



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

COA#23-29  HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 1405 Avenue E

Contributing

Non-Contributing

Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
<p>Tear-off one layer of Bitumen roofing and install modified bitumen peel and stick sheet. Install modified bitumen granulated cap sheet.</p> <p>Please see attached.</p>		<p>Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.</p>

**APPROVED:**

*Board Approval*

*Administrative Approval*

\_\_\_\_\_  
Charles Hayek, Chairman  
Historic Preservation Board

\_\_\_\_\_  
Date

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

06/20/23  
\_\_\_\_\_  
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	Robert Earl Jones & Corine Ann Wade Jones 1405 Avenue E Fort Pierce, FL 34950	E-Mail <a href="mailto:RobertJones1405@comcast.net">RobertJones1405@comcast.net</a>
Applicant/Representative	Rhino Roofs & General Construction Corp. 865 S Kings Hwy Fort Pierce, FL 34945	E-Mail <a href="mailto:info@roofsbyrhino.com">info@roofsbyrhino.com</a>



# CITY OF FORT PIERCE

PLANNING DEPARTMENT

RECEIVED

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

JUN 20 2023

CITY OF FORT PIERCE  
PLANNING & ZONING

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 1405 Avenue E Fort Pierce, FL 34950

Parcel ID #: 2409-503-0002-000-9

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

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

### Property Owner/ Applicant Information

Property Owner(s) Name(s): Robert Earl Jones Corine Ann Wade Jones

Mailing Address: 1405 Avenue E Fort Pierce, FL 34950

Phone Number(s): 772-409-7919 Email: RobertJones1405@comcast.net

Applicant Name(s): Rhino Roofs & General Construction Corp.

Mailing Address: 865 S Kings Hwy Ft Pierce, FL 34945

Phone Number(s): 772-446-1139 Email: Info@roofsbyrhino.com

Representative Name(s): Rhino Roofs & General Construction Corp

Mailing Address: 865 S Kings Hwy Ft Pierce, FL 34945

Phone Number(s): 772-446-1139 Email: Info@roofsbyrhino.com

*Property Owner(s) Acknowledgments:- 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, ROBERT EARL JONES as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

ROBERT EARL JONES  
ROBERT EARL JONES (Jun 20, 2023 08:58 EDT)  
Signature of Owner

06202023  
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 checked="" 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) Re Roof

Other (describe) \_\_\_\_\_

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

Scope of Work 1. Tear-off and dispose of one layer of Modified Bitumen roofing.

Install modified bitumen peel and stick base sheet. Install modified bitumen granulated cap sheet

Flat Roof Modified SBS-Polyflex SA P is a self-adhered APP (plastomeric) granulated cap sheet for use in low-slope roofing.

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.

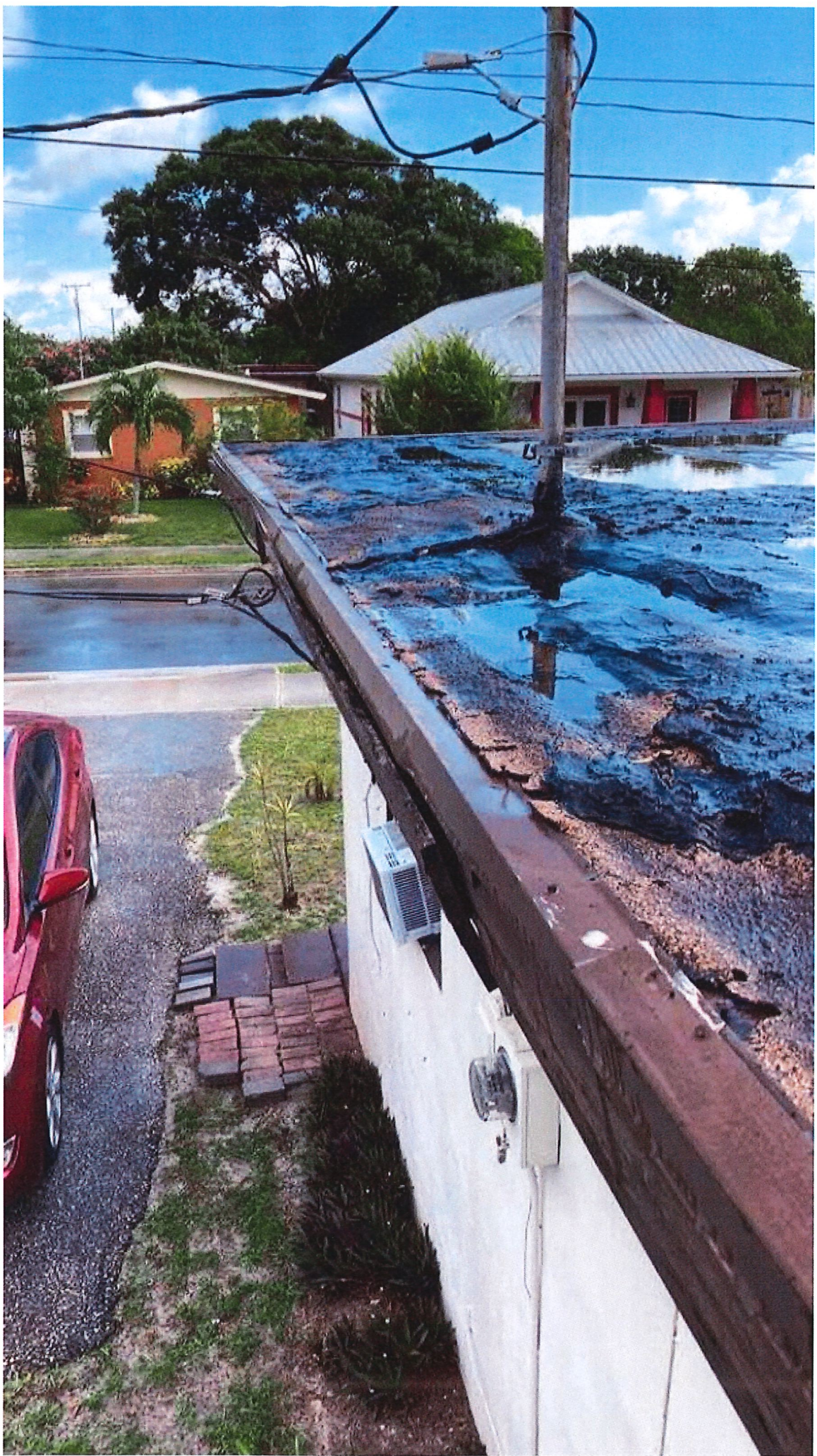








**BEWARE  
OF THE DOG**









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

COA#23-30     HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 637 N 2<sup>nd</sup> Street

Contributing

Non-Contributing

Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Roof replacement. Tear-off old shingles and install new Heritage Proline Titan XT shingles.  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

06/29/23  
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	AABAA International Inc. 1365 Bayshore Drive Fort Pierce, FL 34949	E-Mail <a href="mailto:Donna.CoastalLiving@gmail.com">Donna.CoastalLiving@gmail.com</a>
Applicant/Representative	Donna Benton, Property Manager 1365 Bayshore Drive Fort Pierce, FL 34949	E-Mail <a href="mailto:Donna.CoastalLiving@gmail.com">Donna.CoastalLiving@gmail.com</a>



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

COA# 23-30

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: \_\_\_\_\_

637 N 2<sup>nd</sup> St 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): \_\_\_\_\_

AABAA International Inc

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

C/O 1365 Bayshore Dr, Ft Pierce, FL 34949

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

772-519-6786

Email: \_\_\_\_\_

Donna.CoastalLiving@gmail.com

Applicant

Name(s): \_\_\_\_\_

Donna Benton, Property Mgr.

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

1365 Bayshore Dr.

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

772-519-6786

Email: \_\_\_\_\_

Donna.CoastalLiving@gmail.com

Representative

Name(s): \_\_\_\_\_

SAME

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, Donna Benton, Property Mgr. as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Donna Benton PM  
Signature of Owner

6-21-23  
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 replacement.

Other (describe) \_\_\_\_\_

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

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.



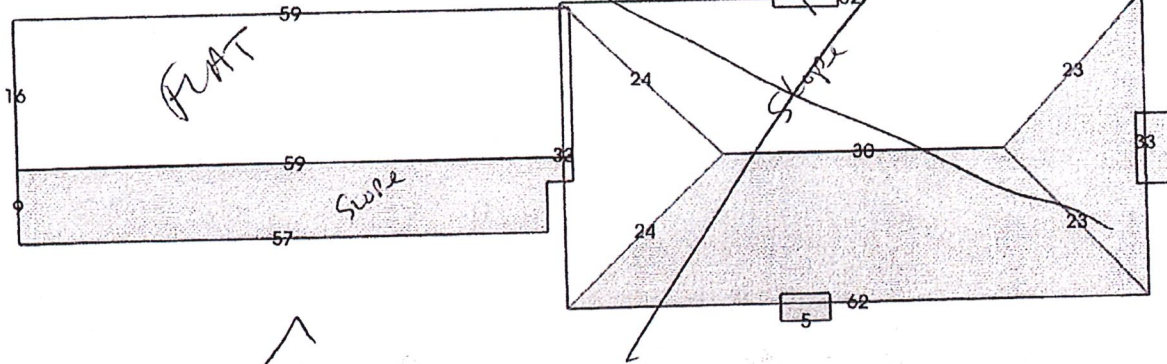
**RECEIVED**

Flash	Step	Drip
20	25	372

JUN 08 2023

City of Fort Pierce  
Building Department

*Only* (with arrow pointing down)



*Only* (with arrow pointing up)

**"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.

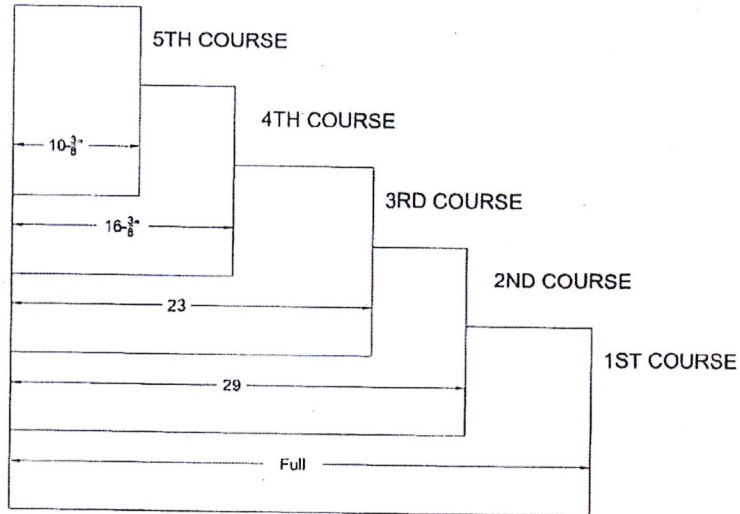
- Eave 328
- Hip 95
- Rake 44
- Ridge 89

Lengths in feet

### DETAIL A

## HERITAGE, HERITAGE WOODGATE, HERITAGE PREMIUM, HERITAGE PROLINE TITAN XT, AND HERITAGE PROLINE STORMFIGHTER IR

All dimensions are in inches.

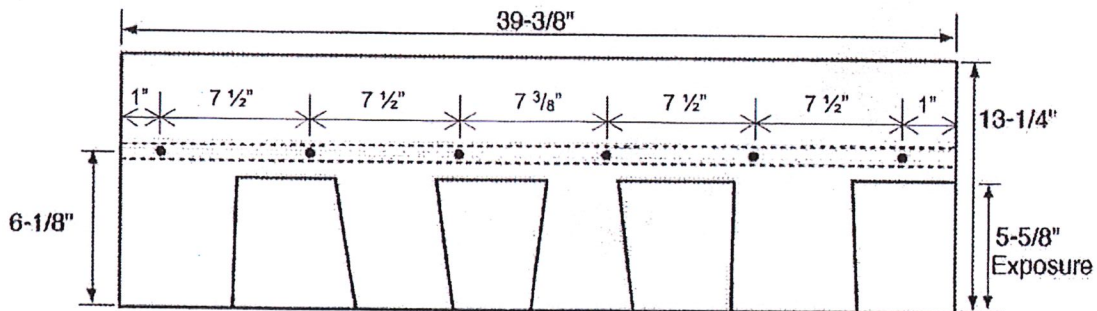


### DETAIL B

## HERITAGE, HERITAGE WOODGATE, HERITAGE PREMIUM, HERITAGE PROLINE TITAN XT, AND HERITAGE PROLINE STORMFIGHTER IR

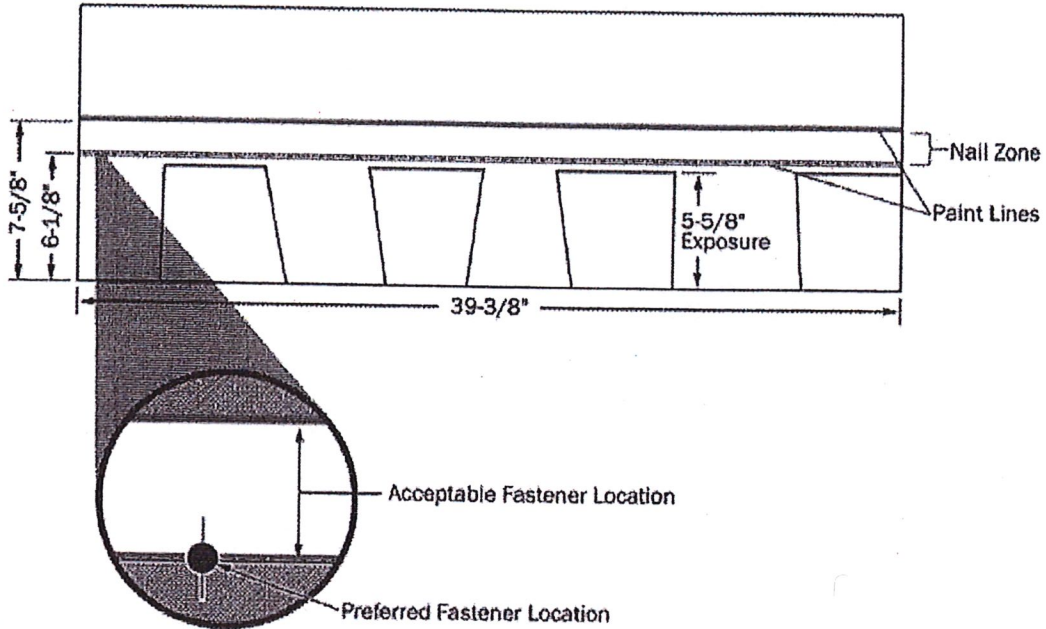
### FIG. 1 FASTENING PATTERN

All dimensions are in inches



HERITAGE PROLINE TITAN XT SHINGLES, AND HERITAGE PROLINE  
STORMFIGHTER IR

FIG. 4 ALTERNATE FASTENING PATTERN  
HORIZONTAL NAIL SPACING IN ACCORDANCE WITH FIG. 1 OR FIG. 2.  
VERTICAL NAIL SPACING ALLOWED ANYWHERE WITHIN NAIL ZONE.



END OF THIS ACCEPTANCE









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

COA#23-31  HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 420 N 10<sup>nd</sup> Street

Contributing

Non-Contributing

Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Roof replacement. Tear-off old shingles and install new IM5V crimp metal FL29444-R1.  Please see attached.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

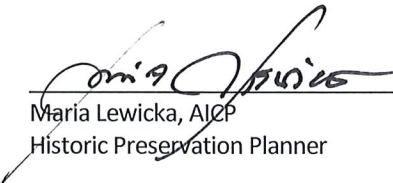
**APPROVED:**

*Board Approval*

*Administrative Approval*

\_\_\_\_\_  
Charles Hayek, Chairman  
Historic Preservation Board

\_\_\_\_\_  
Date

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

06/29/23  
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/Applicant	JEM Realty Services LLC. /Mimoza Woodin 2466 SW Washington Street PSL, FL 34953	E-Mail
Representative	Newland Contracting 905 13 <sup>th</sup> Street SW Vero Beach, FL 32962	E-Mail <a href="mailto:newlandcontracting0309@yahoo.com">newlandcontracting0309@yahoo.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: 420 N 10th st

Parcel ID #: 24106010010003

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): Jem Realty Services LLC

Mailing Address: 2466 SW Washington ST Port Saint Lucie, FL 34953

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

Applicant Name(s): Mimoza Woodin

Mailing Address: 2466 SW Washington ST Port Saint Lucie, FL 34953

Phone Number(s): 772-618-0152 Email: \_\_\_\_\_

Representative Name(s): Newland Contracting

Mailing Address: 905 13th st sw Vero beach Fl.32962

Phone Number(s): 772-473-6197 Email: newlandcontracting0309@yahoo.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, Mimoza Woodin/Manager as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Mimoza Woodin  
Signature of Owner

6/28/23  
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 checked="" 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) Roof home with metal roof. Missing shingles now

Other (describe) \_\_\_\_\_

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

Install metal roof. Roof is damaged from the wind now and missing shingles.

Install Peel and stick FL 21895-R5 And IM5V crimp metal FL29444-R1

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.





