

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in August 2021.

- COA #21-40, 802 Florida Avenue – Shutters
- COA #21-41, 611 S Indian River Drive – Roofs
- COA #21-42, 106 Cedar Street – Windows
- COA #21-43, 712 S 10th Street – Fence
- COA #21-44, 701 N Indian River Drive, Apt 302 – Windows.
- COA #21-45, 709 S 9th Street – Roof
- COA #21-48, 609 S 9th Street – Windows
- COA #21-49, 601 S 2nd Street – Roof
- COA #21-50, 1206 Avenue D – Fence



Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 802 Florida Ave. Fort Pierce, FL 34950

Parcel ID #: 2410-709-0096-000-0

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): KARI KARIDOULOUVARIS

Mailing Address: 802 FLORIDA AVENUE

Phone Number(s): 772-834-5079 Email: KARIDOULOUVARIS

Applicant Name(s): D.V.T. HURRICANE SHUTTERS, INC.

Mailing Address: 3100 N KINGS HWY. FORT PIERCE, FL 34951

Phone Number(s): 772-794-1581 Email: dvthurricaneshuttersinc@hotmail

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

Kari Koulovaris
Signature of Owner

5/25/21
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: _____

INSTALLATION OF NINETEEN (19) ACCORDION SHUTTERS

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.

KOULOUVARIS RESIDENCE

802 FLORIDA AVE.

FT. PIERCE, FL 34950

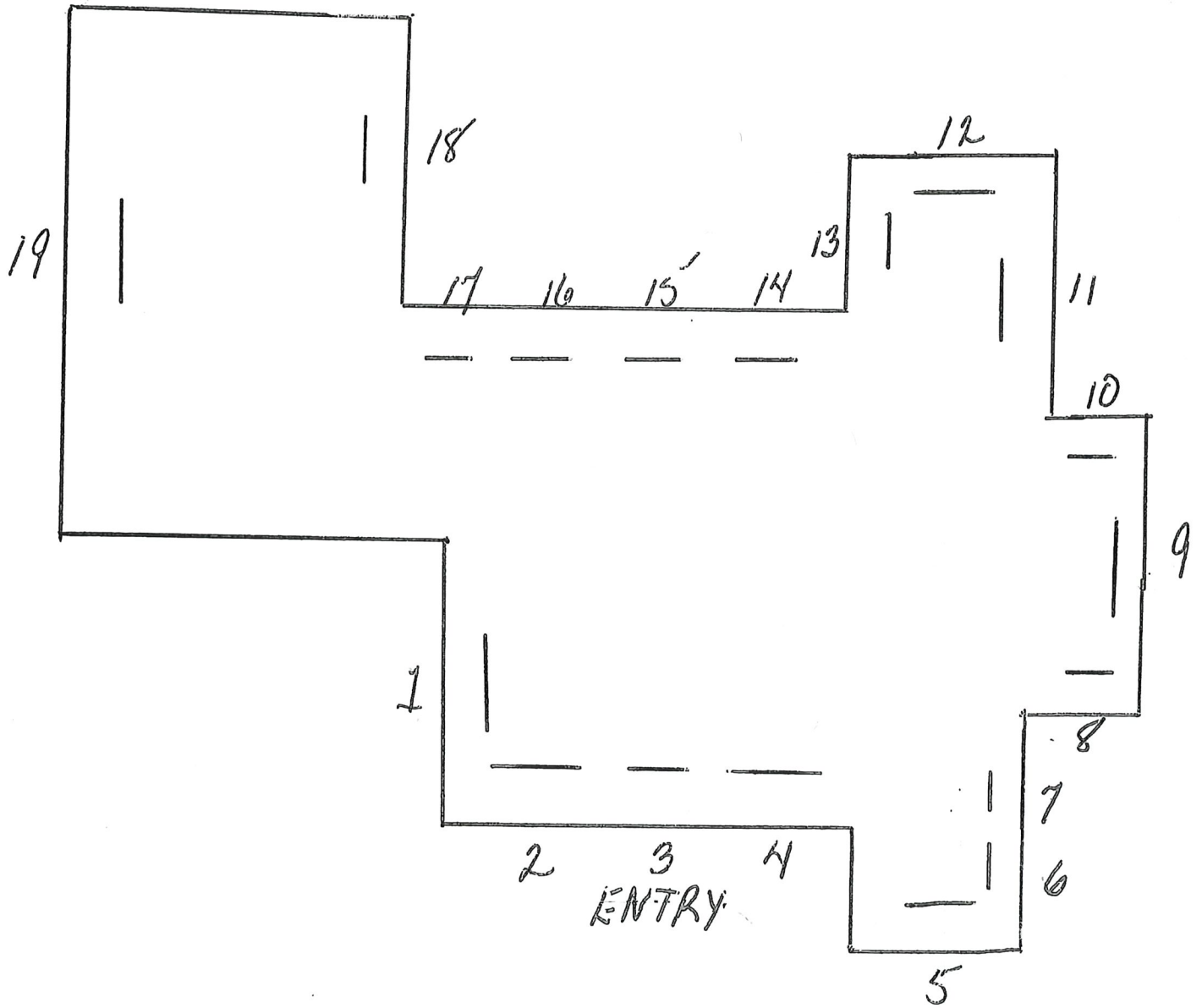
OPENING	WIDTH	HEIGHT
# 1	91.25"	64"
#2	97.75"	64"
#3	75"	88"
#4	97.75"	64"
#5	91.25	64"
#6	49"	64"
#7	45.75"	46"
#8	45.75"	64"
#9	49"	64"
#10	49"	64"
#11	49"	64"
#12	49"	64"
#13	49"	64"
#14	45.75"	42"
#15	107.5"	64"
#16	42.5"	84"
#17	36"	40"
#18	32.75"	42"
#19	49"	64"

KOULOVARIS RESIDENCE

802 FLORIDA AVE.

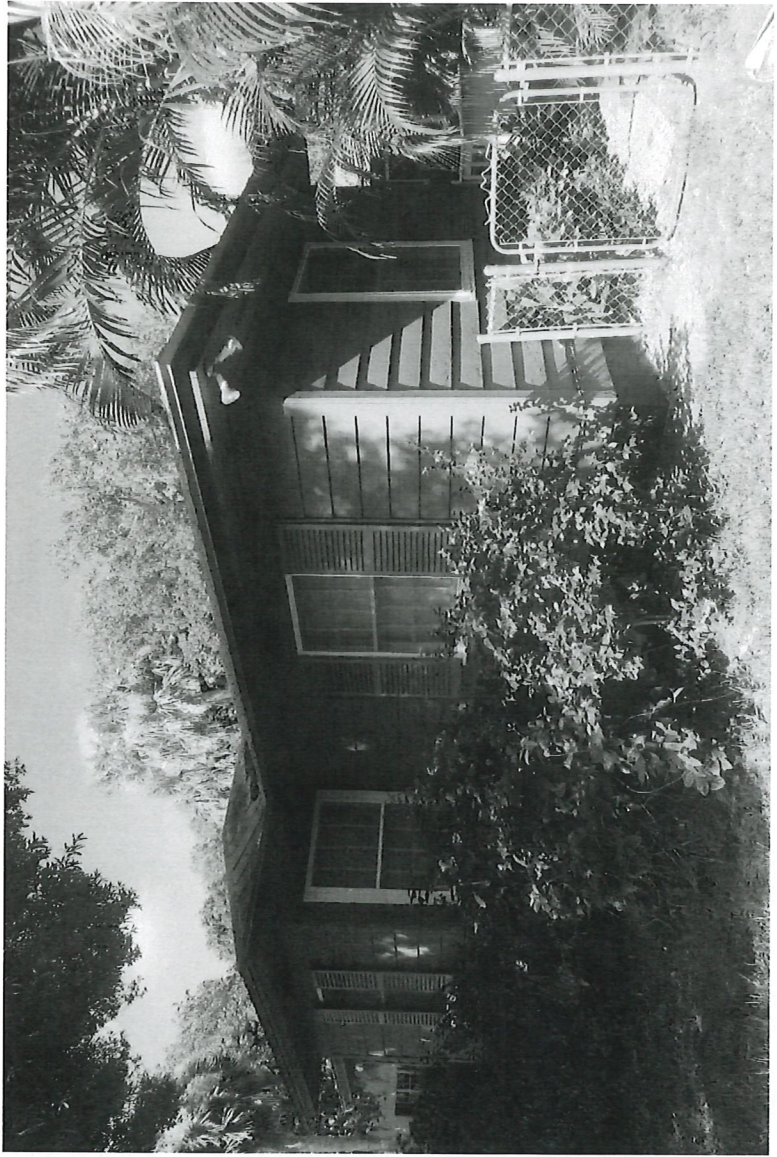
FT. PIERCE, FL 34950

REAR



FRONT









CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-41 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL
 BP #21-3836 & #21-3835

Site address: 611 S Indian River Drive

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove old shingle roof on the main building and install 5V crimp metal roofing system. Remove existing torch down on flat roof area and install peel-n-stick modified bitumen base and cap. Remove existing shingle roof on second building (rear yard) and replace it with new shingle roof. 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


 _____ 08/04/21
 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	Jeanne Arias 223 N 2 nd Street Fort Pierce, FL 34950	E-Mail
Applicant/Representative	WWW Enterprises & Son, Inc Juan Hernandez & Wanda Gahn 8833 Lonesome Pine Trail Fort Pierce, FL 34945	E-Mail wandagahn@aol.com

Bldg. Permit # _____

COA# 21-41



CITY OF FORT PIERCE

PLANNING DEPARTMENT

RECEIVED

AUG 04 2021

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

CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 611 Indian River Dr., Fort Pierce, Fl.

Parcel ID #: 241081000170004

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): Jeanne Arias

Mailing Address: 223 N 2nd St

Phone Number(s): _____ Email: _____

Applicant Name(s): WWW Enterprises & Son, Inc

Mailing Address: 8833 Lonesome Pine Trail., Fort Pierce, Fl. 34945

Phone Number(s): 772-465-9373 Email: wandagahn@aol.com

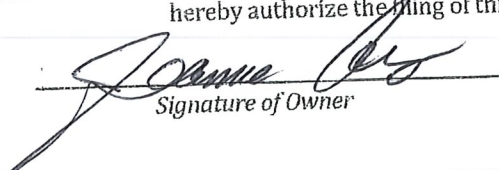
Representative Name(s): Juan Hernandez & Wanda Gahn

Mailing Address: 8833 Lonesome Pine Trail, Fort Pierce, Fl. 34945

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


Signature of Owner

8/4/21
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 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 on second building and replace with shingles.

Remove existing shingle roof on main building and replace with 5V crimp metal roofing system.

remove existing torchdown on flat area and install peel-n-stick modified bitumen base and cap

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.

Subject 3pictures
To: [Juan Hernandez <juanitos050@yahoo.com>]
From Juan Hernandez <juanitos050@yahoo.com>
Date Wed, Aug 4, 2021 at 11:38 AM





Subject Pictures
To: [Juan Hernandez <juanitos050@yahoo.com>]
From Juan Hernandez <juanitos050@yahoo.com>
Date Wed, Aug 4, 2021 at 11:26 AM





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-42 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 106 Cedar Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove and replace all 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 Date
 Historic Preservation Board


 _____ 08/04/21
 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	AABAA International Inc. 1365 Bayshore Dr Fort Pierce, FL 34949	E-Mail Donna@SouthernCastles.com
Applicant	Donna Benton Property Manager 1365 Bayshore Dr Fort Pierce, FL 34949	E-Mail Donna@SouthernCastles.com



CITY OF FORT PIERCE

PLANNING DEPARTMENT

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

Certificate of Appropriateness Application

RECEIVED

AUG 04 2021

CITY OF FORT PIERCE
PLANNING & ZONING

Building & Site Information

Address of the Site: 106 Cedar Street Fort Pierce

Parcel ID #: 2403-705-0097-000/3

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

Individually Designated Site, City Commission Resolution No. _____

Property Owner / Applicant Information

Property Owner(s)
Name(s): AA BAA International Inc.

Mailing Address: 910 1365 Bayshore Dr, FPF, FL 34949

Phone Number(s): 910 772-519-6786 Email: Donna@SouthernCastles.com

Applicant
Name(s): Donna Benton Property Mgr.

Mailing Address: 1365 Bayshore Dr, FPF, FL 34949

Phone Number(s): 772-519-6786 Email: Donna@SouthernCastles.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, Donna Benton Property Mgr. as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Donna Benton PMgr
Signature of Owner

9/15/21
Date

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) Replace windows

Other (describe) _____

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

Replace windows

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

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

Application Requirements

- \$10.00 Application fee
- 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.

August 8, 2016

To Whom It May Concern:

I give Donna Benton permission, as my agent, to sign and pull permits for properties owned by me in the names of AABAA International, Inc. and 421 N. 2nd Street Trust, located in the City of Fort Pierce, Florida.

Thank you for working with us as we revitalize the properties.

Sincerely,

A handwritten signature in cursive script that reads "Hal Lashlee".

Hal Lashlee







PROPOSAL DATE
Southern Castles Prty.
Mgmt.

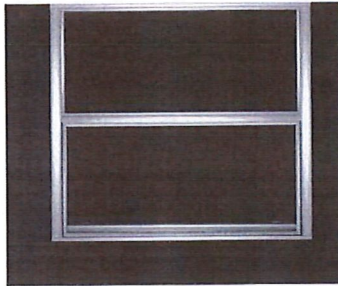
PROPOSAL NUMBER
117295
ESWINDOWS

QUOTE ITEMS

LINE NO.	RM. NAME	DESCRIPTION	UNIT	QTY
1	KITCHEN	ES-EL100 - SINGLE HUNG	OX	2

GLASS MAKEUP: 1/8" CLEAR HS + 0.09 PVB CLEAR + 1/8" CLEAR HS
ALUMINUM FINISH: DURANAR BONE WHITE

A



DETAILS	
SIZE	53" X 49 1/4"
AREA	18.13 FT ²
SCREEN	YES
MUNTINS	NO
SILL TYPE	STANDARD
FRAME TYPE	FLANGE
PANEL TYPE	EQUAL
MEETING RAIL	STANDARD
PROTECTIVE FILM	NO
LOCKING MECHANISM	VENT LATCH
VENT DLO	47 3/8" X 20 7/8"

FBC CERTIFICATION DETAILS

INTERNAL PSF	EXTERNAL PSF
80.00	60.00

18 x 2

NOA CERTIFICATION DETAILS

INTERNAL PSF	EXTERNAL PSF
80.00	60.00

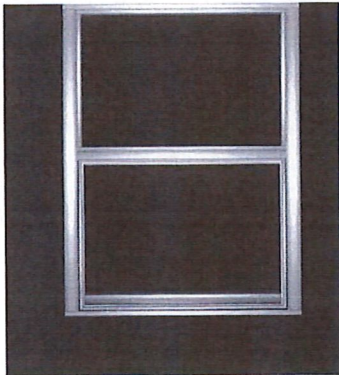
NFRC CERTIFICATION DETAILS

U FACTOR	SHGC
1.08	0.58

2	LIVING ROOM	ES-EL100 - SINGLE HUNG	OX	2
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GLASS MAKEUP: 1/8" CLEAR HS + 0.09 SGP CLEAR + 1/4" CLEAR HS SB90
ALUMINUM FINISH: DURANAR BONE WHITE

B



DETAILS	
SIZE	36 7/8" X 49 1/4"
AREA	12.61 FT ²
SCREEN	YES
MUNTINS	NO
SILL TYPE	STANDARD
FRAME TYPE	FLANGE
PANEL TYPE	EQUAL
MEETING RAIL	STANDARD
PROTECTIVE FILM	NO
LOCKING MECHANISM	SWEEP LOCK
VENT DLO	31 1/4" X 20 7/8"

FBC CERTIFICATION DETAILS

INTERNAL PSF	EXTERNAL PSF
80.00	60.00

12.25 x 2

NOA CERTIFICATION DETAILS

INTERNAL PSF	EXTERNAL PSF
80.00	60.00

3

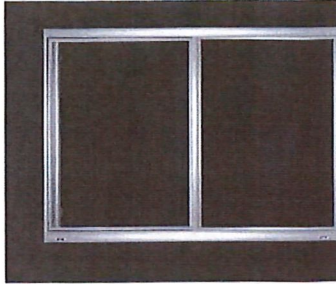
LIVING ROOM HR

ES-EL200 - HORIZONTAL ROILER

XO

1

GLASS MAKEUP: 1/8" CLEAR HS + 0.09 PVB CLEAR + 1/8" CLEAR HS
ALUMINUM FINISH: DURANAR BONE WHITE



DETAILS

SIZE 68 1/2" X 49 1/2"
 AREA 23.55 FT²
 SCREEN YES
 MUNTINS NO
 SILL TYPE STANDARD
 FRAME TYPE FLANGE
 PANEL TYPE EQUAL
 MEETING RAIL STANDARD
 PROTECTIVE FILM NO
 LOCKING MECHANISM VENT LATCH

**FBC CERTIFICATION
DETAILS**

INTERNAL PSF	EXTERNAL PSF
65.00	65.00

23

C

4

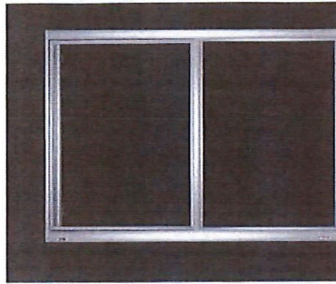
BACK BED

ES-EL200 - HORIZONTAL ROILER

XO

2

GLASS MAKEUP: 1/8" CLEAR HS + 0.09 PVB CLEAR + 1/8" CLEAR HS
ALUMINUM FINISH: DURANAR BONE WHITE



DETAILS

SIZE 68 1/2" X 49 1/2"
 AREA 23.55 FT²
 SCREEN YES
 MUNTINS NO
 SILL TYPE STANDARD
 FRAME TYPE FLANGE
 PANEL TYPE EQUAL
 MEETING RAIL STANDARD
 PROTECTIVE FILM NO
 LOCKING MECHANISM VENT LATCH

**FBC CERTIFICATION
DETAILS**

INTERNAL PSF	EXTERNAL PSF
65.00	65.00

Egness

D

5

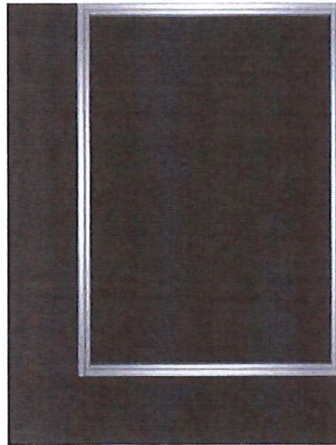
KITCHEN

ES-EL150 - FIXED WINDOW

O

1

GLASS MAKEUP: 1/4" CLEAR HS + 0.09 PVB CLEAR + 1/8" CLEAR HS
ALUMINUM FINISH: DURANAR BONE WHITE



DETAILS

SIZE 35" X 49 1/2"
 AREA 12.03 FT²
 MUNTIN NO
 FRAME TYPE FLANGE
 PROTECTIVE FILM EXTERIOR

FBC CERTIFICATION DETAILS

INTERNAL PSF	EXTERNAL PSF
80.00	60.00

**NOA CERTIFICATION
DETAILS**

INTERNAL PSF	EXTERNAL PSF
77.80	60.00

E



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-43

HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 712 S 10th Street

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Install 6 ft tall, white PVC 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

08/11/21
 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/Applicant	Priscilla Marie Reyes Gamez 712 S 10 th Street Fort Pierce, FL 34950	E-Mail Gamez0360@gmail.com



Bldg. Permit # _____

COA# 21-43

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 712 S 10th Street

Parcel ID #: _____

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): Priscilla Marie Reyes Gomez

Mailing Address: 712 S. 10th Street

Phone Number(s): 772-207-9078 Email: Gomez03600@gmail.com

Applicant Name(s): Priscilla Marie Reyes Gomez

Mailing Address: 712 S. 10th Street

Phone Number(s): 772-207-9078 Email: Gomez03600@gmail.com

Representative Name(s): Priscilla M. Reyes Gomez

Mailing Address: 712 S. 10th Street

Phone Number(s): 772-207-9078 Email: Gomez03600@gmail.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, Priscilla M. Reyes Gomez as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Priscilla Gomez
Signature of Owner

08/15/2021
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 |
| <hr/> | | | |
| <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: _____

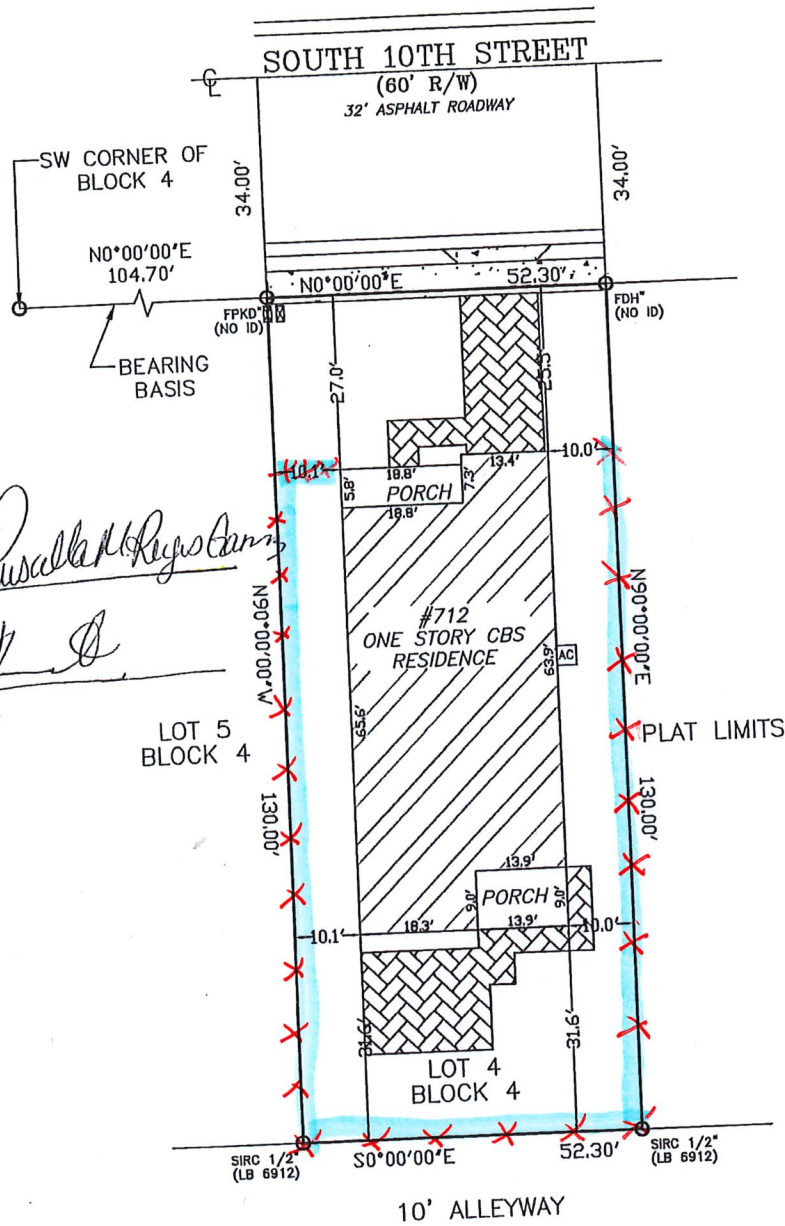
New fence white vinyl 6 feet

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

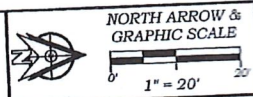
- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
 - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
 - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the main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



Priscilla M. Reyes Gamez
V. Gamez

NOTABLE CONDITIONS:
 PROPERTY APPEARS TO BE SERVICED BY PUBLIC UTILITIES.

NOTES:
 ALL BEARINGS AND DISTANCES SHOWN ARE RECORD AND MEASURED, UNLESS OTHERWISE SHOWN.
 BEARINGS ARE BASED UPON THE RECORD BEARING FOR THE EASTERLY RIGHT OF WAY LINE OF SOUTH 10TH STREET.



JOB # - 2104-200	REVISION -
FIELD DATE - 04/16/2021	REVISION -
DRAWN BY - J.M.	REVISION -
REVISION -	REVISION -
REVISION -	REVISION -
REVISION -	REVISION -

KNOW IT NOW, INC.
 PROFESSIONAL SURVEYING AND MAPPING
 5220 US HIGHWAY 1, #104
 VERO BEACH, FL 32967
 PHONE - (888) 396-7770
 WWW.KINSURVEY.COM









