



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-25 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL
 BP # 21-2699

Site address: 708 S. 8th Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
The applicant is requesting consideration of approval for installation of hurricane accordion shutters on all windows. Please see attached.	Storm shutters shall be deployed only upon the issuance of a storm warning from the governing agency authorized to issue such warning.	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


 _____ 05/19/21
 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	Harris Clark 708 S 8 th Street Fort Pierce, FL 34950	E-Mail 1hbclark@bellsouth.net
Applicant	D.V.T. Hurricane Shutters, Inc. 3100 N Kings Highway Fort Pierce, FL 34951	E-Mail dvthurricanes shuttersinc@hotmail.com



Bldg. Permit # _____

COA# 21-25

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 708 S. 8th St. Ft. Pierce, FL 34950

Parcel ID #: 2410-710-0008-000-1

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): Harris Clark

Mailing Address: 708 S. 8th St. Ft. Pierce, FL 34950

Phone Number(s): 772-332-0607 Email: hbcclark@bellsouth.net

Applicant

Name(s): D.V.T. Hurricane Shutters, Inc.

Mailing Address: 3100 N Kings Hwy Ft. Pierce, FL

Phone Number(s): 772-466-4575 Email: dvthurricanesshuttersinc@hotmail.com ³⁴⁹⁵¹

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

Harris Clark
Signature of Owner

May 6, 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 type="checkbox"/> Roof |
| <input type="checkbox"/> Window(s) | <input type="checkbox"/> Signage | <input checked="" 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) Install hurricane shutters.
 Other (describe) _____

Please provide a detailed description of the proposed work to be performed: _____
We will install twelve (12) Accordion Shutters. (Please see attached)

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.

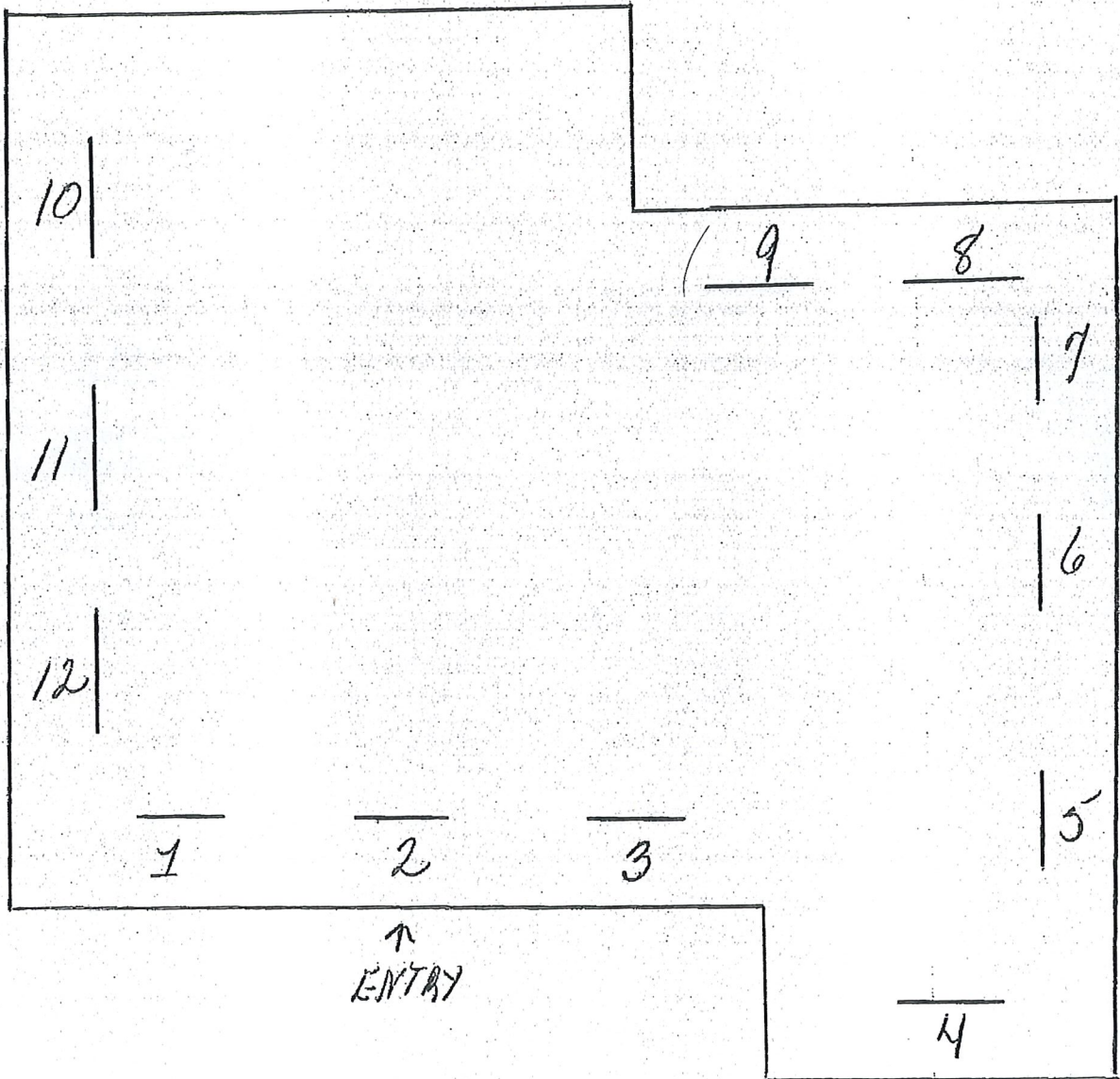
CLARK RESIDENCE

708 S. 8th St.

FT. PIERCE, FL 34950

21-2699

REAR



FRONT



#1

#2

#3

#4



#5

#6

#7



—
#8

—
#9



#10

#11

#12

CLARK RESIDENCE

708 S. 8th St.

FT. PIERCE, FL 34950

21-2699

OPENING	WIDTH	HEIGHT
# 1	45.75"	59"
#2	49"	90"
#3	84.75"	59"
#4	42.5"	59"
#5	84.75"	59"
#6	32.75"	46"
#7	84.75"	59"
#8	45.75"	59"
#9	84.75"	86"
#10	45.75"	59"
#11	45.75"	46"
#12	84.75"	59"





CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#21-26 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 1009 Avenue D

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove and replace existing windows. All openings remain the same. 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

05/19/21

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	Robert A Taylor Jr & Kathryn Taylor 1956 SW Aladdin Street PSL, FL 34953	E-Mail Chuckbrown.rob@gmail.com
Applicant/Representative	Daniel Georgiton 1115 Granada Street Fort Pierce, FL 34949	E-Mail dgeorgiton@aol.com



THE SUNRISE CITY
FORT PIERCE
PLANNING DEPARTMENT
Florida

RECEIVED

Bldg Permit # _____

MAY 10 2021

COA# 21-26

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 1009 Ave D Ft Pierce Fl. 34950
Parcel ID #: 2409 501 0183 000 5
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): Robert A TAYLOR JR. & KATHRW TAYLOR
Mailing Address: 1956 SW Aladdin St Port St. Lucie Fl. 34953
Phone Number(s): 631 461 2069 Email: chuckbrown.rob@gmail.com

Applicant
Name(s): DANIEL GEORGITON
Mailing Address: 1115 GRANADA ST. Ft. Pierce Fl. 34949
Phone Number(s): 772 466 5489 Email: dgeorgiton@aol.com

Representative
Name(s): Don Georgiton
Mailing Address: 1115 GRANADA ST Ft. Pierce Fl 34949
Phone Number(s): 772 466 5489 Email: dgeorgiton@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, Daniel Georgiton as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Robert Taylor
Signature of Owner

5 May 2021
Date

CERTIFICATE OF APPROPRIATENESS APPLICATION

Description of Requested Work

Please indicate the type of work requested:

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

Site Improvements (describe) Remove & Replace Existing Windows

Other (describe) _____

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

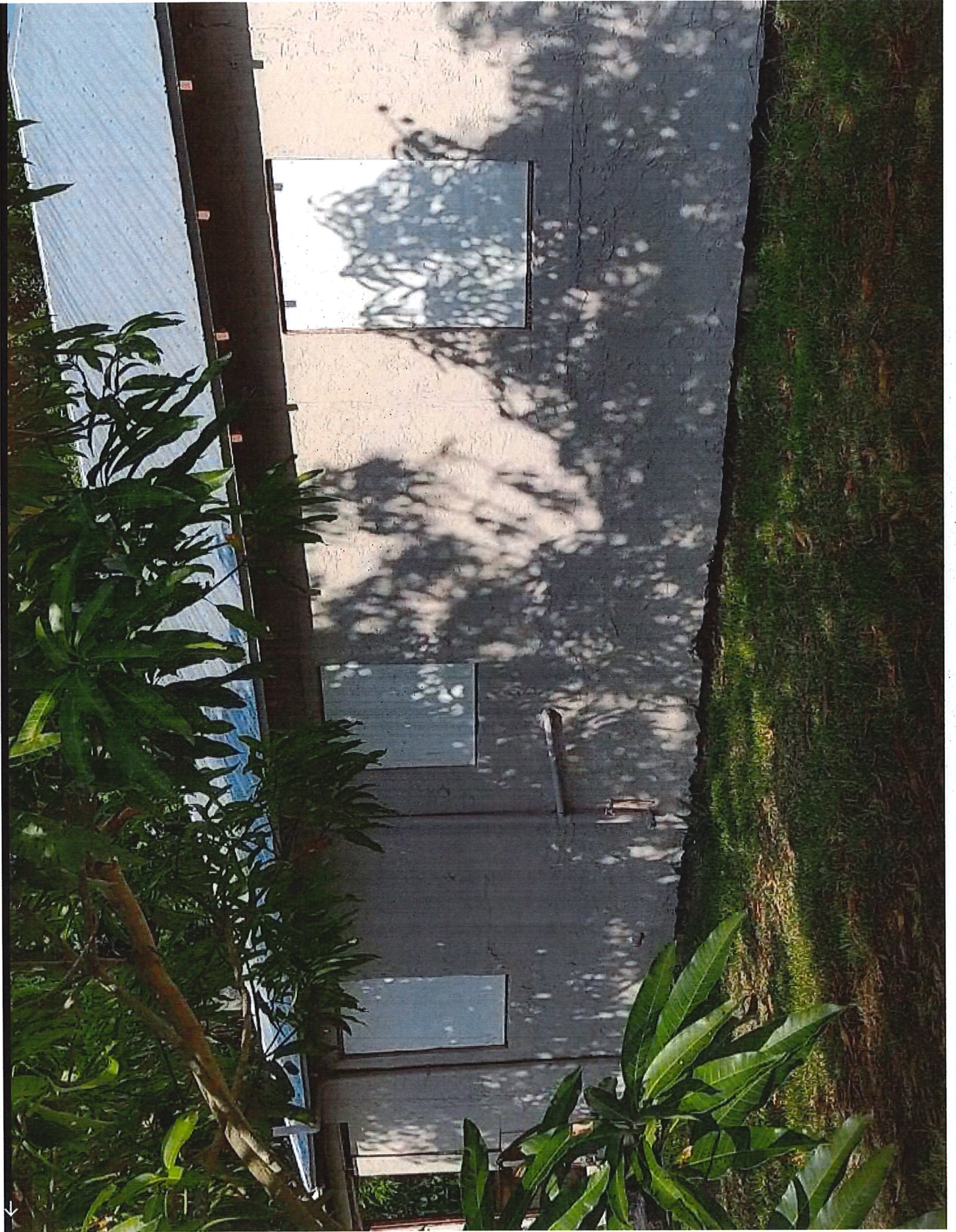
Have other alterations been made to the site within the last 12 months? No Yes, _____

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

Application Requirements

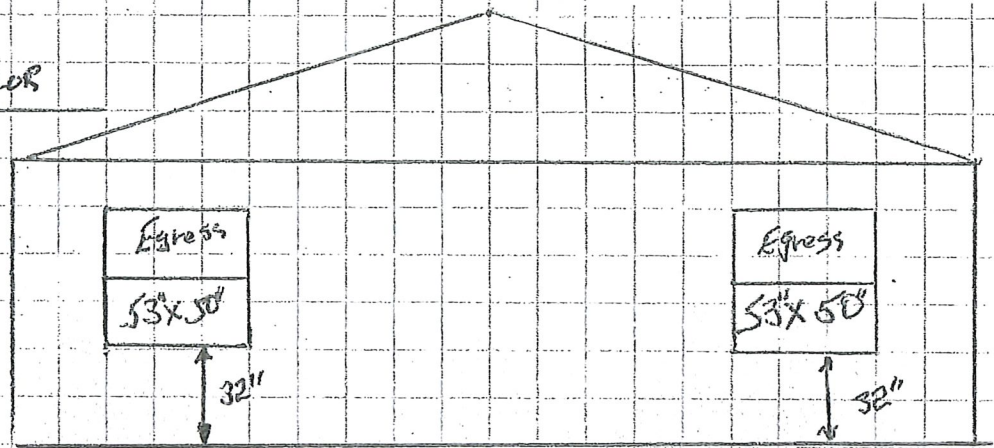
- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
 - > Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
 - > Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the 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.



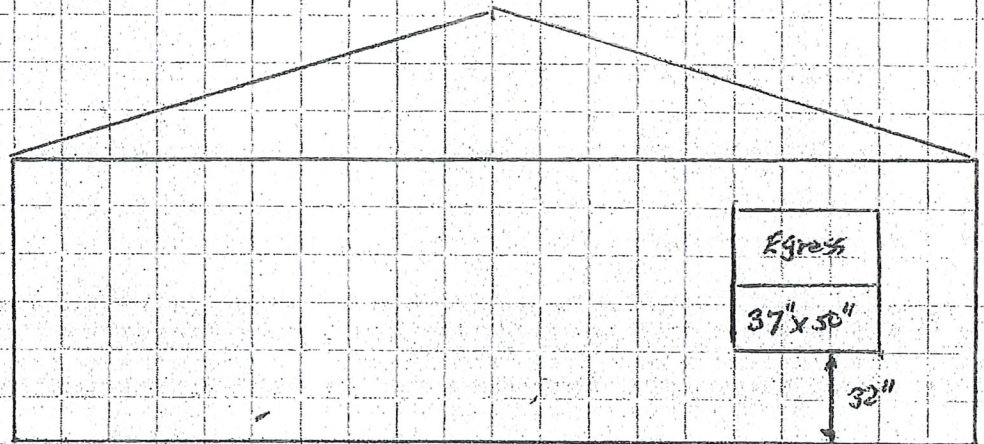




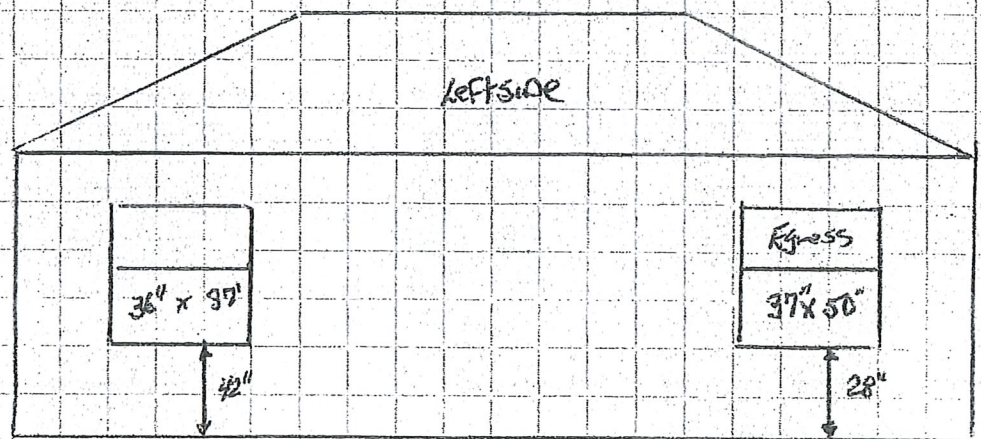
19 AVENUE D Robert Taylor



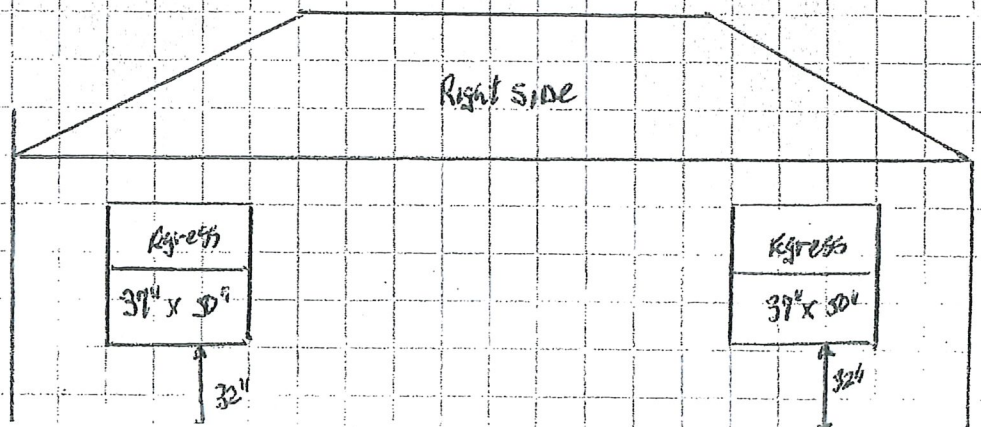
FRONT



REAR



LEFT SIDE



RIGHT SIDE

AMERICAN CRAFTSMAN WINDOW
SILVER LINE WINDOWS AND DOC
ONE SILVER LINE DRIVE
NORTH BRUNSWICK, NJ 08902
PH: (888) 741-0354

PREPARED BY:
BUILDING DROPS, INC.
398 E. DANIA BEACH BLVD., STE. 338
DANIA BEACH, FL 33004
PH: (954) 939-8478
FAX: (954) 944-4738



TITLE: 70 SERIES/V1 SERIES (Z127)
SINGLE-HUNG WINDOWS
(HVHZ)(NON-IMPACT)
ELEVATIONS

REMARKS BY DAT
7TH FBC EDITION NUS19/74

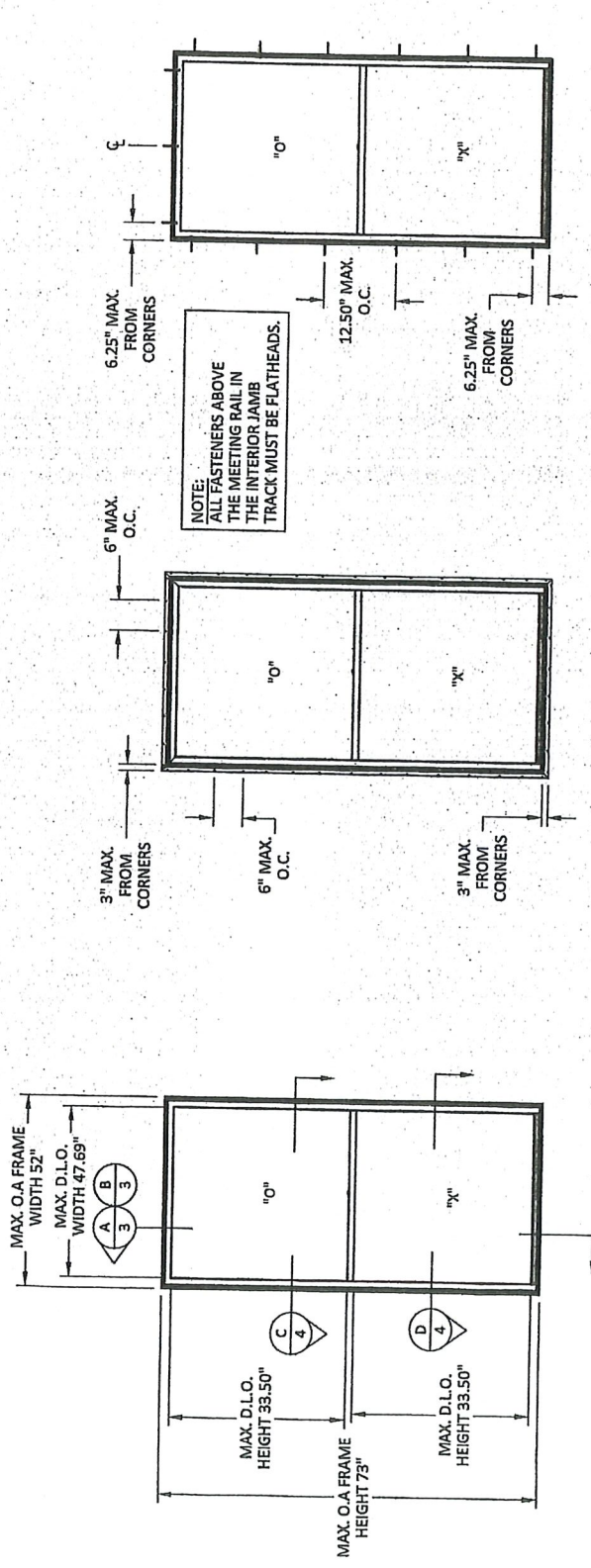
THE INSTALLATION PERFORMED BY THE CONTRACTOR SHALL BE IN ACCORDANCE WITH THE SPECIFICATIONS AND MAY NOT REFLECT ACTUAL CONDITIONS FOR A SPECIFIC SITE. IF SITE CONDITIONS CAUSE INSTALLATION TO DEVIATE FROM THE SPECIFICATIONS, THE CONTRACTOR SHALL CONSULT WITH THE ARCHITECT OR ARCHITECT'S REPRESENTATIVE FOR SPECIFIC DOCUMENTS TO USE WITH THIS DOCUMENT.



REGISTERED PROFESSIONAL ENGINEER
HERIBERTO LOPEZ, P.E.
398 E. DANIA BEACH BLVD., STE. 338
DANIA BEACH, FL 33004
FBC CERT. OF AUTHORIZATION No. 20078

FL #: FL14911
DATE: 01.23.18
DWG. BY: HR
CHK. BY: HFN
SCALE: NTS
DWG. #: SWD049
SHEET:

2 OF 5



ANCHOR LAYOUT
THROUGH FRAME - SINGLE HUNG WINDOW

ANCHOR LAYOUT
NAIL FIN - SINGLE HUNG WINDOW

ELEVATION
SINGLE HUNG WINDOW



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-27 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 211 S 2nd Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Removal of window bars, exterior painting and new landscaping. 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


 _____ 05/26/21
 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	KRAAZ & KRAAZ FINANCE, LLC 201 S 2 nd Street, Ste.206 Fort Pierce, FL 34950	E-Mail BStone@boatloan.com
Applicant	Steven Bell (Meltzer & Bell, P.A.) 512 N Flagler Dr., Ste. 240 West Palm Beach, FL 33401	E-Mail steve@meltzerandbell.com
Representative	Tiffany Murphy 512 N Flagler Dr., Ste. 240 West Palm Beach, FL 33401	E-Mail tiffany@meltzerandbell.com



Bldg. Permit # _____

COA# 21-27

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 211 S. 2nd Street, Fort Pierce, FL. 34950
 Parcel ID #: 2410-806-0010-000-2
 Type of Designation: Contributing Non-contributing Site within the _____ Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

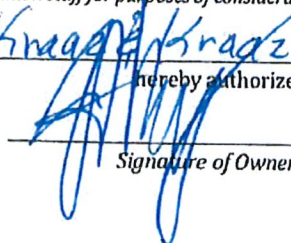
Property Owner(s)
 Name(s): KRAAZ & KRAAZ FINANCE, LLC.
 Mailing Address: 201 S. 2nd Street, Ste. 206, Fort Pierce, FL. 34950
 Phone Number(s): 772-370-4777 Email: BStone@boatloan.com

Applicant
 Name(s): Steven Bell (Meltzer & Bell, P.A.)
 Mailing Address: 515 N. Flagler Dr., Ste. 240, West Palm Beach, FL. 33401
 Phone Number(s): 561-557-8686 Email: steve@meltzerandbell.com

Representative
 Name(s): Tiffany Murphy
 Mailing Address: 515 N. Flagler Dr., Ste.240, West Palm Beach, FL. 33401
 Phone Number(s): 561-557-8686/561-602-7882 (cell) Email: tiffany@meltzerandbell.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, Kraaz & Kraaz Finance, LLC as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.



 Signature of Owner

5/19/21

 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 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) Removal of window bars, exterior painting and new landscaping

Other (describe) _____

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

Please see attached sheet for description.

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

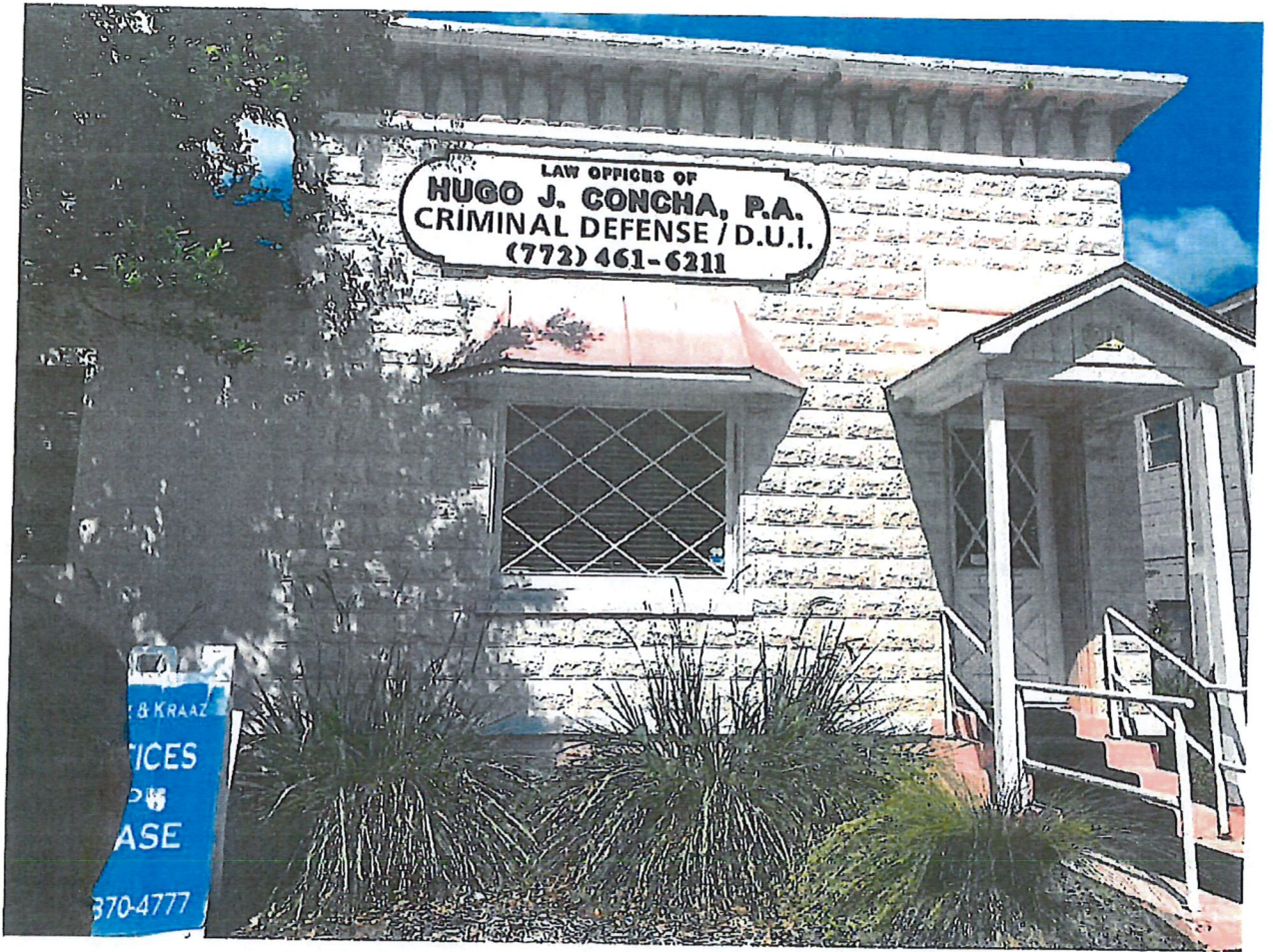
- \$10.00 Application fee
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- Photos - One (1) color photograph of the main façade of the site and photographs of any areas affected by the proposed project.
- Material(s) specifications and/or sample(s)
- Color samples.
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.

Painting

- Power wash entire exterior of building
- Removal of all window bars and patch any holes
- Seal any visible cracks and remove any loose paint
- Entire building along with stairs leading to door to be painted in Pearl White. See attached paint swatch.
- All awnings, window trim, front door, and area from trim to the roof will be painted in Tricorn Black. See attached paint swatch.

Landscaping

- Trimming of holly tree (thinning and cutting it back away from the building)
- Removal of Areca palm tree
- Removal of all existing grasses and will be replacing them with a mixture of crotons, trinitte's, and grasses
- 2 Christmas palm trees will be added to the front of the building
- Replacement of all mulch and boarder around plant beds



LAW OFFICES OF
HUGO J. CONCHA, P.A.
CRIMINAL DEFENSE / D.U.I.
(772) 461-6211

& KRAAZ
ICES
ASE
370-4777



SW 6258
Tricorn Black
Interior / Exterior
Location Number: 251-C1



SW 7005
Pure White
Interior / Exterior
Location Number: 255-C1