



**CERTIFICATE OF APPROPRIATENESS**  
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-44     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address: 701 N Indian River Drive, Apt 302

Contributing     Non-Contributing     Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Remove ad replace 3 windows and 1 door. Current windows and door are bronze aluminum and proposed windows are also bronze aluminum. 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

  
 \_\_\_\_\_  
 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](mailto: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	Harry Hutchinson 701 N Indian River Drive, Apt 302 Fort Pierce, FL 34950	E-Mail
Applicant	Home Depot 2455 Paces Ferry Road C11 Atlanta, GA 33039	E-Mail <a href="mailto:Tim.omalley@expeditepermit.com">Tim.omalley@expeditepermit.com</a> <a href="mailto:Robertosanchezthd@expeditepermit.com">Robertosanchezthd@expeditepermit.com</a>



**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) \_\_\_\_\_

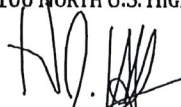
**Please provide a detailed description of the proposed work to be performed:** Replace 5 Windows and 1 door size for size  
Current windows and door are bronze aluminum and proposed new windows are also bronze aluminum, replacing size  
for size / like for like

**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.



WINDOWS DIAGRAM SHEET

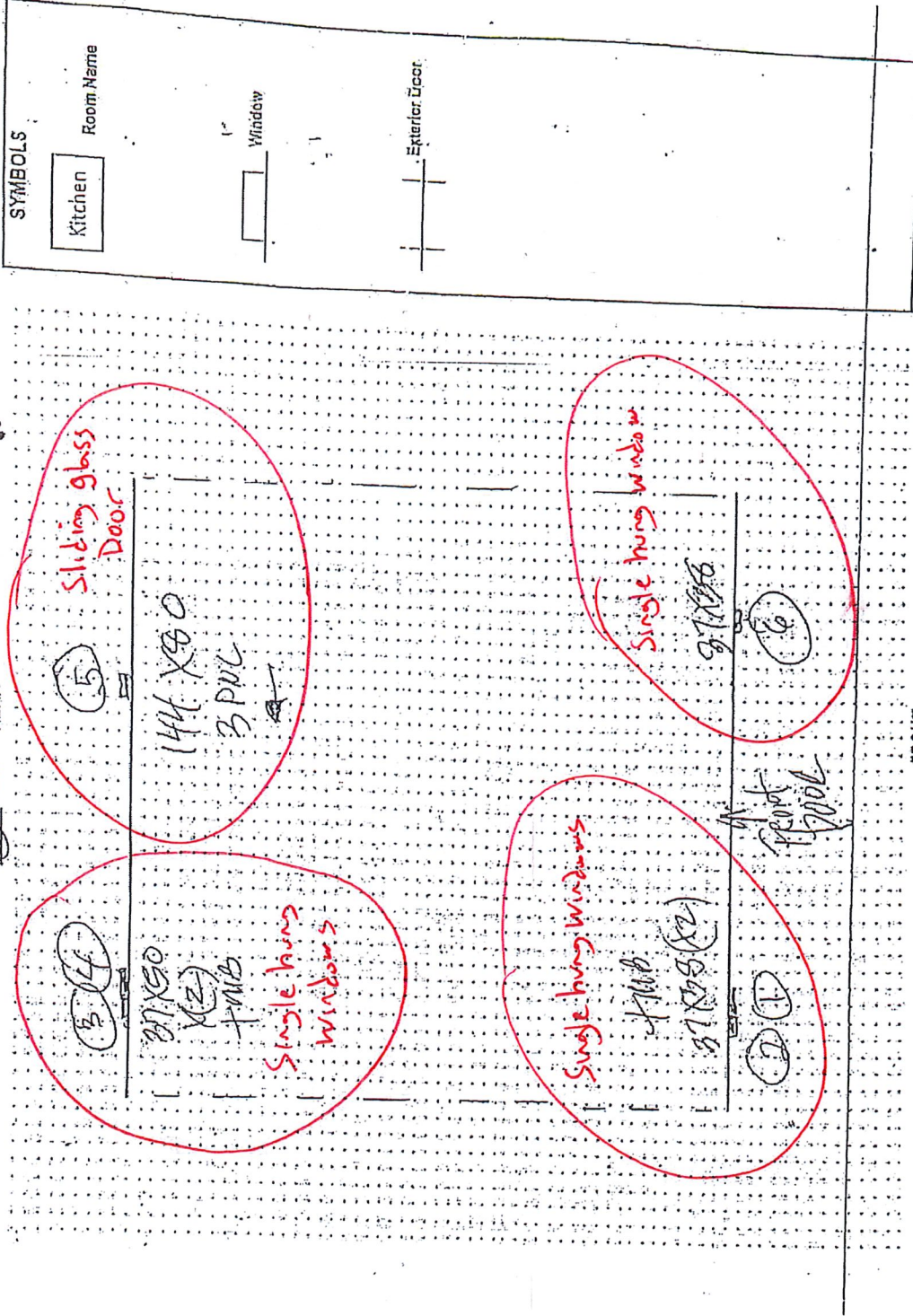
Customer: *Harvey Kutschwasser*

Job #: *11086400*

Consultant: *Kim Voth*

Date: *7/7/12*

2<sup>nd</sup> Floor REAR



FRONT

Note: 1) indicate 1st, 2nd, etc Floor of house at top of template; 2) create outline of house and indicate all windows, doors, and rooms;  
 3) number the windows to be replaced with corresponding number from Spec Sheet

Window Diagram Sheet

11/19/2012

Job # 11086400

Customer Name: M/M HARRY HUTCHINSON

Customer Phone #: 5613244011









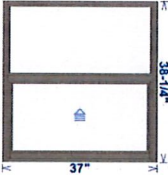


Last Modified Date: 07/28/2021 09:34:41
PO#:11086400
Job Name:HUTCHINSON
Job Address:
Quote # 6773973
Ship Date:
Sales Person:Janay Holland

**Order Summary-Verification**

<b>ShipTo:</b> THD AT HOME SERVICES - CD
Account#: A24559
2880 SW 42ND AVE PALM CITY, FL 34990-5573 Phone#            Fax# (772) 468-5959
012228-130

<b>Customer</b>
Account #
Phone#            Fax#

Line #	Item Description	Quantity	Line Pricing	
0001 (1.00)	SH7700A SINGLE HUNG SERIES 7700A	Ordered: 1.00	<u>Sell Price</u>	<u>Ext Price</u>
<b>Configuration:</b> 37.X38.25X.,STD,1/2" FL,10PB,EQUAL,G/G 7/16,CL,ES Max,NO GRID,SS PACKAGE,SGL,SWEEP,1816K-BOXED,LSILL				
		<p>Certification Type: MIAMI            Frame Type: .5FLANGE            Window Style: STD            Size Ref: TTT            Height: 38 1/4            Rough Masonry: 37 3/4 X 38 1/4            Egress Opening: 31 15/16 X 12 15/16 (2.8548 SQFT)            Glass Family: LM - Laminated            Glass Makeup: LMA309A3            Does unit need to meet Turtle Code: NO            Low E: ENERGY SHIELD MAX            Grid Type: NONE - NO Grid            Vent Latch: N            Hi-Rise Sill: N            Stainless Steel Package: Y            Lock Quantity: 1.0000            Vent Ht: 19.5890            PositiveDesignPressure: 65.0000            PANumber: FL-239            CondensationResistance: 14.0000            SolarHeatGainCoeff: 0.3000            VTCOG: 0.5900</p> <p>NOA Selection: 20-0401.11            Vent Configuration: EQUAL            Size Selection: CUSTOM            Width: 37.0000            Actual Size: 37 X 38 1/4            Wood Frame Opening: 36 1/4 X 37 1/2            Frame Color: 10PB - Bronze            Interlayer Type: PVB090            Glass: 7/16" LAMI (3/16 AN - .090 PVB- 3/16 AN)            Glass Color: CL - CLEAR            Privacy Glass: NONE - NONE            Screen Type: 1816K - 1816 Charcoal            WOCD: N            Lmtd Sash Stop: N            Lock Type: SWEEP - Sweep Latch            Boxing Options: BS - Box Screen            CAR#: 20-0401.11            NegativeDesignPressure: 80.0000            EnergyStar: NONE            UF: 1.0300            VT: 0.4800</p>		
<b>Location:</b> Bedroom		<b>Notes:</b>		
0002 (2.00)	SH7700A SINGLE HUNG SERIES 7700A	Ordered: 1.00	<u>Sell Price</u>	<u>Ext Price</u>
<b>Configuration:</b> 37.X38.25X.,STD,1/2" FL,10PB,EQUAL,G/G 7/16,CL,ES Max,NO GRID,SS PACKAGE,SGL,SWEEP,1816K-BOXED,LSILL				

**GET IT INSTALLED Home Owners Association Approval Form**

JOB ADDRESS: 701 Tarbin River Drive, # 302  
 OWNER'S NAME: HARRY HUNTSMAN  
 OWNER'S ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 OWNER'S CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

CONTRACTING FIRM: The Home Depot At Home Services  
 MAIL ADDRESS: 274 Military Trail, CUTW, Deerfield Beach ST, FL ZIP CODE: 33442  
 COMPANY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 OFFICE PHONE: 954-379-1450 OFFICE FAX: 954-374-5117  
 CONTRACTOR LICENSE: INC 20458 CGC-122803 CCC-048317  
 INSURANCE POLICIES: GLO-4817/14-01 BAF-2578863-08 WC-661867354 (FL)

Brief Scope of Work	Project	W/0005 / 350
Install PGT BRONZE IMPACT WINDOWS AND SLIDING GLASS DOOR.	Location	HOME
	Style	IMPACT
	Color	BRONZE
	Permit Required	<input checked="" type="checkbox"/> or N
	Additional Comments	

*\*If additional information is needed please contact our company Rep as soon as possible.*

I, \_\_\_\_\_, acting as an authority of the Home Owners's Association for the home at the address listed above hereby approve the project described above provided all applicable permits are obtained and all work is performed in accordance with all State and Local Building Codes.

SIGN: [Signature] TITLE: ROBERT BUCKSTILL, President

I, Harry Huntsman, the owner of the property listed above understand that I may need to obtain additional approval (certification) based on the needs of my association.

SIGN: \_\_\_\_\_ TITLE: \_\_\_\_\_

Bedroom 1 - Floor 3  
 Line Item: 1



**CERTIFICATE OF APPROPRIATENESS**  
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-45     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address: 709 S 9<sup>th</sup> Street

Contributing     Non-Contributing     Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Remove old shingle and flat roof and replace it with new single and flat 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  
 Historic Preservation Board

\_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Maria Lewicka, AICP  
 Historic Preservation Planner

\_\_\_\_\_  
 08/19/21  
 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](mailto: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	HIS Capital Funding Corporation 709 S 9 <sup>th</sup> Street Fort Pierce, FL 34950	E-Mail <a href="mailto:d.white@hisrealestatenetwork.com">d.white@hisrealestatenetwork.com</a>
Applicant/Representative	Capital Team Construction, Joyce Jessurum 5045 Caspian Street St Cloud, FL 34771	E-Mail <a href="mailto:joyce@capitalteamconstruction.com">joyce@capitalteamconstruction.com</a>



# 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: 709 S 9th St  
 Parcel ID #: 2410-709-0118-000-1  
 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): HIS Capital Funding Corporation  
 Mailing Address: 709 S 9th St Fort Pierce, FL  
 Phone Number(s): 813-500-1901 Email: d.white@hisrealestatenetwork.com

Applicant  
 Name(s): Capital Team Construction  
 Mailing Address: 5045 Caspian St St Cloud, FL 34771  
 Phone Number(s): 407-600-7854 Email: joyce@capitalteamconstruction.com

Representative  
 Name(s): Joyce Jessurum  
 Mailing Address: 5045 Caspian St  
 Phone Number(s): 407-600-7854 Email: joyce@capitalteamconstruction.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, Rick Melero as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

  
Signature of Owner

8/11/2021

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: \_\_\_\_\_

Reroof with shingle and flat roof

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.

## Maria Lewicka

---

**From:** Joyce Jessurum <joyce@capitalteamconstruction.com>  
**Sent:** Tuesday, August 17, 2021 2:06 PM  
**To:** Maria Lewicka  
**Subject:** Permit 21-4176 709 S 9th Street  
**Attachments:** image\_50421761.JPG; image\_50802177.JPG; image\_50443009.JPG; image\_50456833.JPG; 202108131547.pdf

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. .

Good Afternoon Maria!

Attached is the application, pictures and product approvals/installation instructions.

Colors:

Shingle: Black

Flat roof: Black

For Payment I would like to pay with a credit card

Capital Team Construction

4246 3152 6914 2013 exp 09/22

[joyce@capitalteamconstruction.com](mailto:joyce@capitalteamconstruction.com)

407-600-7854

5045 Caspian St

St Cloud, FL 34771

If you need any additional information please let me know

Have a great day!

Joyce Jessurum

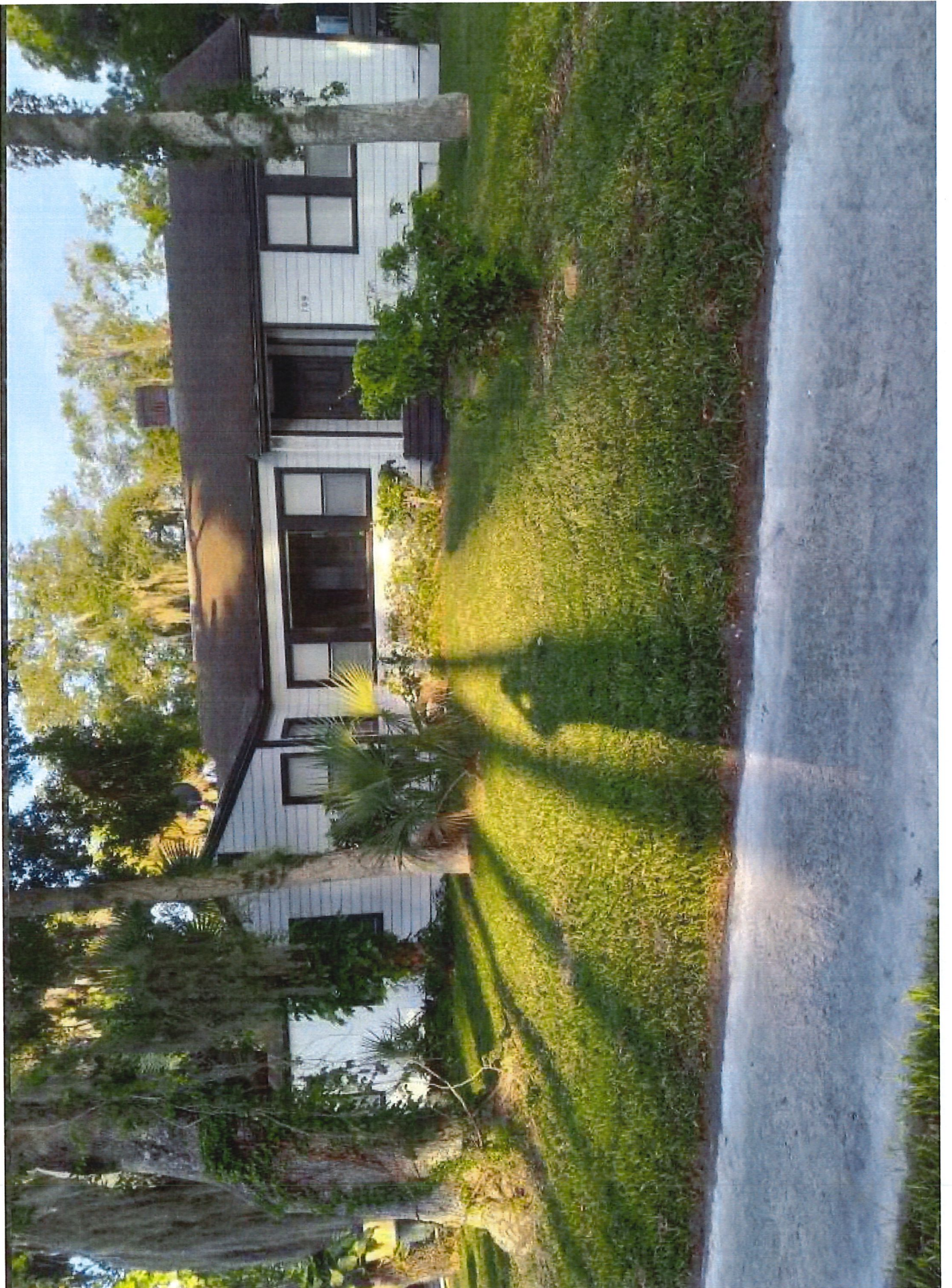
**CAPITAL TEAM**  
CONSTRUCTION AND ROOFING

C: 407.600.7854

[Joyce@capitalteamconstruction.com](mailto:Joyce@capitalteamconstruction.com)

[www.capitalteamconstruction.com](http://www.capitalteamconstruction.com)

CCC# 1331694 & CGC#1525553









**CERTIFICATE OF APPROPRIATENESS**  
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-48     HISTORIC PRESERVATION BOARD APPROVAL                       ADMINISTRATIVE APPROVAL

Site address: 609 South 9<sup>th</sup> Street

Contributing                       Non-Contributing                       Individually Designated

**SITE ALTERATIONS:**

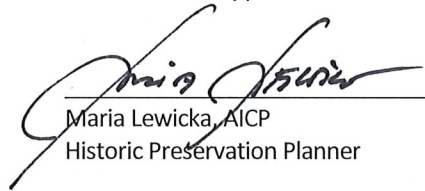
Request	Conditions	Applicable Standards
Remove and replace seven windows with impact glass windows. All openings, style and color remain the same.  Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

**APPROVED:**

*Board Approval*

*Administrative Approval*

\_\_\_\_\_  
 Suzanne Boardman, Chair                      Date  
 Historic Preservation Board

  
 \_\_\_\_\_  
 Maria Lewicka, AICP                      Date  
 Historic Preservation Planner                      08/24/21

*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](mailto: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 Liesenfelt 609 S 9 <sup>th</sup> Street Fort Pierce, FL 34950	E-Mail <a href="mailto:lorin@godogdays.org">lorin@godogdays.org</a>



# 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 South 9th St

Parcel ID #: \_\_\_\_\_

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

Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

#### Property Owner/ Applicant Information

Property Owner(s) Name(s): Pauline Liesenfelt

Mailing Address: 609 South 9th Street

Phone Number(s): 860.575.0557 Email: lorin@godogdays.org

Applicant Name(s): SAO

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Representative Name(s): Lorin Liesenfelt

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.

Pauline Liesenfelt Digitally signed by Pauline Liesenfelt  
Date: 2021.08.24 10:25:08 -04'00'  
Signature of Owner

August 24, 2021  
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) Adding windows with Impact glass.  
 Other (describe) \_\_\_\_\_

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

Replacing some of the current windows with the same size, style and color but new windows have impact glass.

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

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.



E-APPLICATION  
Permit # 21-4168

FBC 2020 7<sup>th</sup> Edition

PIN # 375696

CITY OF FORT PIERCE, FLORIDA  
BUILDING DEPARTMENT  
APPLICATION FOR BUILDING PERMIT  
PHONE (772) 467-3718 FAX (772) 467-3849  
Building@cityoffortpierce.com



PROJECT MANAGER  
Building Department Project Manager:  
**CINDY**

\*Property Address 609 SOUTH 9<sup>th</sup> ST, 34950 \*Date 8/6/21

Parcel ID# 2410-709-0107-000-1 \*# of plans submitted      \*# of CD's submitted       
(Located on your tax bill)

\*Owner Name LORIN LIESENFELT \*Owner Address 609 SOUTH 9<sup>th</sup> ST, 34950

Phone # (860) 575-0557 Fax # ( ) Cell # ( )

Email Address lorin@godogdays.org

**\*Required Information**

Type of permit WINDOWS \*Valuation \$ 2,400 -

\*Description of Work: REPLACE SEVEN EXTERIOR WINDOWS

Architect: N/A

Phone( ) - Fax ( ) - Email Address

Engineer: N/A

Phone( ) - Fax ( ) - Email Address

**\*CONTRACTOR/APPLICANT INFORMATION:**

City License # \_\_\_\_\_ State License # CGC062170

Company Name CONSTRUCTION RESCUE, INC. Qualifier GERALD CARSON

Address 9890 PRIMROSE DRIVE City/State MICCO, FL Zip 32976

Phone # (772) 571-7642 Fax # ( ) Cell # ( )

Email Address CONSTRUCTIONRESCUEFL@GMAIL.COM

B Occupancy \_\_\_\_\_ Construction Type \_\_\_\_\_ # of Units \_\_\_\_\_ # of Stories \_\_\_\_\_  
Sq. Ft. Conditioned Space \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

I understand that no building may be occupied until a Certificate of Occupancy/Certificate of Completion has been issued after final inspection by the Building Department and full compliance with the building code, city ordinances, state statutes and other applicable rules and regulations has been satisfied. I am also verifying that all sets of plans submitted are identical.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, and air conditioners etc.

Owner's Affidavit: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.



# BUILDING DROPS

A Perfect Solution in Every Drop!  
Certificate of Authorization: 29578

RECEIVED  
AUG 09 2021  
Building Department

398 East Dania Beach Blvd.  
Suite 338  
Dania Beach, FL 33004  
954.399.8478 PH  
954.744.4738 FX  
contact@buildingdrops.com

## Product Evaluation Report

of

American Craftsman Windows  
Silver Line Windows and Doors  
70 Series / V1 Series / (2127) Single-Hung Windows  
(HVHZ)(IMPACT)

"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.

for

Florida Product Approval

FL# FL14911

Report No. 7263

### Current Florida Building Code

Method:	1 – D (Engineering Evaluation)
Category:	Windows
Sub – Category:	Single Hung
Product:	70 Series / V1 Series / (2127) Single-Hung Windows
Material:	PVC
Product Dimensions:	See Installation Instructions, SWD050

Prepared for:

Silver Line Windows and Doors  
One Silverline Dr.  
North Brunswick, NJ 08902

Prepared by:

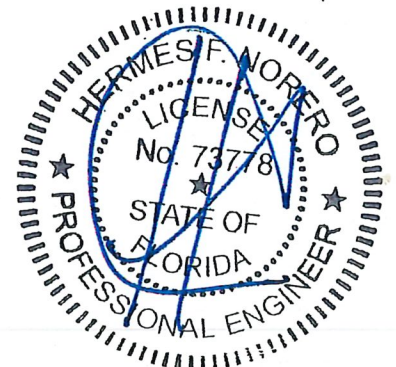
Hermes F. Norero, P.E.

Florida Professional Engineer # 73778

Date: 10/14/2020

Contents:

Evaluation Report Pages 1 – 4



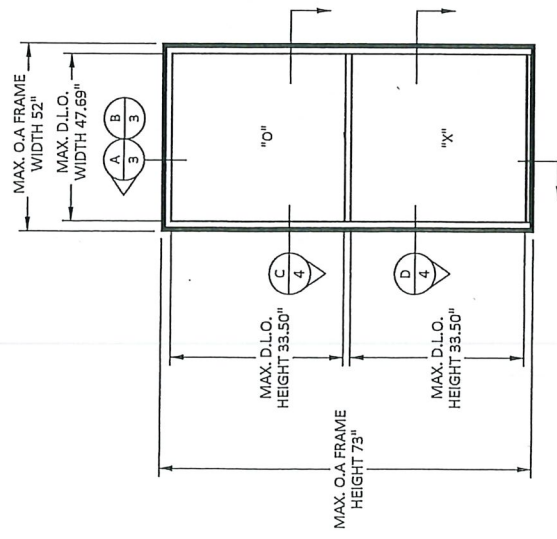
Digitally signed by Hermes F Norero  
Reason: I am approving this document  
Date: 2020.10.22 02:28:29 +02'00'

Hermes F. Norero, P.E.  
Florida P.E. No. 73778

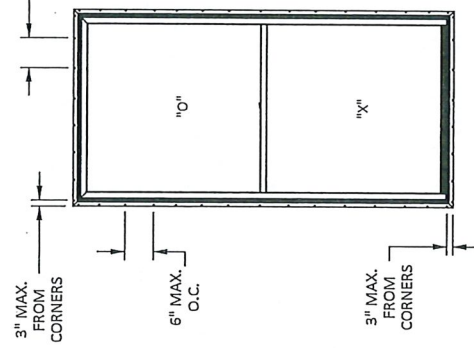
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 Building Department

"REVIEWED FOR CODE COMPLIANCE"

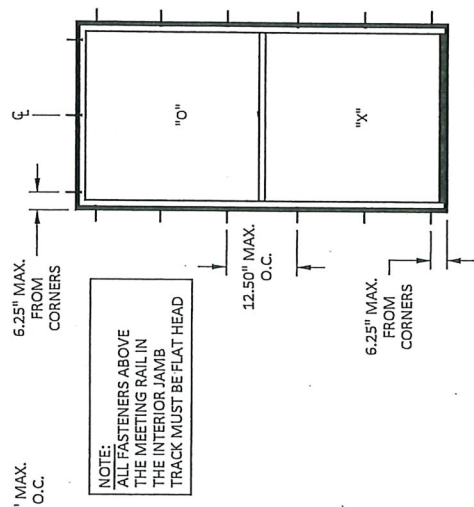
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ELEVATION  
 SINGLE HUNG WINDOW



ANCHOR LAYOUT  
 NAIL FIN - SINGLE HUNG WINDOW



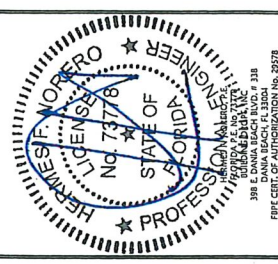
ANCHOR LAYOUT  
 THROUGH FRAME - SINGLE HUNG WINDOW

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

PREPARED BY:  
 BUILDING DROPS, INC.  
 398 E. DUNA BEACH BLVD., STE. 338  
 DUNN BEACH, FL 33426  
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 TEL: (954) 744-4738  
 FAX: (954) 799-4278

REMARKS	BY	DATE
7TH FBC EDITION	NUJ10/14/20	

TITLE: 70 SERIES/V1 SERIES/(227)  
 SINGLE-HUNG WINDOWS  
 (HVHZ)(IMPACT)  
 ELEVATIONS & ANCHOR LAYOUTS



FL #: FL14911  
 DATE: 01.23.18  
 DWG. BY: HR  
 CHK. BY: HFN  
 SCALE: NTS  
 DWG. #: SWD050  
 SHEET:

2 OF 5



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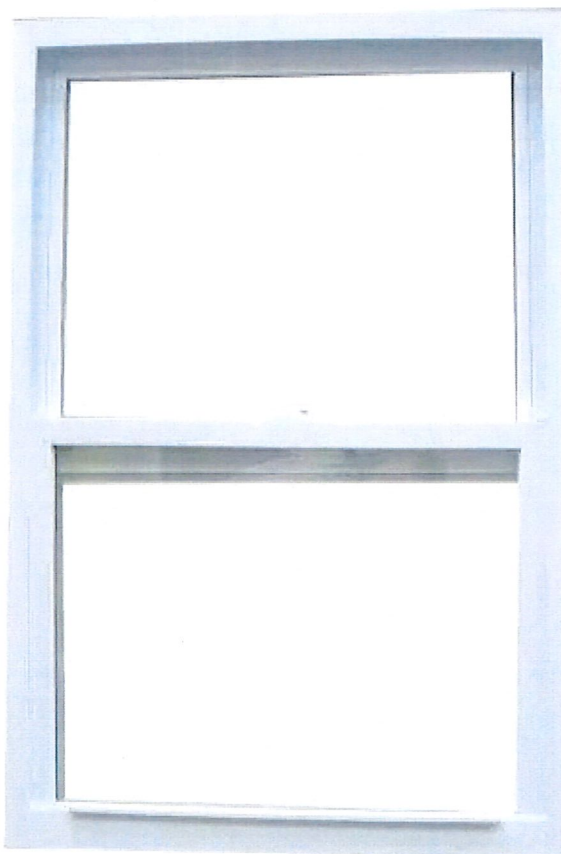
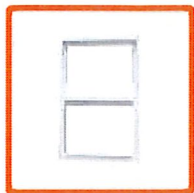


Home / Doors & Windows / Windows / Single Hung

American Craftsman

52 in. x 37.25 in. 70 Series Single Hung Vinyl White

★★★★★ (26) Questions & Answers (9)



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**CERTIFICATE OF APPROPRIATENESS**  
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-49  HISTORIC PRESERVATION BOARD APPROVAL  ADMINISTRATIVE APPROVAL  
 BP #21-4397

Site address: 601 S 2<sup>nd</sup> Street

Contributing  Non-Contributing  Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Remove existing shingle roof. Install standing seam metal roof (silver color).  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, AICP Date  
 Historic Preservation Planner 08/30/21

*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](mailto: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	Brackett Family Ltd Ptnshp PO Box 969 Vero Beach, FL 32961	E-Mail
Applicant/Representative	Perfect Pitch Roofing, LLC Roy Frampton 4649 SW Masefield Streed PSL, FL 34953	E-Mail <a href="mailto:roying40@gmail.com">roying40@gmail.com</a>



# 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: 601 S. 2<sup>nd</sup> St. Ft. Pierce, Fl. 34950  
Parcel ID #: 241081000080008  
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): Flor De Asfalto LLC  
Mailing Address: P.O. Box 402247 Miami Beach, Fl 33140  
Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Applicant  
Name(s): Perfect Pitch Roofing, LLC  
Mailing Address: 4649 Sw. Macerfield St Port St. Louis, Fl. 34953  
Phone Number(s): (772) 212-5184 Email: Roy.p.ig.40@gmail.com

Representative  
Name(s): Roy FRampton (owner of Above Roofing co)  
Mailing Address: 4649 Sw. Macerfield St. Port St Louis Fl. 34953  
Phone Number(s): (772) 212-5184 Email: Roy.p.ig.40@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, DANIEL BAJOROF as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.  
[Signature] Signature of Owner 8/30/21 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) REROOF - Tear off shingles & Replace w/ metal
- Other (describe) \_\_\_\_\_

Please provide a detailed description of the proposed work to be performed: Tear off existing shingle roof and replace with a standing seam metal roof, silver in color

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

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

**Application Requirements**

- \$10.00 Application fee
- Site Plan with dimensions.
- Architectural Drawings:
  - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
  - Drawings should indicate materials to be used.
- Photos - One (1) color photograph of the main façade of the site and photographs of any areas affected by the proposed project.
- Material(s) specifications and/or sample(s)
- Color samples.
- Demolition - Plans for what will be taking the demolished structure's place should be submitted.







**CERTIFICATE OF APPROPRIATENESS**  
 TO ALTER A DESIGNATED HISTORIC SITE

COA#21-50

HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 1206 Avenue D

Contributing

Non-Contributing

Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Install 6 ft tall, wood fence and gates 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

*Marja Lewicka*  
 \_\_\_\_\_  
 Marja Lewicka, AICP  
 Historic Preservation Planner

08/31/21  
 \_\_\_\_\_  
 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](mailto: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	Marie M Joseph 301 N 19 <sup>th</sup> Street Fort Pierce, FL 34950	E-Mail
Applicant	Andros Construction, LLC 2706 Atlantic Avenue Fort Pierce, FL 34947	E-Mail <a href="mailto:androsconstruction@gmail.com">androsconstruction@gmail.com</a>



RECEIVED

SEP 01 2021

COA# 21-50

Bldg. Permit # \_\_\_\_\_

CITY OF FORT PIERCE  
PLANNING & ZONING

# Certificate of Appropriateness Application

## Building & Site Information

Address of the Site: 1206 AVENUE D

Parcel ID #: 2409-501-0036-000-0

Type of Designation:

- Contributing  Non-contributing Site within the Yes Historic District
- Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

## Property Owner / Applicant Information

Property Owner(s)  
Name(s): MARIE M JOSEPH

Mailing Address: 301 N 19TH ST, FT. PIERCE, FL 34950

Phone Number(s): 772-940-2602 Email: \_\_\_\_\_

Applicant

Name(s): ANDROS CONSTRUCTION, LLC

Mailing Address: 2706 ATLANTIC AVENUE

Phone Number(s): FORT PIERCE, FL 34947 Email: ANDROS.CONSTRUCTION@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, MARIE M JOSEPH as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Marie Joseph  
Signature of Owner

6-3-2021  
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      |
| <input type="checkbox"/> Rehabilitation   | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

- Site Improvements (describe) Installing a WOODEN FENCE 6'.
- Other (describe) \_\_\_\_\_

Please provide a detailed description of the proposed work to be performed: \_\_\_\_\_  
Installing a WOODEN FENCE TO THE N\*E SIDE OF THIS  
Building only.

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**

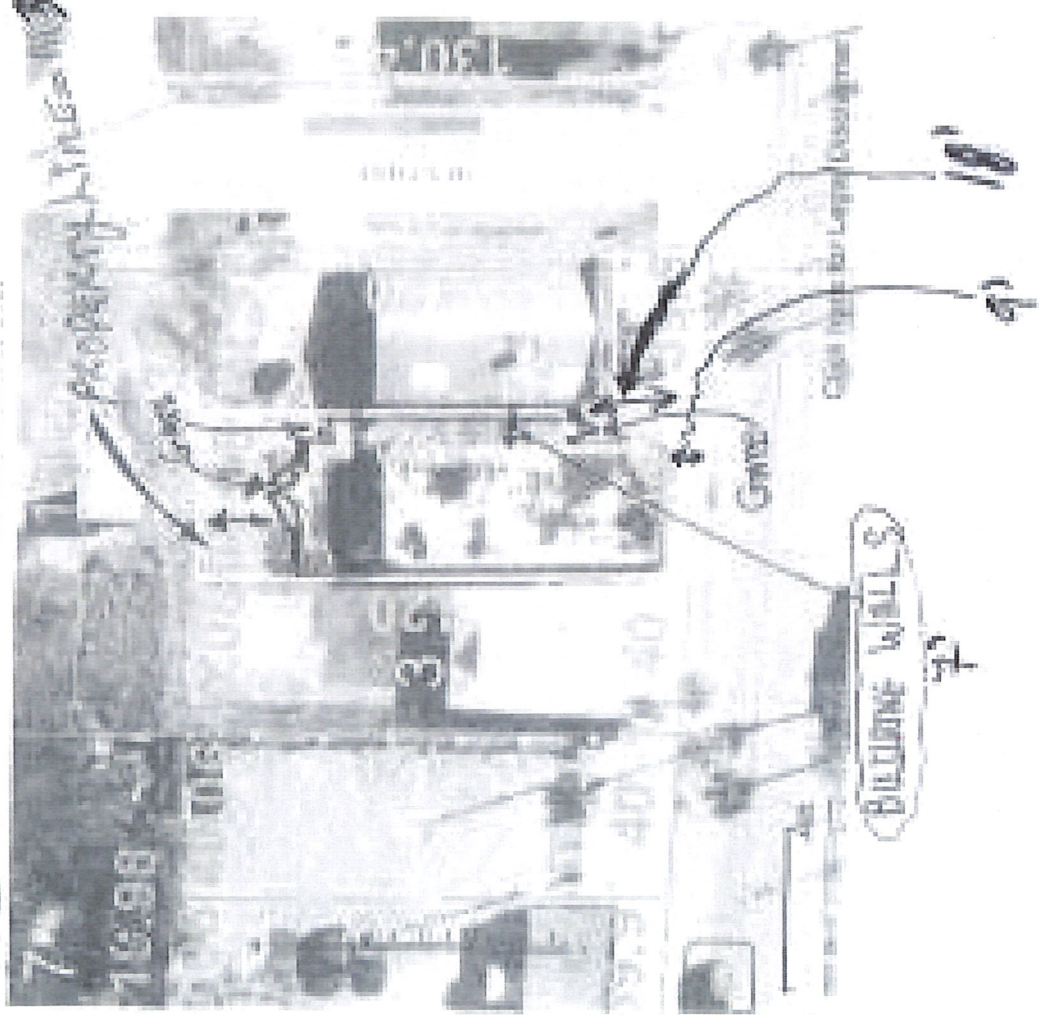
- \$10.00 Application fee
  - Site Plan with dimensions.
  - Architectural Drawings:
    - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
    - Drawings should indicate materials to be used.
  - Photos - One (1) color photograph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

00000001



Saint Lucie County Property Appraiser

Saint Lucie County Property Appraiser  
Michelle Franklin CFA



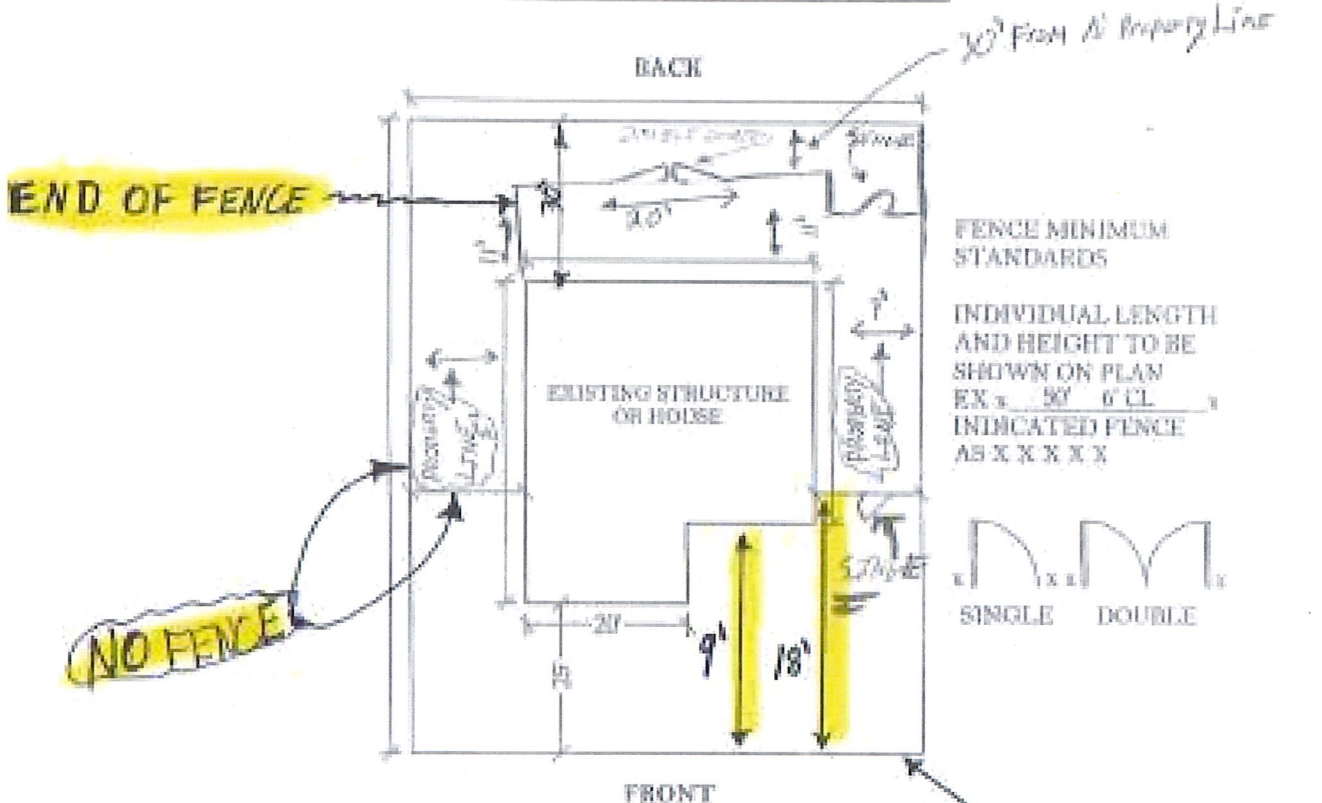
1206 AVE D  
FT. P  
FENCE: WOODEN

from existing 1206

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

Owner Name MARIE M. JOSEPH  
 Property Address ROSE AVE D

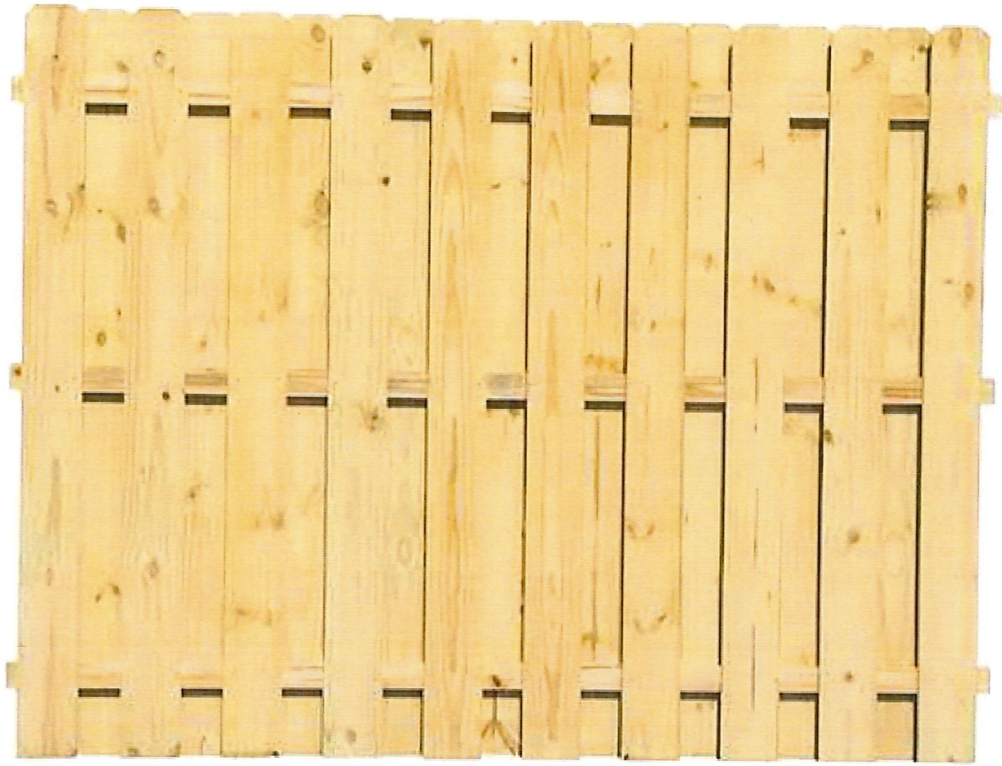
\*FENCES NOT PERMITTED ON VACANT LOTS

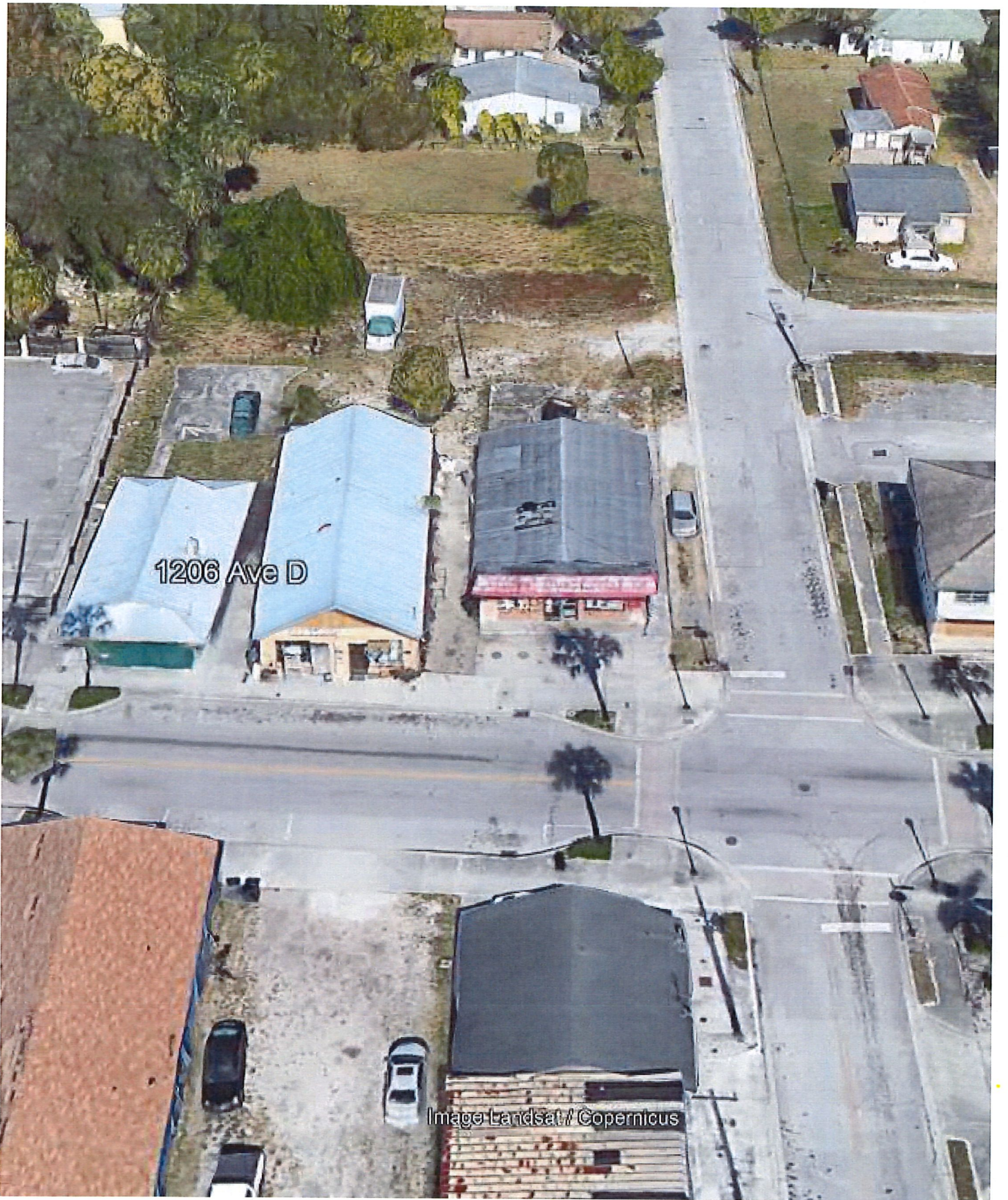


PLOT PLAN  
 1" = 20' SCALE

TYPE WOODEN  
 TOTAL LENGTH \_\_\_\_\_ LF  
 HEIGHT 6 FT  
 GATE N° 2 SIZE 6 & 18 LOC N.E. CORNER

PROPOSED FENCE SECTION MUST BE CLOUDED  
 ANY FENCES GOOD SIDE OUT





1206 Ave D

Image Landsat / Copernicus