

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in July 2022.

- COA #22-36, 419 N 2nd Street – New parking pad & pavers
- COA #22-38, 918 Boston Avenue – New roof
- COA #22-41, 507 N 6th Street, New windows
- COA #22-42, 808 Atlantic Avenue, New shutters



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#22-36 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 419 N 2nd Street

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
<ul style="list-style-type: none"> · Installation of a new paved 26 feet deep and 29 feet wide parking area. · Enhancing existing sidewalk with pavers to match new parking area. <p>Please see attached.</p>		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

Board Approval

Administrative Approval

 Charles Hayek, Chairman Date
 Historic Preservation Board


 Maria Lewicka, AICP 07/26/22
 Historic Preservation Planner 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	Holly Theuns 419 N 2 nd Street Fort Pierce, FL 34950	E-Mail Hollytheuns@gmail.com



JUL 11 2022

COA# 22-36

Bldg. Permit # _____

CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 419 N 2nd St, Fort Pierce, FL 34950

Parcel ID #: 2403-705-0118-000-7

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

Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
Name(s): Holly Theuns

Mailing Address: 419 N 2nd St, Fort Pierce, FL 34950

Phone Number(s): 772-801-9509 Email: Hollytheuns@gmail.com

Applicant
Name(s): Same as owner

Mailing Address: _____

Phone Number(s): _____ Email: _____

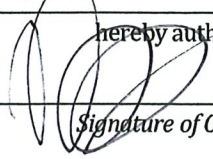
Representative
Name(s): N/A

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



Signature of Owner

7/6/22

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) Create 29 ft wide by 26 ft deep parking pad on front yard, and dress cement walk with 5/8 in pavers
- Other (describe) add 4 ft white picket fence with 4 ft gate, and trellis over gate, along front property line

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

Parking area will be graded and pavers set, and walkway dressed with same paver by a paving contractor.

~~4 ft white vinyl picket fence with 4 ft gate and trellis over gate will be added along the~~

~~edge of the retaining wall along the front of the property.~~ Color for parking pad and walk dressing is adobe - same as the driveway

Have other alterations been made to the site within the last 12 months? No Yes, 5 fence sections in rear

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.

VA





FRONT OF THE HOUSE



PARKING PAD



CITY OF FORT PIERCE

PLANNING DEPARTMENT

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

Certificate of Appropriateness Application

RECEIVED

JUL 11 2022

Building & Site Information

Address of the Site: 918 Boston Ave Fort Pierce, FL 34950

Parcel ID #: 2410-706-0037-000-0

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

Individually Designated Site, City Commission Resolution No. _____

CITY OF FORT PIERCE
PLANNING & ZONING

Property Owner / Applicant Information

Property Owner(s)
Name(s): Jean Sydne

Mailing Address: 918 Boston Ave Fort Pierce, FL 34950

Phone Number(s): (772) 205-9934 Email: _____

Applicant
Name(s): PDKRoofing, Inc / Dee Keihn

Mailing Address: 1761 SW Biltmore St Port St Lucie FL 34984

Phone Number(s): (772)528-0113 Email: PDKRoofing.Inc@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, Jean Sydne as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Jean Sydne
Signature of Owner

7/7/22
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) Replace Shingle Roof with new 5V Metal Roof System

Other (describe) _____

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

Replace Existing Shingle Roof System with new 5V Metal Roof System

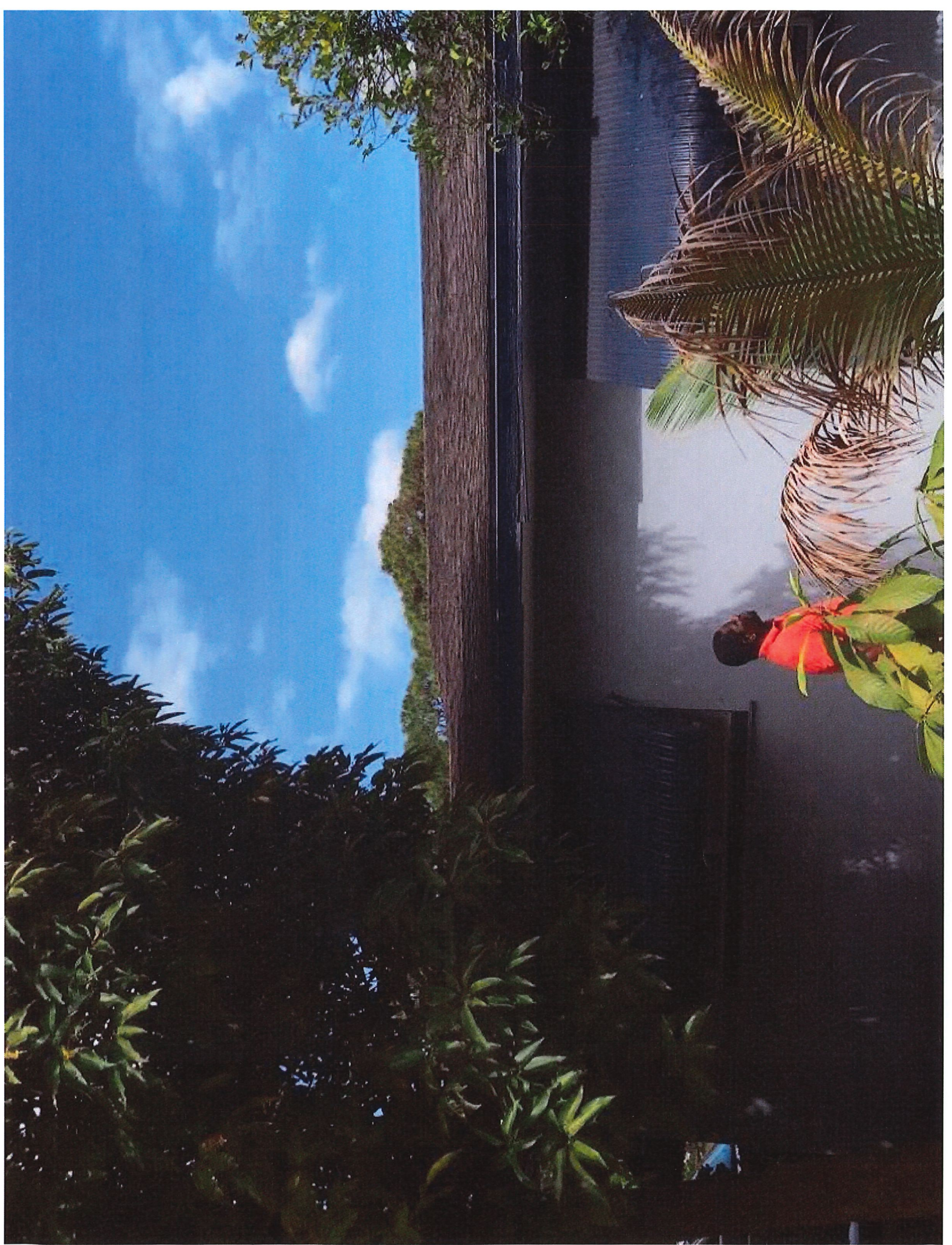
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.











SKILLED CRAFTERS OF METAL ROOFING SYSTEMS



VMAX

5V CRIMP EXPOSED SEAM



THE NAME IN QUALITY AND PERFORMANCE METAL PANEL SYSTEMS

Classic design plus value, VMax is one of the most widely used metal panels for a reason. The V-shaped rib and low-profile style offer enduring strength and classic appeal. More cost effective than most traditional roofing panel systems, VMax is the answer when you need to keep an eye on budget, while maintaining attractiveness and versatility in form and function.

PRODUCT FEATURES

- Residential, agricultural, architectural, commercial use
- Double "V" profile, 5 V-crimp
- Heavy gauge for durability
- Low profile design
- Exposed fasteners
- 25 plus colors
- Striated, double-ribbon bead, or flat panel
- Custom lengths to meet your specs
- Fast, easy installation
- No charge onsite production
- Warranties on materials and finishes up to 40 years



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#22-41 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 507 N 6th Street

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove and replace all windows. All openings remain the same. New stucco (color attached). Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

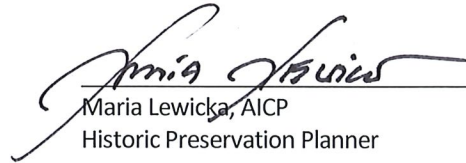
APPROVED:

Board Approval

Administrative Approval

Charles Hayek, Chairman
Historic Preservation Board

Date



Maria Lewicka, AICP
Historic Preservation Planner

07/28/22
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

Sandford L Woods
5121 S US Highway 1
Fort Pierce, FL 34982

E-Mail

Applicant

Lucian Lewis III
5475 NW Saint James Drive, #228

E-Mail

lucianlewis1000@gmail.com



Bldg. Permit # _____

COA# 41

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 507 N 6th Street, Fort Pierce, FL 34950

Parcel ID #: 2403-705-0139-000-0

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): SANFORD L. WOODS

Mailing Address: 5121 US 1 FORT PIERCE FL

Phone Number(s): _____ Email: LUCIANLEWIS1000@GMAIL

Applicant

Name(s): _____

Mailing Address: _____

Phone Number(s): _____ Email: _____

Representative

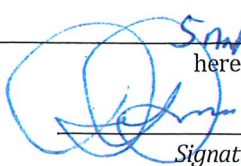
Name(s): LUCIAN LEWIS III

Mailing Address: 5475 NW SAINT JAMES DRIVE #228

Phone Number(s): 772 5771166 Email: LUCIANLEWIS1000@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, Sanford L. Woods as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.



Signature of Owner

7/28/2027

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: _____

HOUSE WILL BE STUCCO WITH A SURFACE AND PAINTED UPON IN THE COLORS ATTACHED. ADDITIONALLY REPLACING ALL WINDOWS WITH IMPACT.

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

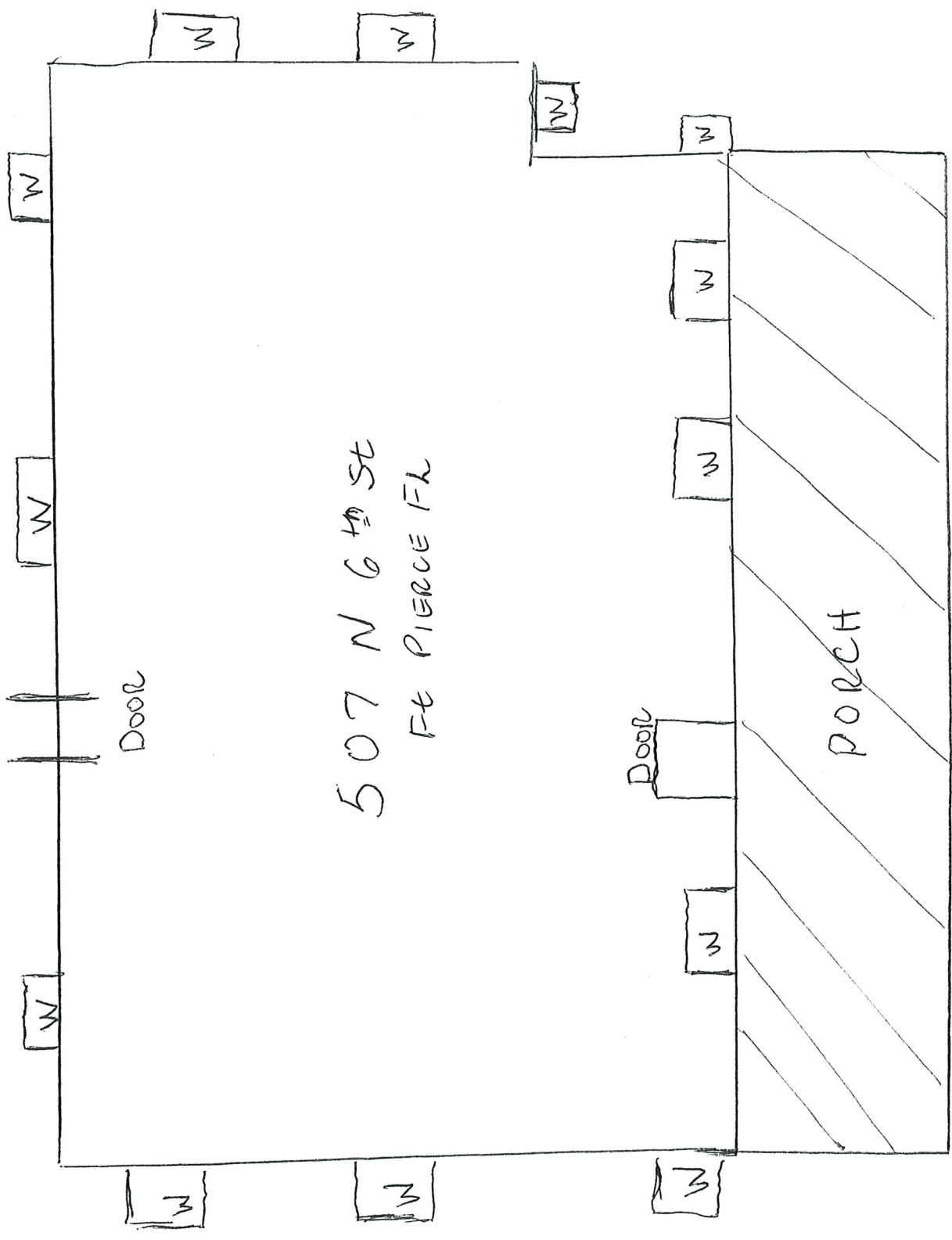
Will the proposed work require a Zoning Variance? No Yes, Code Section(s): _____

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.

W

N



S

E

507 N. 6th Street



1. Replace all windows with impacted (12)
2. Stucco entire house with wire mesh and then stucco

FRONT



SIDE



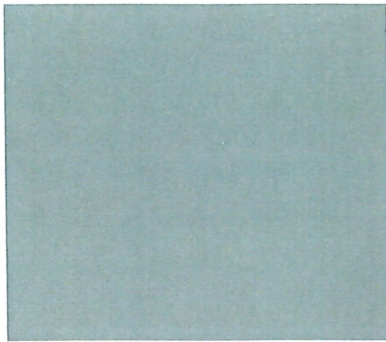
Rear + Side

BODY

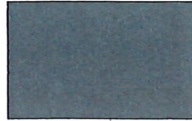
 AFTER THE STORM
PPG1036-4

THD-E20
E27

TRIM



ACCENT



 TRIM: FOG, PPG1010-2 | THD-B2, E22

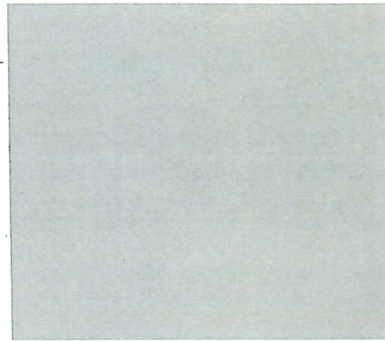
 ACCENT: GOBLIN, PPG1040-7 | THD-E23, E31

BODY

 GRAY STONE
PPG1009-4

THD-B1
E23

TRIM



ACCENT

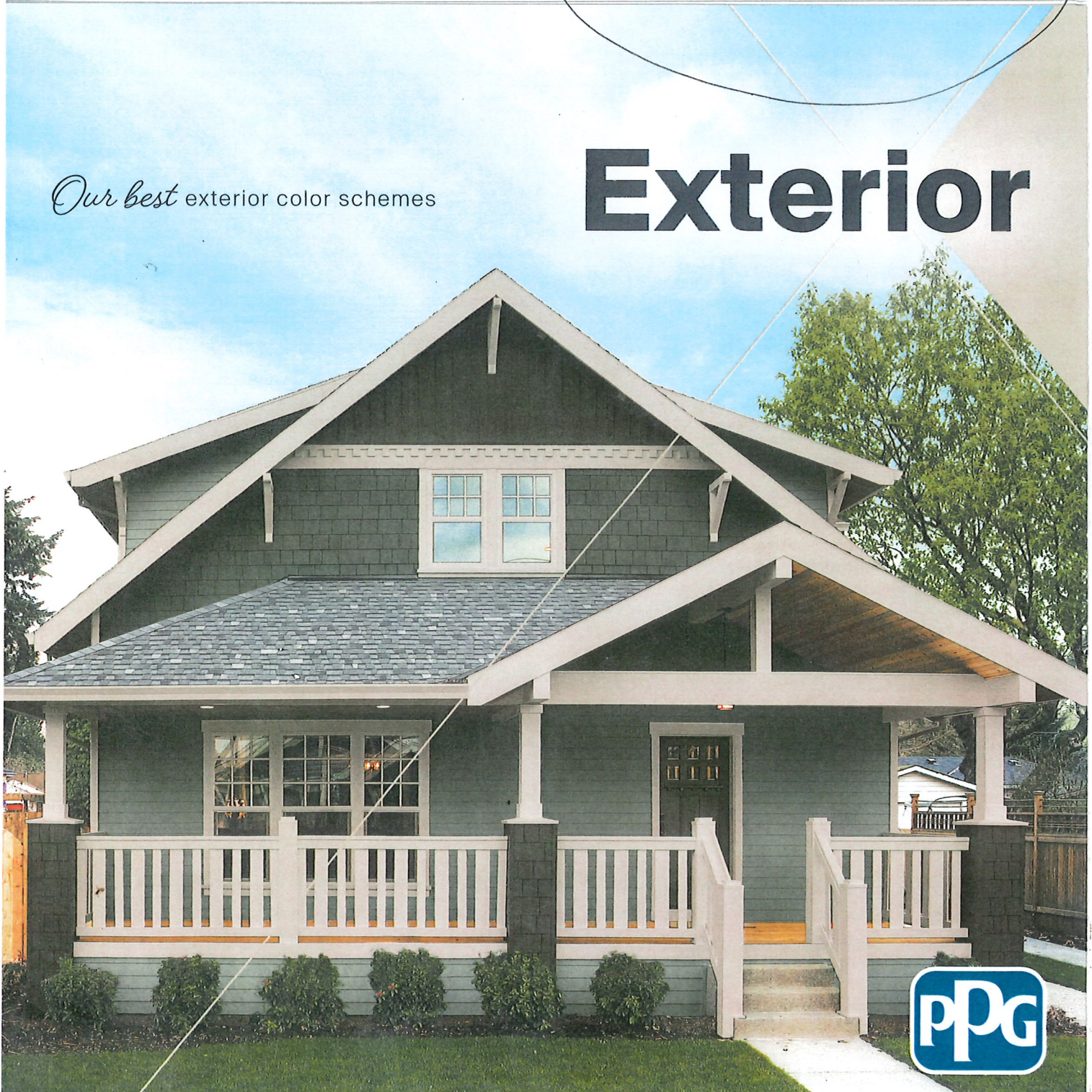


TRIM: PEREGRINE, PPG0993-1 EXCLUSIVE NEW COLOR!*

 ACCENT: NAPOLEON, PPG1013-7 | THD-B5, E33

Our best exterior color schemes

Exterior



AMERICAN CRAFTSMAN WINDOWS
SILVER LINE WINDOWS AND DOORS

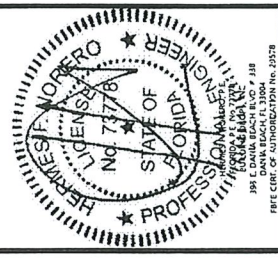
ONE SILVER LINE DRIVE
NORTH BRUNSWICK, NJ 08902
PH: (888) 741-0354

PREPARED BY:
BUILDING DROPS, INC.
338 E. DANIA BEACH BLVD., STE. 338
DANIA BEACH, FL 33004
PH: (954) 929-8478
FAX: (954) 944-4718
WEB: www.buildingdrops.com

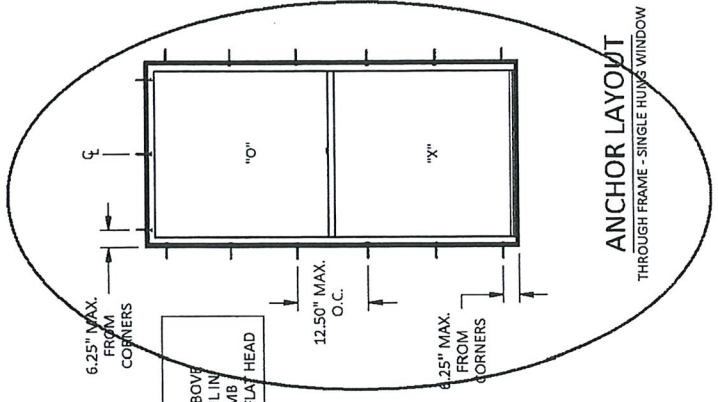
ELEVATIONS & ANCHOR LAYOUTS

REMARKS	BY	DATE
7TH FBC EDITION	NUS	07/14/20

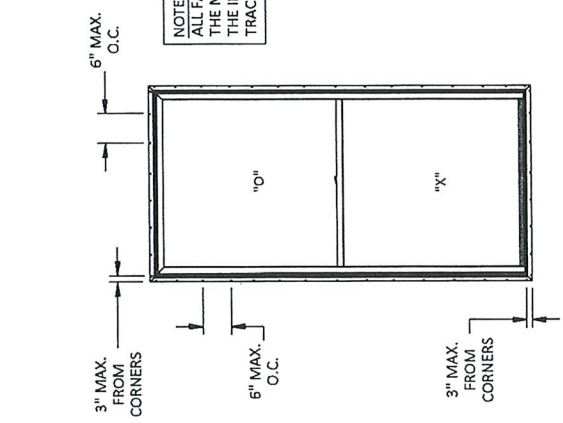
TITLE: 70 SERIES/ V1 SERIES/ (2127)
SINGLE- HUNG WINDOWS
(HVHZ/IMPACT)



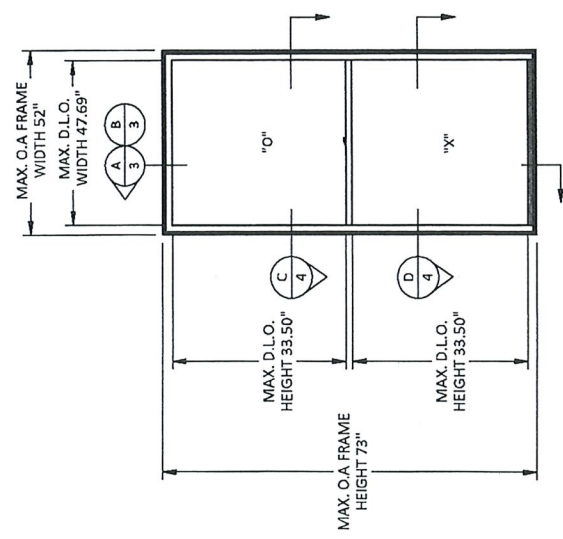
FL #: **FL14911**
DATE: **01.23.18**
DWG. BY: **HR** CHK. BY: **HFN**
SCALE: **NTS**
DWG. #: **SWD050**
SHEET: **2** OF **5**



ANCHOR LAYOUT
THROUGH FRAME - SINGLE HUNG WINDOW



ANCHOR LAYOUT
MAIL FIN - SINGLE HUNG WINDOW



ELEVATION
SINGLE HUNG WINDOW



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#22-42 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 808 Atlantic Avenue

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Install twelve (12) accordion and three (3) colonial shutters 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

Charles Hayek, Chairman Date
Historic Preservation Board



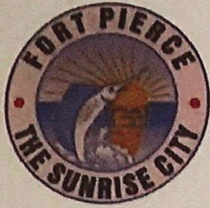
Maria Lewicka, AICP Date
Historic Preservation Planner

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.

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	Alyce Strong 808 Atlantic Avenue Fort Pierce, FL 34950	E-Mail
Applicant	Mastercare Shutter Corporation 12980 SE Suzanne Drive Hobe Sound, FL 33455	E-Mail rebecca@permitgroupf.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: 808 Atlantic Ave
Parcel ID #: 2410-706-0021-000-5
Type of Designation: Contributing Non-contributing Site within the _____ Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

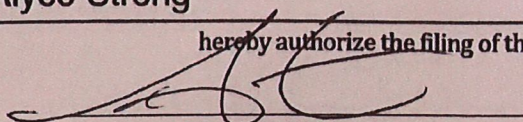
Property Owner(s)
Name(s): Alyce Strong
Mailing Address: Alyce Strong 808 Atlantic AVE Fort Pierce, FL 34950
Phone Number(s): _____ **Email:** _____

Applicant
Name(s): Mastercare Shutter Corporation
Mailing Address: 12980 SE Suzanne Dr Hobe Sound FL 33455
Phone Number(s): 772-281-8912 **Email:** rebecca@permitgroupfj.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, Alyce Strong as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.


Signature of Owner

7/27/22
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) Shutters

Other (describe) _____

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

Installation of (12) accordion & (3) colonial shutters

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

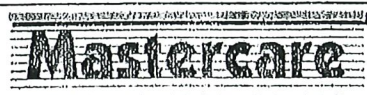
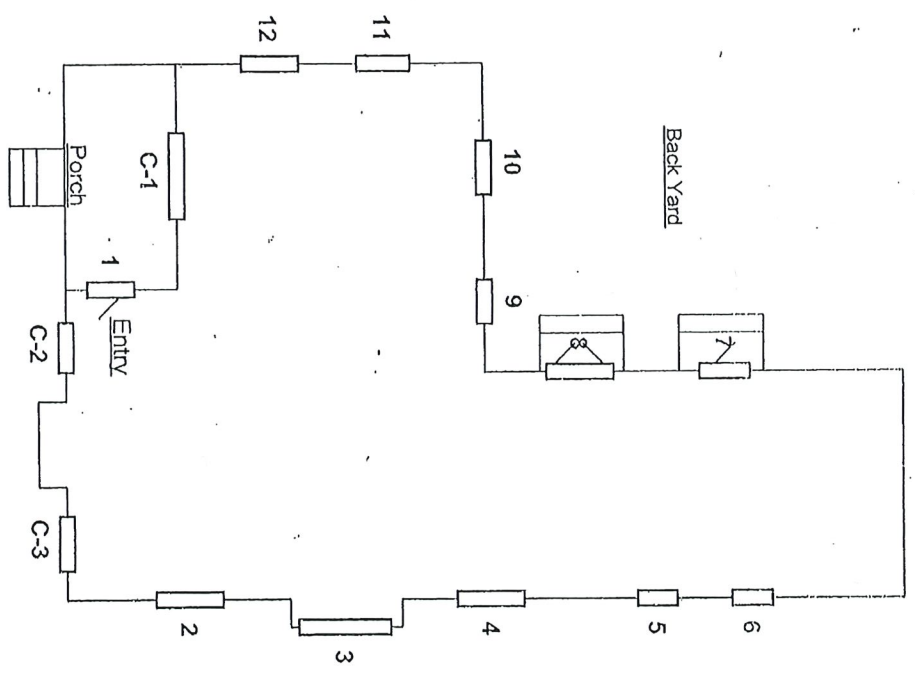
Will the proposed work require a Zoning Variance? No Yes, Code Section(s): _____

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.

Opening

1. EMS Accordion Shutter
(Front Entry Door)
 2. EMS Accordion Shutter
(Right Side Window)
 3. EMS Accordion Shutter
(Right Side Window)
 4. EMS Accordion Shutter
(Right Side Window)
 5. EMS Accordion Shutter
(Right Side Window)
 6. EMS Accordion Shutter
(Right Side Window)
 7. EMS Accordion Shutter
(Utility Door)
 8. EMS Accordion Shutter
(Office Door)
 9. EMS Accordion Shutter
(Back Window)
 10. EMS Accordion Shutter
(Back Window)
 11. EMS Accordion Shutter
(Left Side Window)
 12. EMS Accordion Shutter
(Left Side Window)
- C-1. Impact Colonial
(Porch Window)
- C-2. Impact Colonial
(Front Window)
- C-3. Impact Colonial
(Front Window)



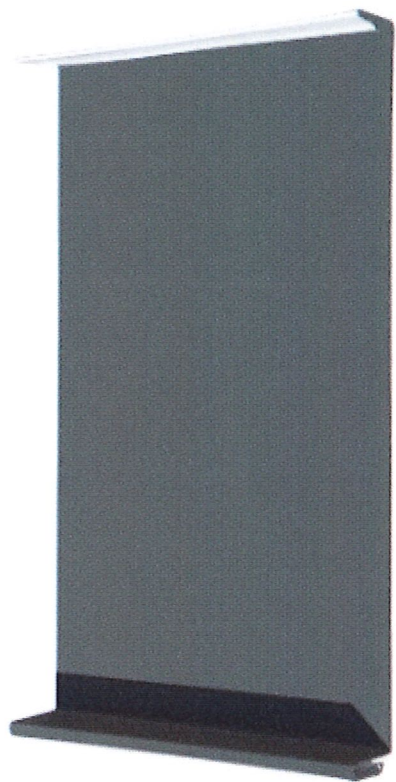
SHUTTER CORPORATION
 12980 SE SUZANNE DRIVE, HOBE SOUND, FL 33455
 PH: (772)-545-3300 FAX: (772)-545-3297

Alyce Strong
 808 Atlantic Ave
 Fort Pierce, FL 34950

RENDERING ESTIMATES.COM
 SCALE: NOT TO SCALE
 DATE: Jun 17, 2022
 PAGE DESCRIPTION: Site Plan
 PAGE: 1 of 1







Hemlock Green

