

Administrative Certificates of Appropriateness

Attached are Certificates of Appropriateness issued administratively in August 2022.

- COA #22-43, 515 S Indian River Drive – New stairs
- COA #22-44, 310 South 10th Street – New roof
- COA #22-45, 1009 Delaware Avenue, Handicap parking & ramp



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#22-43 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 515 S Indian River Drive

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Installation of new stairs – fire egress to comply with Fire & State Requirements to operate as a B&B. 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

08/23/22

 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/Applicant	Crownman FL LLC K Einstein	E-Mail chris@entertainair.com



Bldg. Permit # _____

COA# 22-43

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 515 S Indian river drive

Parcel ID #: 2410-810-0001-000-9

Type of Designation: Contributing Non-contributing Site within the Rivers ^{EDGE} Historic District

Individually Designated Site, City Commission Resolution No. _____

RECEIVED

Property Owner / Applicant Information

AUG 01 2022

Property Owner(s) Name(s): Crownman FL LLC

Mailing Address: On File

Phone Number(s): On file Email: On File

CITY OF FORT PIERCE
PLANNING & ZONING

Applicant Name(s): K Einstein

Mailing Address: On file

Phone Number(s): On file Email: On File

Representative Name(s): Same as above

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

[Signature]
Signature of Owner

7-28-22
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) Add Fire Egress to comply with Fire & State Requirements to operate as a B&B.

Other (describe) _____

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

See attached plans

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.



← TOP of Egress





Fire Dept
Egmont

Front of 515 S Indian River Drive



Bldg. Permit # _____

COA# 22-114



CITY OF FORT PIERCE

PLANNING DEPARTMENT

RECEIVED

AUG 01 2022

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: 310 S 10th St, Ft Pierce, FL 34950

Parcel ID #: 2410 706 0061 000 7

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): Walter Hill, Saline & Marketa Lapante

Mailing Address: 310 S 10th St, Fort Pierce

Phone Number(s): _____ Email: _____

Applicant

Name(s): Onshore Roofing

Mailing Address: 5070 SE Grouper Ave, Stuart, FL 34997

Phone Number(s): 772-831-505 Email: Cheri@onshoreroofing.com

Representative

Name(s): _____

Mailing Address: same

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

Saline Hill Walter Hill
Signature of Owner

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) RE-ROOF
- Other (describe) _____

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

RE-ROOF SHINGLE TO SHINGLE

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: Latasha Carey
Sent: Tuesday, August 2, 2022 7:11 AM
To: Maria Lewicka
Cc: Indy Baksh
Subject: 310 S 10TH STREET (22-20000790) DPCR
Attachments: image000006.jpg; image000001.jpg; image000004.jpg; image000007.jpg; image000008.jpg

Good morning,

Please see attached the photos you requested for 310 S 10th Street (22-2000790) DPCR. They will be installing light gray shingles. Please let me know if you are needing any additional information.

From: Indy Baksh <kibconstcorp@gmail.com>
Sent: Monday, August 1, 2022 5:02 PM
To: Latasha Carey <lcarey@cityoffortpierce.com>
Subject: 310 S 10th st

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. .

Hi Latasha, the roof color will be a light Gray. Please see attached pictures of the house.
Thank you!



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#22-45 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 1009 Delaware Avenue

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Installation of a new handicap ramp and parking space. Please see attached.		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


 _____ 08/16/22
 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/Applicant	Project LIFT Chris Jackson 1330 SW 34 th Street Palm City, FL 34990	E-Mail chris@projectlift.org

Bldg. Permit # _____

COA#

22-45



CITY OF FORT PIERCE

PLANNING DEPARTMENT

RECEIVED

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

AUG 11 2022

Certificate of Appropriateness Application

CITY OF FORT PIERCE
PLANNING & ZONING

Building & Site Information

Address of the Site: 1009 Delaware Ave Fort Pierce, FL 34950

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): Project LIFT

Mailing Address: 1330 SW 34th Street Palm City, FL 34990

Phone Number(s): 772-221-2244 Email: chris@projectlift.org

Applicant
Name(s): Project LIFT

Mailing Address: 1009 Delaware Ave Fort Pierce, FL 34950

Phone Number(s): 407-832-3201 Email: chris@projectlift.org

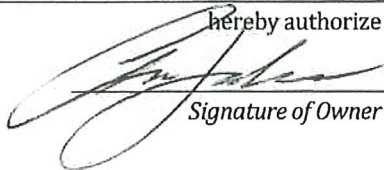
Representative
Name(s): Chris Jackson

Mailing Address: 1330 SW 34th Street Palm City, FL 34990

Phone Number(s): 407-832-3201 Email: chris@projectlift.org

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, Christopher Jackson COO Project LIFT as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.


Signature of Owner

COO Project LIFT

08/10/2022

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

- Site Improvements (describe) handicap parking space and ramp
- Other (describe) _____

Please provide a detailed description of the proposed work to be performed: _____
first floor bath-remove shower and make bathroom handicap accessible
second floor bath-remove tub and make bathroom handicap accessible
make shower area a closet for air handlers

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.
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 - Color samples.
-
- Demolition – Plans for what will be taking the demolished structure’s place should be submitted.

