-000-8
 Type of Designation: Contributing Non-contributing Site within the X Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

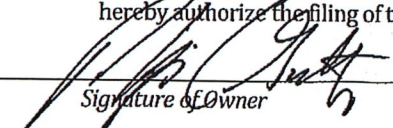
Property Owner(s)
 Name(s): Gates Gates Gates Properties, LLC
 Mailing Address: 313 Orange Avenue Fort Pierce, FL 34950
 Phone Number(s): _____ Email: _____

Applicant
 Name(s): RODERICK WALLER
 Mailing Address: 3550 OKEECHOBEE RD FORT PIERCE FL
 Phone Number(s): 772-201-2850 Email: rodwaller1@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, Philip Gates as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.


 Signature of Owner

3/24/21
 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: Sign Face Change

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.
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 - Material(s) specifications and/or sample(s)
 - Color samples.
-
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.

UPDATED NEW PROOF MARCH 2021

SIGN LETTERING CHANGE

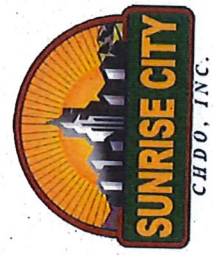
North Side of Building

Gemini Sign Letters Installed per side of building



8" tall formed plastic gemini letters
 13' width
 letters installed with pad mounts w/
 silicone application

Customer: _____
 Company: Law office of Andrew Sholtes
 Address: 309 Orange ave.
 City: Fort Pierce State ZIP: 34950
 Phone: _____
 Fax: _____



Job No.: _____ Date: 3/25/21
 Order Date: _____ Salesperson: Rod
 Sign Dimensions: 8.0" x 156" Estimate: _____
 Comments: _____

SIGN LETTERING CHANGE

North Side of Building

Gemini Sign Letters Installed per side of building



These plans and all proposed work are subject to any corrections required by field inspectors that may be necessary in order to comply with all applicable codes

8" tall formed plastic gemini letters
13' width
letters installed with pad mounts w/
silicone application

REVIEWED FOR CODE COMPLIANCE

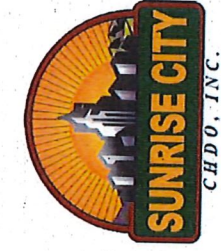
A permit issued shall be construed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, construction or violations of this code inadvertently overlooked during plan review as outlined in Chapter 1 Section 105.4 of the Florida Building Code. All proposed work is subject to any corrections required by field inspectors that may be necessary in order to comply with all applicable codes.

CITY OF FORT PIERCE

Reviewed: _____

Date: _____

Customer:	
Company:	Law office of Charles Shafer
Address:	309 Orange ave.
City:	Fort Pierce
State/ZIP:	34950
Phone:	
Fax:	



Job No.:	
Order Date:	Date: 03/28/17
Sign Dimensions:	8.0" x 156"
Estimator:	Salesperson: Rod
Comments:	

Maria Lewicka

From: signaturesnl@aol.com
Sent: Monday, March 29, 2021 3:52 PM
To: Maria Lewicka
Subject: Re: New Updated COA for 309 Orange Ave

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. .

Hey Maria,
No that was for the real estate office next door. The building standard is duradonic bronze which if you look out the window to what it is now you can see its not black.

-----Original Message-----

From: Maria Lewicka <mlewicka@cityoffortpierce.com>
To: signaturesnl@aol.com <signaturesnl@aol.com>
Sent: Mon, Mar 29, 2021 3:03 pm
Subject: RE: New Updated COA for 309 Orange Ave

Joe,
I checked previously approved signs for this building. Approved color was black.

Maria Lewicka, AICP | Historic Preservation Planner | City of Fort Pierce
Planning Department

From: signaturesnl@aol.com <signaturesnl@aol.com>
Sent: Monday, March 29, 2021 2:31 PM
To: Maria Lewicka <mlewicka@cityoffortpierce.com>
Subject: Fwd: New Updated COA for 309 Orange Ave

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. .

Maria,
The color is bronze on the letters. The same as the color up there now.

thanks,

Joe Zito

-----Original Message-----

From: signaturesnl@aol.com
To: mlewicka@cityoffortpierce.com <mlewicka@cityoffortpierce.com>
Sent: Thu, Mar 25, 2021 3:01 pm
Subject: New Updated COA for 309 Orange Ave