

Administrative Certificates of Appropriateness

Attached is Certificates of Appropriateness issued administratively in December 2022.

- COA #22-63, 522 N 2nd Street – Windows
- COA #22-66, 1112 Avenue E, Unit A & B – Roof
- COA #22-67, 239 S Indian River Drive – ADA Lift, Relocation



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#22-63 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 522 N 2nd Street

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove and replace 6 windows and front and sides siding. All openings and windows style remain the same. House color and shutters remain the same. 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

12/14/22
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	Robin Bezuidenhout 522 N 2 nd Street Fort Pierce, FL 34950	E-Mail robinkgb@yahoo.com
Representative	Gert Bezuidenhout 522 N 2 nd Street Fort Pierce, FL 34950	E-Mail captgeewiz@gmail.com



Bldg. Permit # _____

COA# 22-63

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 522 N 2nd Street Ft. Pierce 34950
 Parcel ID #: 2403-705-0068-000/1
 Type of Designation: Contributing Non-contributing Site within the east town Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

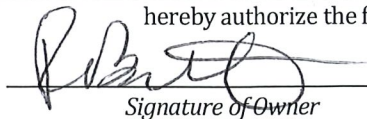
Property Owner(s) Name(s): Robin Bezuidenhout
 Mailing Address: 522 N. 2nd Street, Ft. Pierce FL 34950
 Phone Number(s): 954-5621819 Email: robinkgb@yahoo.com

Applicant Name(s): Robin Bezuidenhout
 Mailing Address: 522 N. 2nd Street Ft Pierce FL 34950
 Phone Number(s): 954-562-1819 Email: robinkgb@yahoo.com

Representative Name(s): owner/builder Gert Bezuidenhout
 Mailing Address: 522 N. 2nd St Ft Pierce FL 34950
 Phone Number(s): 954-736-6876 Email: captgeewiz@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, Robin Bezuidenhout as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.


Signature of Owner

12/8/22
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) vinyl hi-impact windows on sides + front (6)
 Other (describe) hardboard on sides and front

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

house will remain same color and same style windows with exact same 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.



522



522















CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#22-66 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 1112 Avenue E Unit A & B

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove existing shingle roof and install standing seams metal roof in mill finish. Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

Board Approval

Administrative Approval

 Charles Hayek, Chair Date
 Historic Preservation Board


 _____ 12/29/22
 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	East Coast Property Associates LLC 17893 88 th Road N Loxahatchee, FL 33470	E-Mail
Applicant	Treasure Coast Roofing 1816 SW Biltmore St PSL, FL 33470	E-Mail TCRoofingLLC@gmail.com

Bldg. Permit # _____

COA# 22-66



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: 1112 Ave E. Unit A & B
Parcel ID #: 2404-826-0003-000-3
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): East Coast Property Associates LLC
Mailing Address: 17893 88th Rd N., Loxahatchee FL 33470
Phone Number(s): _____ Email: _____

Applicant
Name(s): Treasure Coast Roofing
Mailing Address: 1816 SW Biltmore St. Port St. Lucie FL 34984
Phone Number(s): 772-370-9770 Email: TCRoofingLLC@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, David Seth Tuten as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

D. Seth Tuten
Signature of Owner

12/21/22
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) NEW ROOF

Other (describe) _____

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

Tear off existing roof and install new Standing SEAMS Metal 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.











CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#22-67 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 239 S Indian River Drive

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Relocation of the ADA lift from the right side of the front porch to the left side and sidewalk extension. Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

Board Approval

Administrative Approval

 Charles Hayek, Chair
 Historic Preservation Board

 Date

 Maria Lewicka, AICP
 Historic Preservation Planner

 12/29/22
 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@city-ftpierce.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	Boston House of Ft. Pierce, LLC 4560 S 25 th Street Fort Pierce, FL 34981	E-Mail shellyjohn90@gmail.com
Applicant	Martin Mohr, President of the LLC 4560 S 25 th Street Fort Pierce, FL 34981	E-Mail shellyjohn90@gmail.com
Representative	Mike Menard, Architectonic Inc. 806 Delaware Avenue Fort Pierce, FL 34950	E-Mail mmenard@architectonicinc.com



Bldg. Permit # _____

COA# 22-67

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 239 S Indian River Dr.

Parcel ID #: _____

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

Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
Name(s): Boston House of Ft. Pierce LLC

Mailing Address: 4560 S. 25th St. Ft. Pierce, Florida 34981

Phone Number(s): 678-517-7493 Email: shellynjohn90@gmail.com

Applicant
Name(s): Martin Mohr / President of the LLC

Mailing Address: 4560 S 25th St. Ft. Pierce, Florida 34981

Phone Number(s): 678 517 7493 Email: shellynhohn90@gmail.com

Representative
Name(s): Mike Menard w/ Architectonic Inc.

Mailing Address: 806 Delaware Ave, Ft. Pierce, Florida 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, Martin Mohr as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.


Signature of Owner

12.19.22
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 checked="" type="checkbox"/> Relocation |

- Site Improvements (describe) Relocation of the ADA lift and sidewalk extension
- Other (describe) _____

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

Relocation of the ADA lift from the right side of the front porch to the left side

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.

ARCHITECT

Architectonic Inc

800 DELAWARE AVENUE
SUITE 200
FT. LAUDERDALE, FL 33408
WWW.ARCHITECTONIC.COM

STATE REG # ADR03348
COPYRIGHT 2017
PROJECT

BOSTON HOUSE
FT. PIERCE, FLORIDA

CLIENT

CONSULTANT

REGISTRATION

MICHAEL J. BEAL, AIA

REVISIONS	DATE	DESCRIPTION
1	11/14/17	ISSUE FOR PERMITS
2	11/14/17	ISSUE FOR PERMITS
3	11/14/17	ISSUE FOR PERMITS
4	11/14/17	ISSUE FOR PERMITS
5	11/14/17	ISSUE FOR PERMITS
6	11/14/17	ISSUE FOR PERMITS
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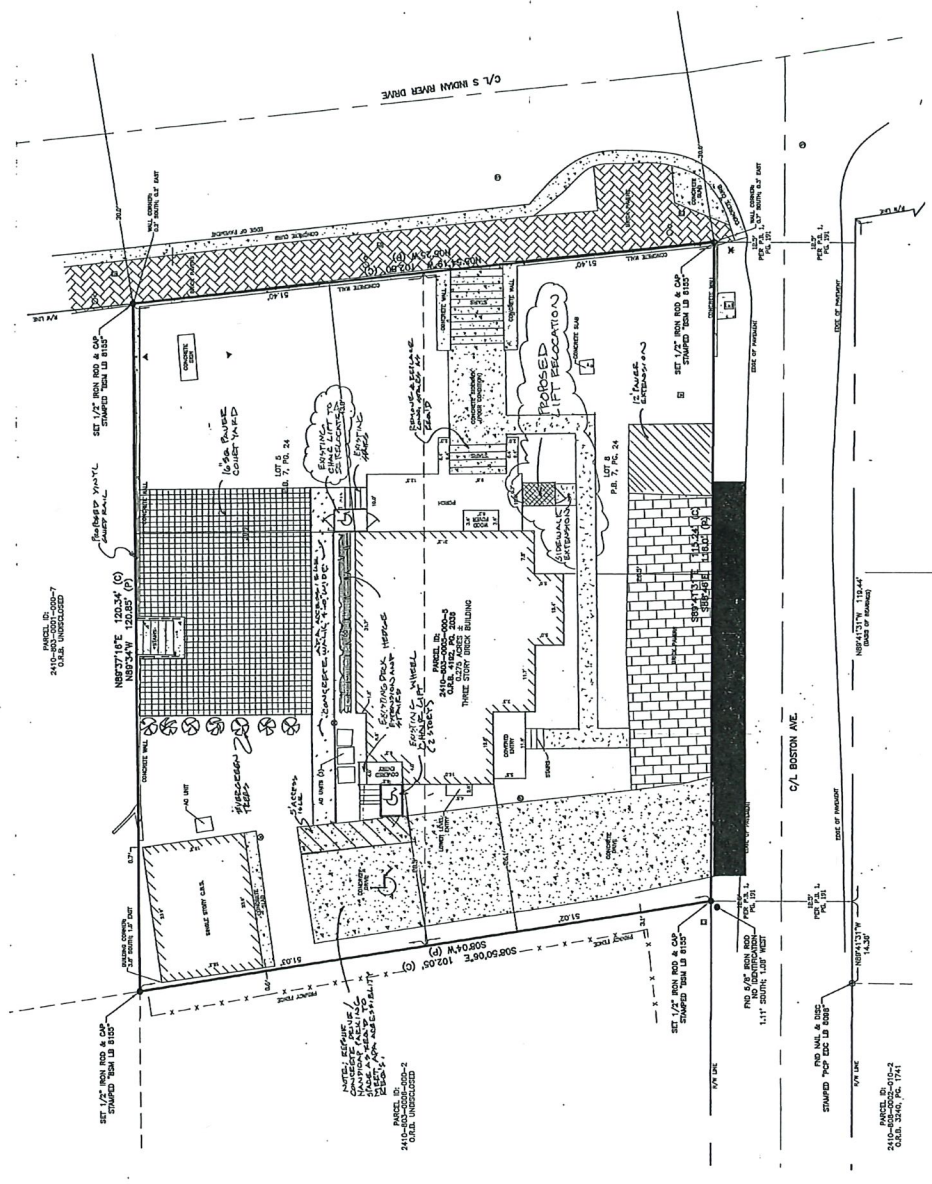
KEY PLAN

SHEET TITLE / SHEET NUMBER

P-1 OF 1

PROJECT NUMBER: C1303
DATE: 11/14/17

6/16/18



NOTE: ALL SETBACKS AND EASEMENTS SHOWN ON THIS PLAN ARE BASED ON THE RECORD PLANS AND SURVEY DATA PROVIDED TO THE ARCHITECT BY THE CLIENT ON 11/14/17.

A NORTH

SCALE: 1/8" = 1'-0"

SCALE: 1/8" = 1'-0"

NOTES

- The owner is responsible for obtaining all necessary permits and approvals from the local authorities.
- The contractor shall be responsible for obtaining all necessary permits and approvals from the local authorities.
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H.C. PAVEMENT MARKING DETAIL

