



Bldg. Permit # _____

COA# 22-34

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 911 Delaware Avenue, Fort Pierce, FL 34950
 Parcel ID #: 2410-709-0017-000-3
 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): Women's Care Center, Inc.
 Mailing Address: 360 N. Notre Dame Ave, South Bend, IN 46617
 Phone Number(s): (574) 234-0363 Email: annmanion13@gmail.com

Applicant

Name(s): _____
 Mailing Address: _____
 Phone Number(s): _____ Email: _____

Representative

Name(s): Michael Menard, Architectonic
 Mailing Address: 806 Delaware Ave Ft. Pierce, FL 34950
 Phone Number(s): 772-460-7751 Email: mmenard@architectonicinc.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, Women's Care Center, Inc. as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

By: [Signature]
 Signature of Owner
President

6.29.2022
 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 checked="" type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

Site Improvements (describe) Building Addition and Parking

Other (describe) _____

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

Construct a 3042 s.f. addition to the existing facility, add parking, and landscaping

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): _____

125-315 Reduction In Off Street Parking

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.

ARCHITECT

Architectonic Inc

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PROJECT

WOMEN'S CARE CENTER
ADDITION
FORT PIERCE, FLORIDA

CLIENT

CONSULTANTS

REGISTRATION

MICHAEL S. SALAMAN
ARCHITECT

REVISIONS

NO. DATE REVISION

NET PLAN

SHEET TITLE / SHEET NUMBER

A-2
OF 3

PROJECT NUMBER: 21-13-24

DATE: 6/13/22

UNIVERSITY OF FLORIDA

UNIVERSITY GATE



