



CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#23-36 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 221 S Indian River Drive

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
<p>Construction off an ADA accessible route from the existing Courthouse Plaza walkway into the existing west entrance of Courthouse Building "B".</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

07/17/23

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.

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	SLC % Management and Budget 2300 Virginia Avenue Fort Pierce, FL 34982	E-Mail
Representative	Brian Masters SLC Building Manager 2300 Virginia Avenue Fort Pierce, FL 34982	E-Mail mastersb@stlucieco.org



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: 221 S. Indian River Dr.
Parcel ID #: 2410-802-0003-000-8
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): SLC % Management and Budget
Mailing Address: 2300 Virginia Ave
Phone Number(s): _____ Email: _____

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

Representative
Name(s): Brian Masters SLC Building Manager
Mailing Address: 2300 Virginia Ave
Phone Number(s): 772-216-0168 Email: mastersb@stlucieco.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, Brian Masters as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Brian Masters
Signature of Owner

7/12/23
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 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) Courthouse Plaza Walkway

Other (describe) _____

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

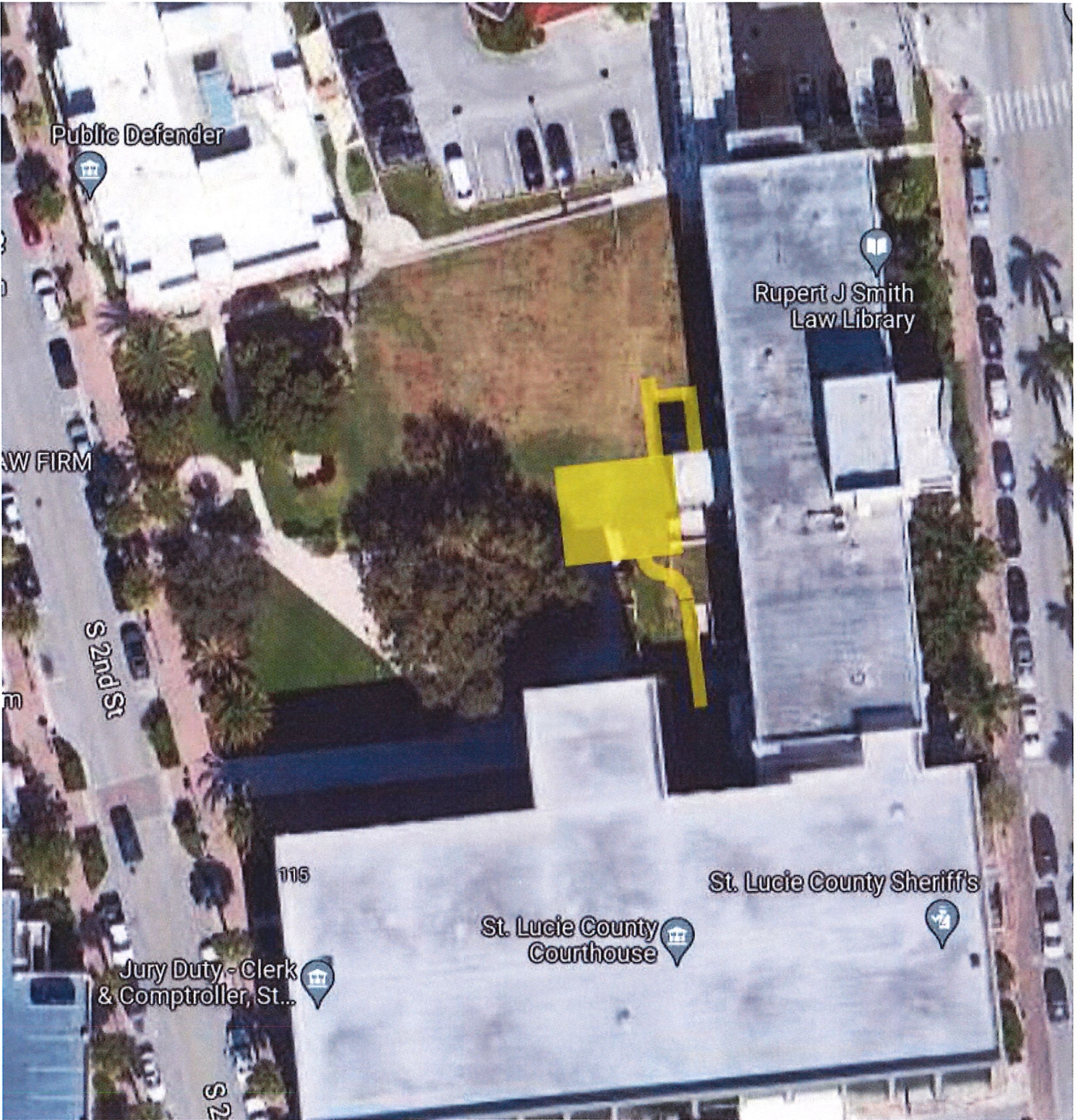
Construction of an ADA accessible route from the existing Courthouse Plaza walkway into the existing west entrance of Courthouse Building "B"

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.



Public Defender

Rupert J Smith
Law Library

AW FIRM

S 2nd St

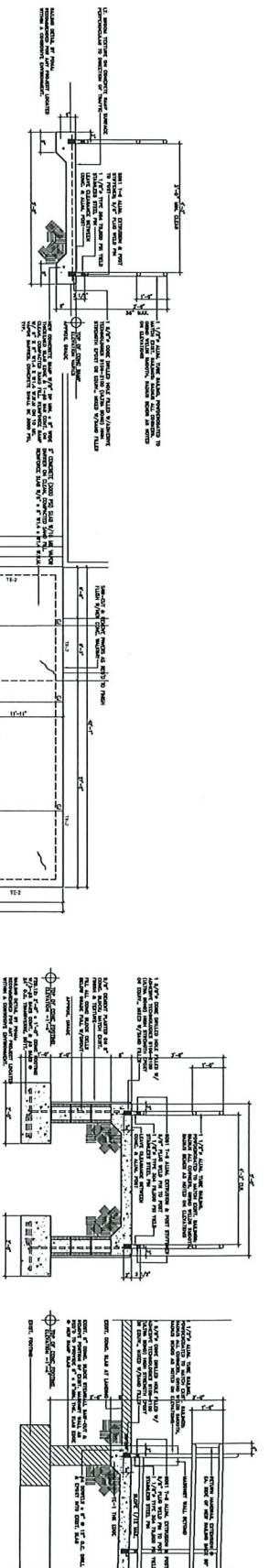
115

St. Lucie County Sheriff's

St. Lucie County
Courthouse

Jury Duty - Clerk
& Comptroller, St...

S 2

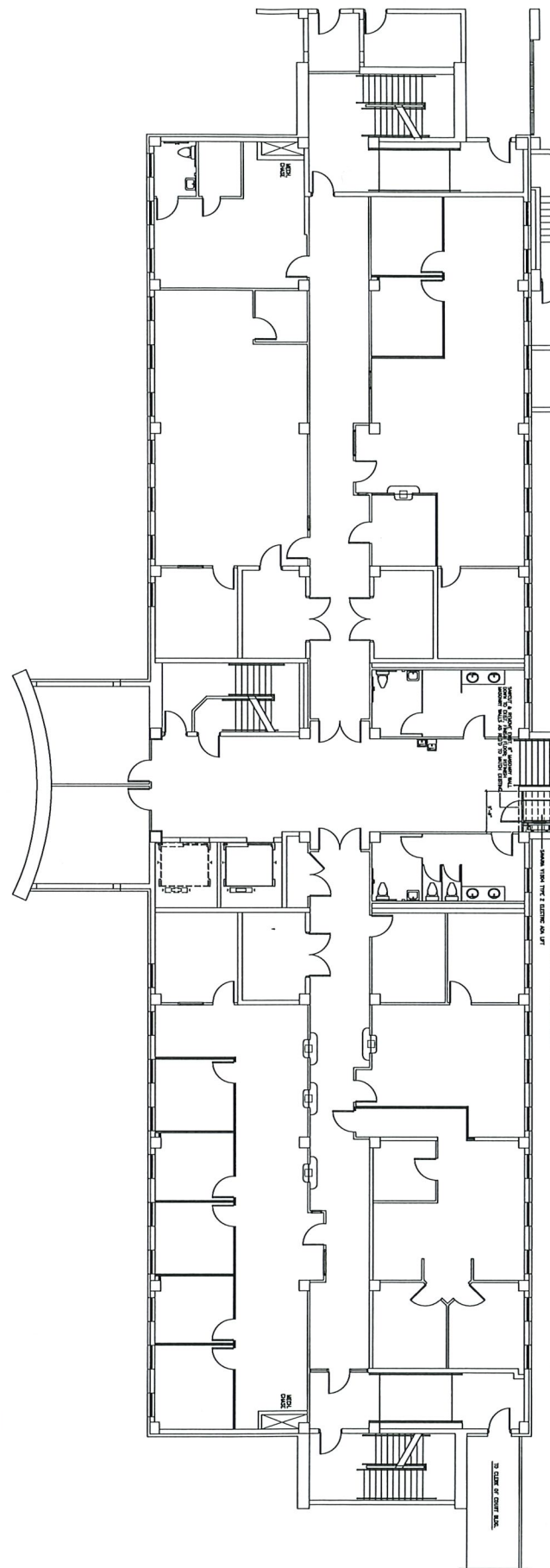


FOUNDATION SCHEDULE

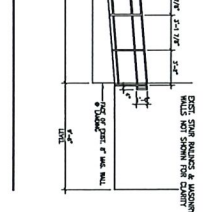
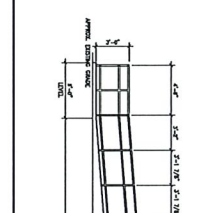
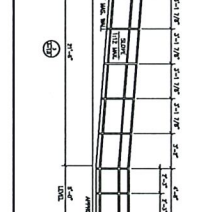
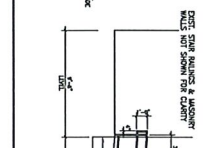
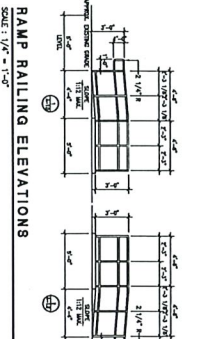
MARKER	SIZE	MANUFACTURER	MARKING
101	12" x 12" x 12"	TRUSCO	TRUSCO
102	12" x 12" x 12"	TRUSCO	TRUSCO
103	12" x 12" x 12"	TRUSCO	TRUSCO

ROOM FINISH SCHEDULE

MARKER	ROOM	FINISH	DESCRIPTION
101	101	101	101
102	102	102	102
103	103	103	103



GROUND FLOOR PLAN
SCALE: 1/4" = 1'-0"



APPLICABLE CODES

- 1. 2018 INTERNATIONAL BUILDING CODE (IBC) - STRUCTURE
- 2. 2018 INTERNATIONAL BUILDING CODE (IBC) - MECHANICAL
- 3. 2018 INTERNATIONAL BUILDING CODE (IBC) - ELECTRICAL
- 4. 2018 INTERNATIONAL BUILDING CODE (IBC) - PLUMBING
- 5. 2018 INTERNATIONAL BUILDING CODE (IBC) - FIRE AND LIFE SAFETY
- 6. 2018 INTERNATIONAL BUILDING CODE (IBC) - ENERGY EFFICIENCY
- 7. 2018 INTERNATIONAL BUILDING CODE (IBC) - ACCESSIBILITY
- 8. 2018 INTERNATIONAL BUILDING CODE (IBC) - SCHEDULING
- 9. 2018 INTERNATIONAL BUILDING CODE (IBC) - CONSTRUCTION
- 10. 2018 INTERNATIONAL BUILDING CODE (IBC) - SPECIFICATIONS







CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#23-37 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 507 S 8th Street

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Roof replacement. Tear-off existing roof to deck and install new 5V 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, Chairman
Historic Preservation Board

Date



Maria Lewicka, AICP
Historic Preservation Planner

07/18/23
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.

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	Manuel Castellanos 507 S 8th Street Fort Pierce, FL 34950	E-Mail Manuel.a.castellanos@hotmail.com
Applicant	Ryan Crum / Native Roofing Solutions 2605 Orange Avenue Fort Pierce, FL 34947	E-Mail



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: 507 S 8th ST Fort Pierce, FL 34950

Parcel ID #: 2410-709-0032-000-4

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): Manuel Castellanos

Mailing Address: 507 S 8th Street Fort Pierce FL 34950

Phone Number(s): 305-546-8230 Email: Manuel.a.castellanos@hotmail.com

Applicant Name(s): Ryan Crum / Native Roofing Solutions

Mailing Address: 2605 Orange Avenue Fort Pierce FL 34947

Phone Number(s): 772-801-5492 Email: _____

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

Manuel Castellanos
Signature of Owner

7/12/2023
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: _____

Tear off existing roof to deck; reail to code; install self adhered underlayment and install new 5V metal roof in the color Mill Finish to code

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

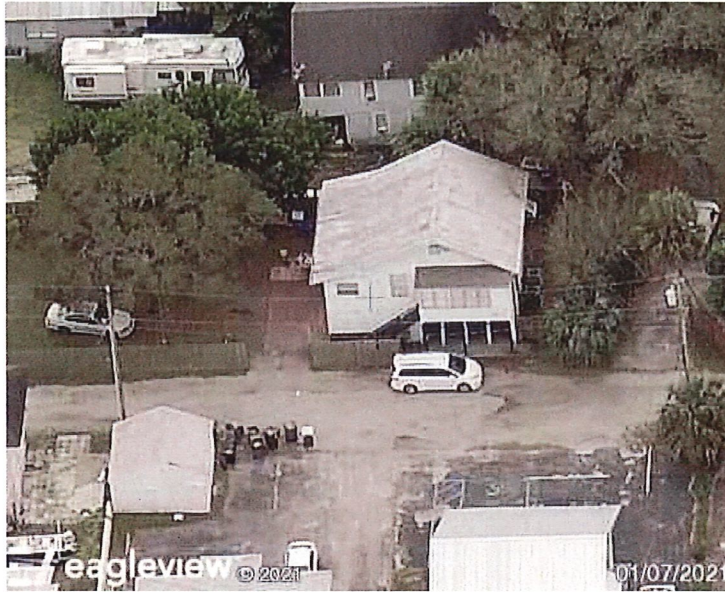
Will the proposed work require a Zoning Variance? No Yes, Code Section(s): _____

Application Requirements

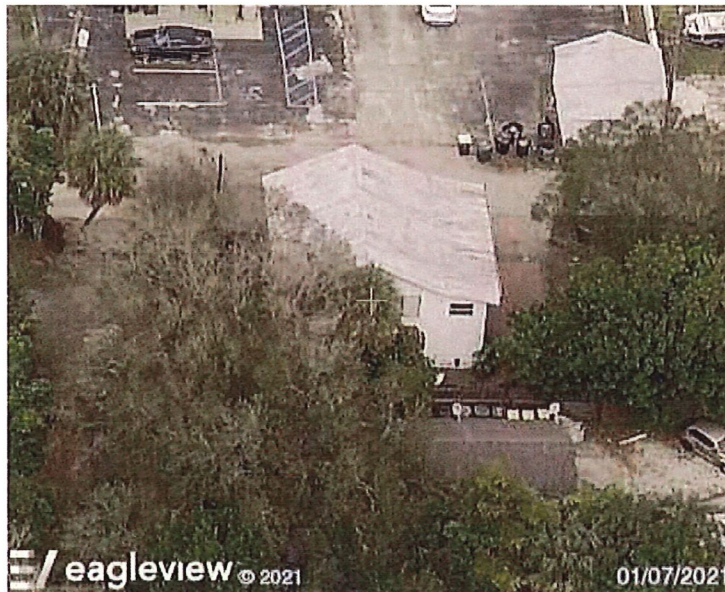
- \$10.00 Application fee
 - Site Plan with dimensions.
 - Architectural Drawings:
 - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
 - Drawings should indicate materials to be used.
 - Photos - One (1) color photograph of the 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.

IMAGES

North Side



South Side









CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#23-38 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 421 N 2nd Street

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Roof replacement. Tear off shingle, install JA Taylor 5V Metal Crimp roof. 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

07/19/23
 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@cityoffortpiece.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	Curtis Boyd 500 S US Highway 1, DTE 107 Fort Pierce, FL 34950	E-Mail
Applicant	J.A. Taylor Roofing Inc. 302 Melton Drive Fort Pierce, FL 34982	E-Mail ashley@jataylorroofing.com



CITY OF FORT PIERCE

PLANNING DEPARTMENT

COMPREHENSIVE PLANNING & DEVELOPMENT CENTER
HISTORIC PRESERVATION & URBAN DESIGN & DESIGN FORESTRY & ZONING

Certificate of Appropriateness Application

JUL 18 2023

CITY OF FORT PIERCE
PLANNING & ZONING

Building & Site Information

Address of the Site: 421 N 2ND ST, FORT PIERCE

Parcel ID #: 2403-705-0115-000-6

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

Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
Name(s): CURTIS BOYD

Mailing Address: 500 S US HIGHWAY 1 STE 107, FORT PIERCE, FL 34950

Phone Number(s): 772-332-9838 Email: _____

Applicant
Name(s): J.A. TAYLOR ROOFING INC

Mailing Address: 302 MELTON DR, FT PIERCE FL 34982

Phone Number(s): 772-466-4040 Email: ASHLEY@JATAYLORROOFING.COM

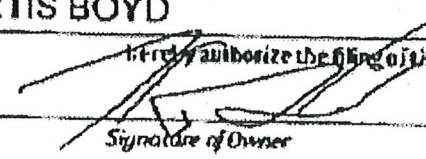
Representative
Name(s): _____

Mailing Address: _____

Phone Number(s): _____ Email: _____

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


Signature of Owner

7/17/2023

Date

17
772 468 1034
CITY OF FORT PIERCE
PLANNING & ZONING
CURTIS BOYD LAW OFFICE

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) RE-ROOF

Other (describe) _____

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

TEAR OFF SHINGLE, INSTALL JA TAYLOR 5V METAL CRIMP OVER POLYGLASS TU MAX
SELF ADHERED UNDERLAYMENT WITH A 3 PLY POLYGLASS W-209 MODIFIED BITUMEN

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

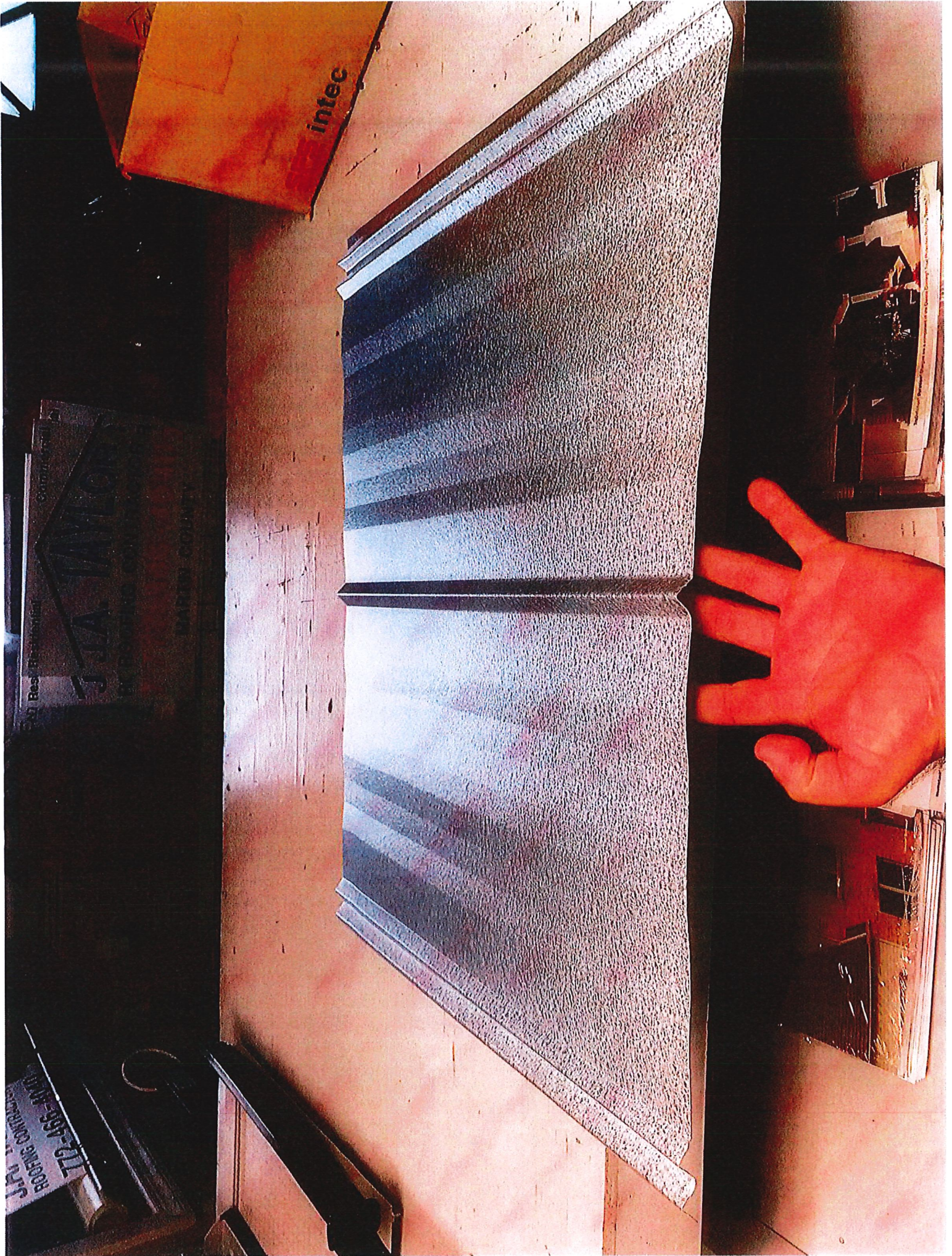
- \$10.00 Application fee
 - Site Plan with dimensions.
 - Survey (New Construction)
 - Architectural Drawings:
 - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
 - Drawings should indicate materials to be used.
 - Photos - One (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.











intec

ROBERT CORRIE
779-466-4444
3017 W. 13th St. Ste. 100
Moline, IL 61704

ROBERT CORRIE
779-466-4444





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#23-39 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 323 7th Street

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove and replace existing storefront door and 7 windows. 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

07/31/23
 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.

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	Steven Smith 8001 Eden Road Fort Pierce, FL 34951	E-Mail steve11255@aol.com
Applicant	Vero Glass & Mirror 1705 Old Dixie Highway Vero Beach, FL 32960	E-Mail stephanie@veroglass.com

Bldg. Permit # _____

COA# 23-39



CITY OF FORT PIERCE

PLANNING DEPARTMENT

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

Certificate of Appropriateness Application

RECEIVED

JUL 27 2023

CITY OF FORT PIERCE
PLANNING & ZONING

Building & Site Information

Address of the Site: 323 7th Street, Fort Pierce, FL 34950
Parcel ID #: 2410-705-0003-000-0
Type of Designation: Contributing Non-contributing Site within the X Historic District
 Individually Designated Site, City Commission Resolution No. _____

Property Owner / Applicant Information

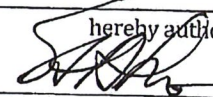
Property Owner(s)
Name(s): Steven Smith
Mailing Address: 8001 Eden Road, Fort Pierce, FL 34951
Phone Number(s): 772-519-2454 Email: steve11255@aol.com

Applicant
Name(s): Vero Glass & Mirror
Mailing Address: 1705 Old Dixie Highway, Vero Beach, FL 32960
Phone Number(s): 775-567-3123 Email: stephanie@veroglass.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, Steven Smith as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.



Signature of Owner

7-27-23
Date

Description of Requested Work

Please indicate the type of work requested:

- | | | | |
|---|---|---|-------------------------------------|
| <input checked="" type="checkbox"/> Fence | <input type="checkbox"/> Shed | <input checked="" type="checkbox"/> Door(s) | <input type="checkbox"/> Roof |
| <input checked="" 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) _____

Other (describe) _____

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

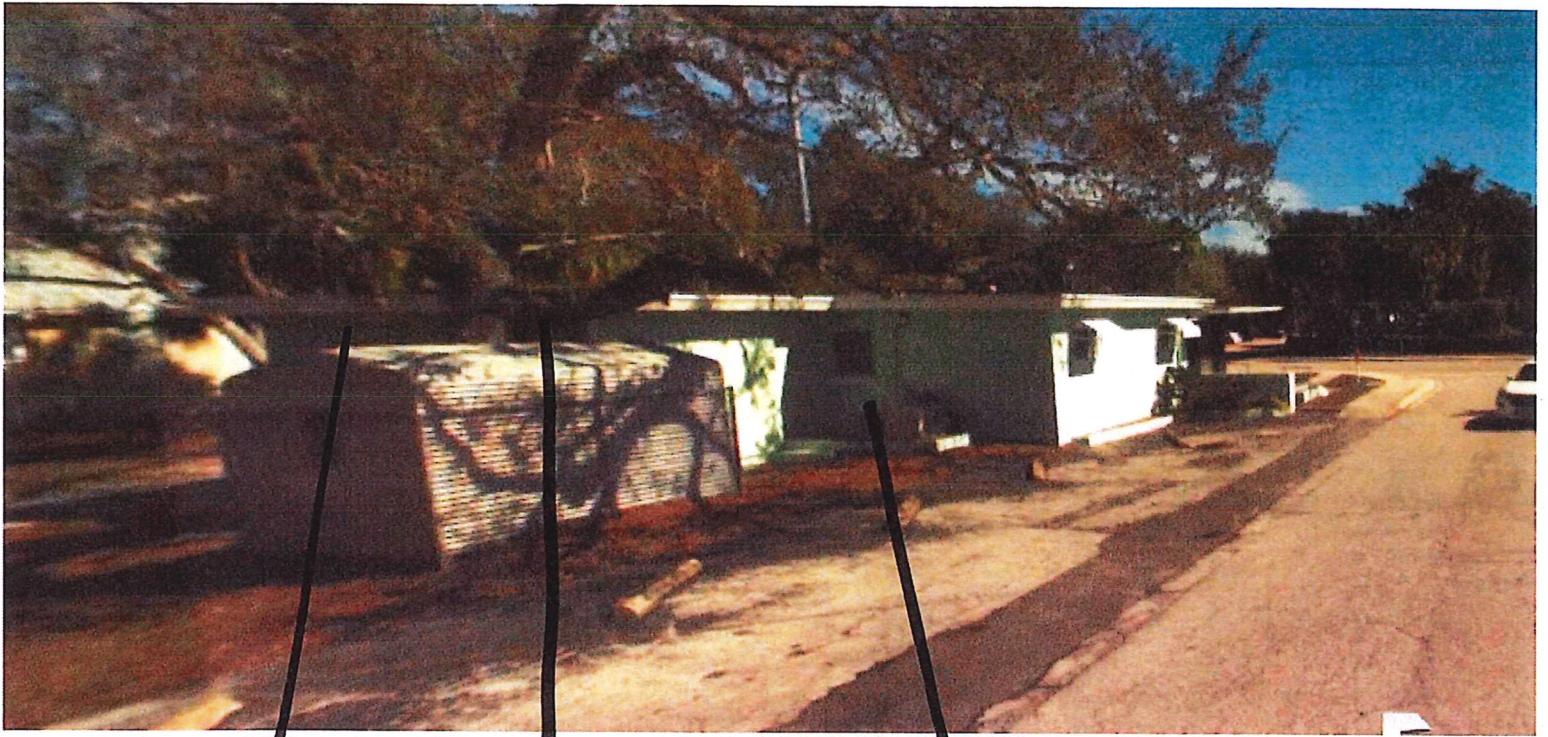
Replace existing storefront door and windows

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

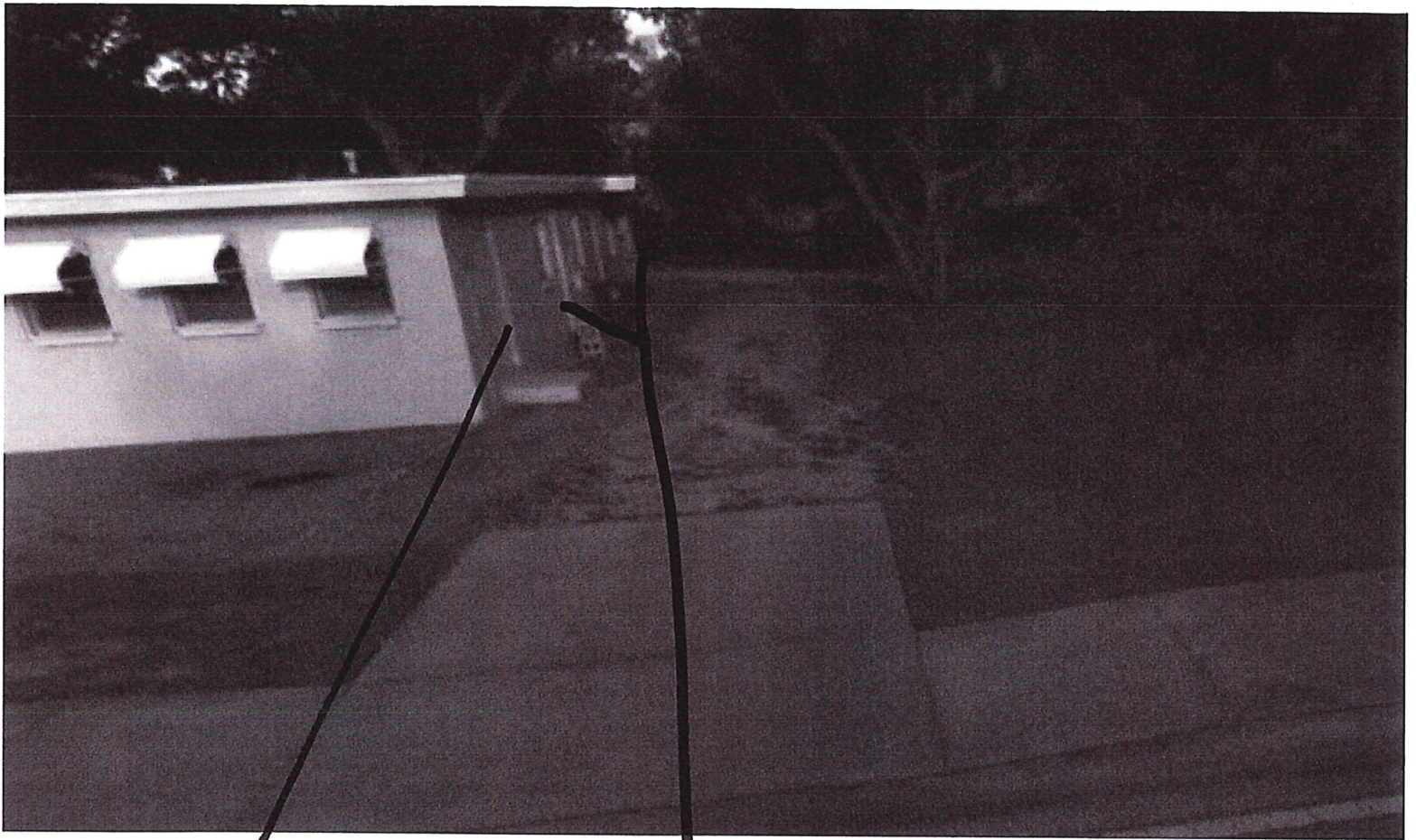
- \$10.00 Application fee
 - Site Plan with dimensions.
 - Architectural Drawings:
 - > Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
 - > Drawings should indicate materials to be used.
 - Photos - One (1) color photograph of 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.



#3

#2

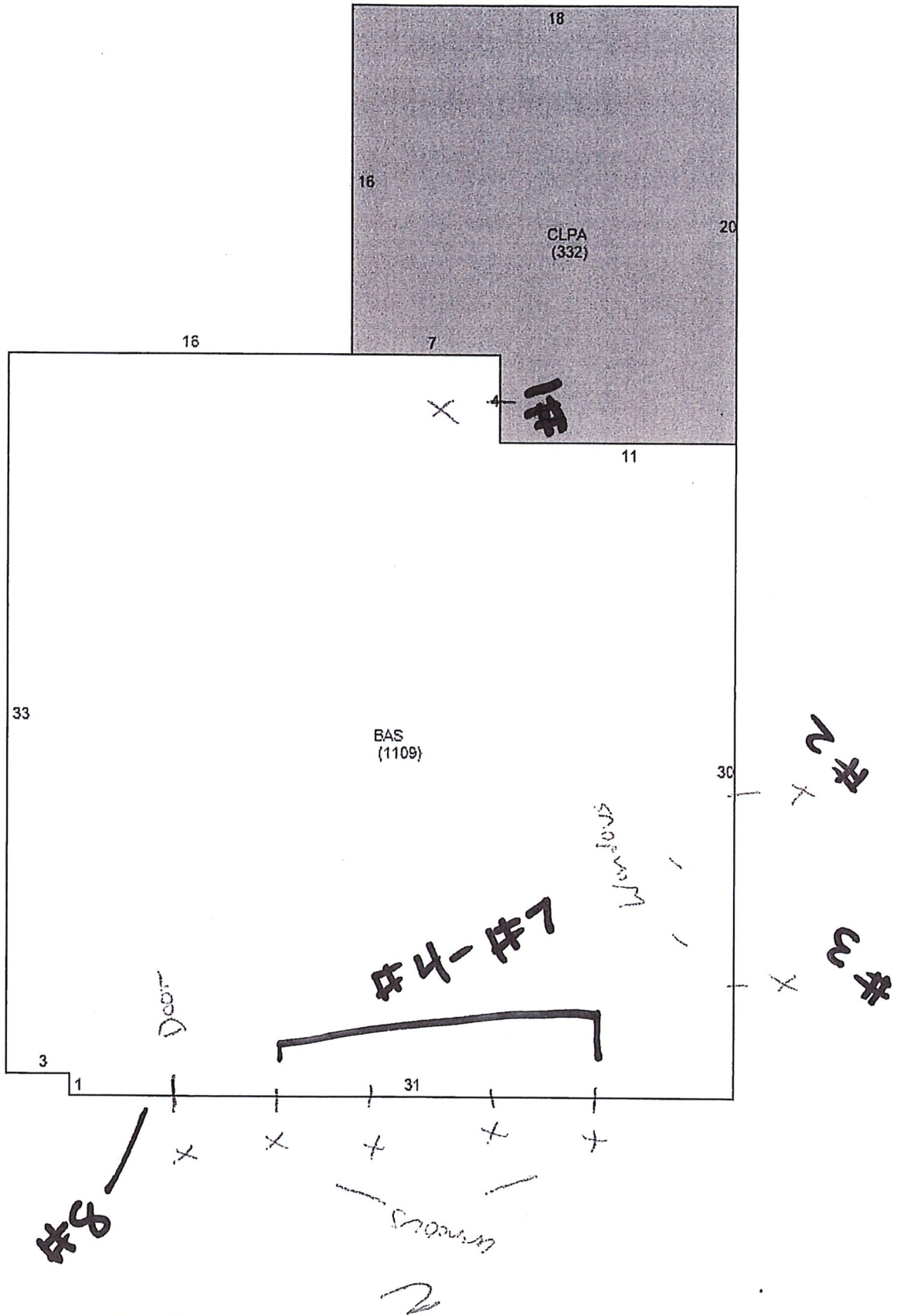
#1



Door
#8

#4 - #7

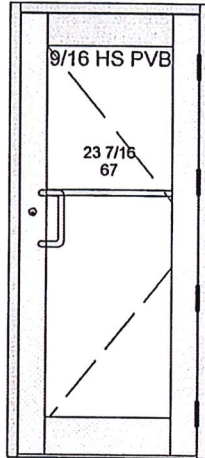
East



Quote Date:	06/20/2023	Project:	STEVE SMITH
Customer Name:	VERO GLASS AND MIRROR	Customer PO:	19683
Contact Name:	Joe Heaton	Entered by :	Mario Morales
Customer Address:	1705 OLD DIXIE HIGHWAY Vero Beach FL 32960	Lead Time:	40 Working Days
Ship To Address:	1705 OLD DIXIE HIGHWAY Vero Beach FL 32960	Comments:	

Item. 1	Mark: A	SE3550 Storefront Door (35" x 80 1/2")	Qty: 1	Net Price:
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FL # 25573.2



9/16 HS PVB = 9/16" Laminated (1/4" HS CLR / 0.090" PVB CLR / 1/4" HS FRO /)

System: SE3550 Storefront Door (FL25573)
Overall Frame: 35" x 80 1/2" (19 9/16" SQFT)
Finish: Clear(Anodize)
Glazing: Factory Glazed
Full Length Flat Filler: False

Door Series: SE3550 Storefront Entry Door Single
Supply: Door & Frame
Door Opening: 31 1/2" x 78 3/4"
Hanging: Hinged Right (Left Hand) - Outswing
Bottom Rail: Standard
Threshold: Bumper with 1/2" ADA Cover
Fabrication: Factory Assembled
Hardware Color: CLR ANODIZED

Lock Type: Commercial - Lock Option #4
Lock: Commercial 3-Point Lock
Cylinder Type: Key Cyl on Ext / Thumbturn on Int - Regent
Remarks: Door PREPPED for Cylinder - Cylinder Supplied/Installed

Handle Type: Standard Push/Pull Set
Handle Color: Clear Anodized
Remarks: Door PREPPED for Handle - Handle Send Loose

Closer Model: 4150 Regent - Surface Mounted Closer
Remarks: Closer Send Loose
Hinge: Autocalc Qty
Remarks: Door PREPPED for Hinges - Hinges Supplied/Installed

Left Substrate: Wall
Right Substrate: Wall

Item. 2	Mark: Regent Surface Mount Closer (model 4150)	Qty: 1	Net Price: \$0.00
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Code: CLSR - 162	Unit: EA	Color: Clear Anodized	Net Price: \$0.00	Sub total: \$0.00
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Item. 3	Mark: Regent Drop Plate For SMC (Model 4150)	Qty: 1	Net Price: \$0.00
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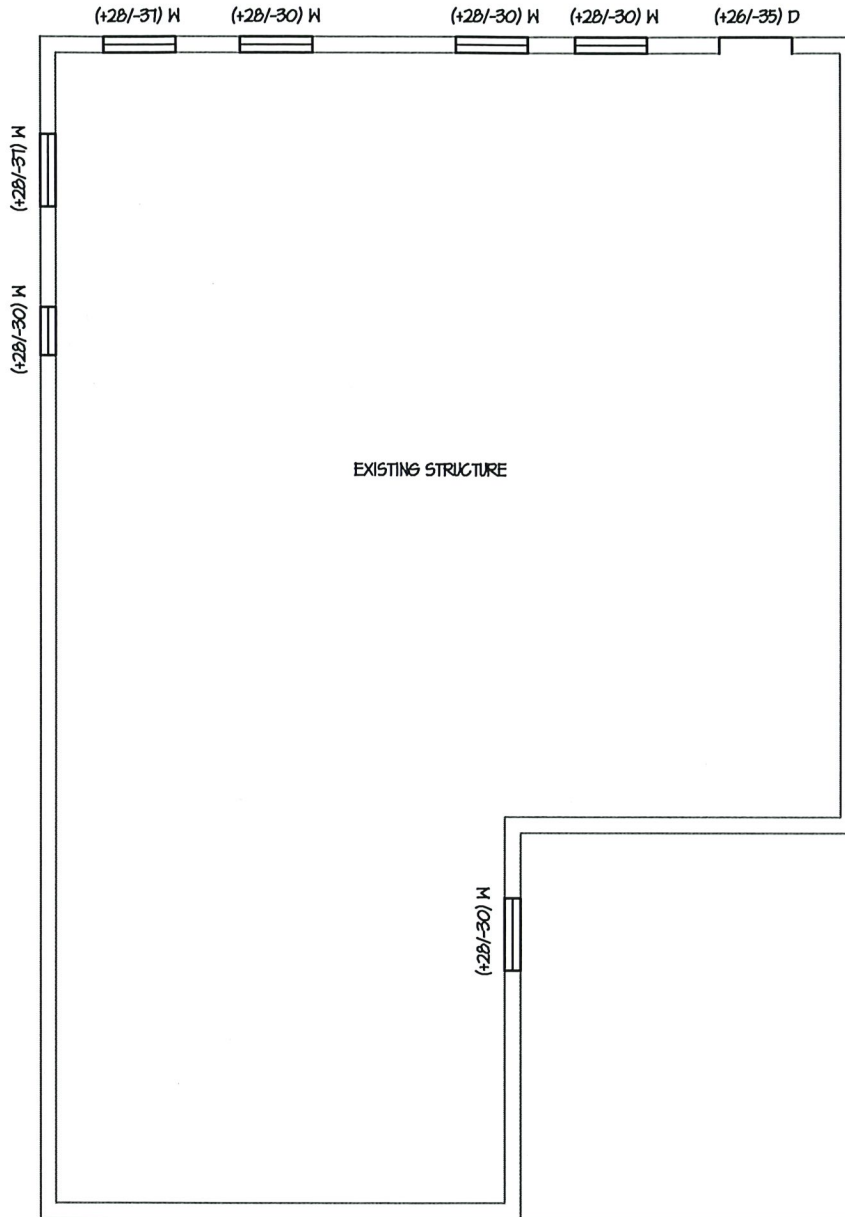
Code: CLSR - 163	Unit: EA	Color: Clear Anodized	Net Price: \$0.00	Sub total: \$0.00
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Glass Details

9/16 HS PVB - NOA Type "B"

Glass Make-up: 9/16" Laminated

- Outboard: 1/4" Heat Strengthened - Clear
- Interlayer: 0.090" PVB - Clear
- Inboard: 1/4" Heat Strengthened - Frosted



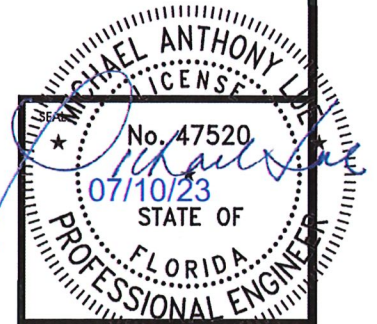
KEY PLAN

N.T.S.

(+/-) DENOTES DESIGN WIND PRESSURES (asd)
 D - SWING DOOR
 W - SINGLE HUNG WINDOW



NORTH



MICHAEL A. LUE, P.E.
 FLORIDA REG. #47520

ML ENGINEERING, INC.
 Consulting Structural Engineer
 2030 37th Avenue
 Vero Beach, Florida 32960
 Phone: 772.569.1257 Fax: 772.569.4041

JOB NAME: **SMITH RESIDENCE**
 323 S. 7TH STREET
 FT. PIERCE, FLORIDA

TITLE: **KEY PLAN**

ISSUE DATE: 7-6-23

JOB NO. 23-053

DRAWN BY: TR CHECKED BY: ML

SHEET NO: SK-2 OF 2 SHEET

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DESIGN CRITERIA

FLORIDA BUILDING CODE, 7TH EDITION (2020)

ROOF LOADS

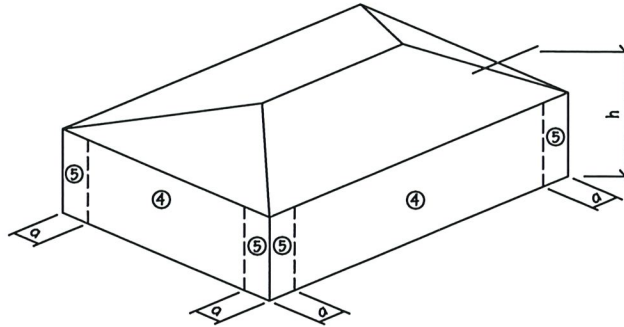
DEAD.....N/A
LIVE.....N/A

DESIGN CRITERIA PER ASCE 7-16

ULTIMATE WIND SPEED REGION, V(ult).....160 MPH
NOMINAL WIND SPEED REGION, V(nom).....124 MPH
WIND BORNE DEBRIS REGION
ENCLOSED STRUCTURE
BUILDING HEIGHT < 15 FT
ROOF PITCH N/A
RISK CATEGORY II
INTERNAL PRESSURE COEFF. ± 0.18
EXPOSURE B
HEIGHT & EXPOSURE COEFF. 1.0

NOMINAL COMPONENT & CLADDING PRESSURES PSF (asd)									
ZONE	EFFECTIVE AREA (SQ. FT)								
	0 < 10	11 < 20	21 < 50	51 < 100	101 < 200	201 < 500	501 < 1000	1000 < 5000	
ROOF	1	N/A							
	2								
	3								
WALL	4	+20	-30	+26	-29	+25	-27	+24	-26
	5	+20	-31	+26	-35	+25	-31	+24	-29

END ZONE 5 IS WITHIN A DISTANCE OF (a) = 4 FT FROM BUILDING CORNERS

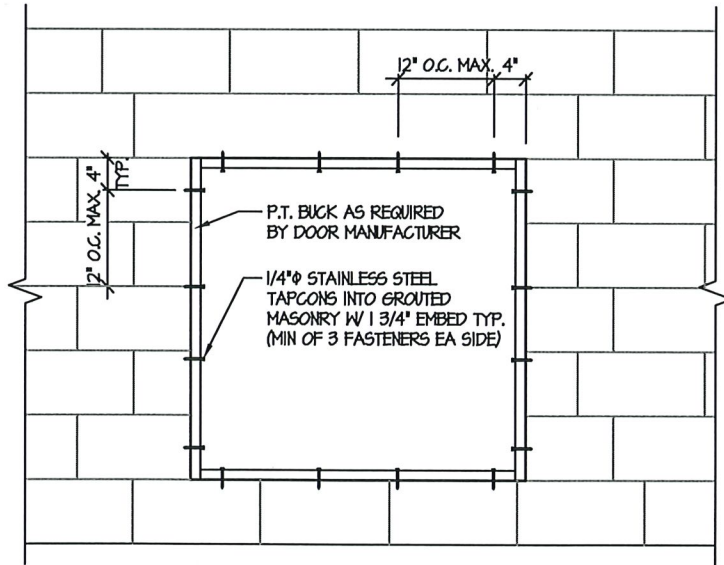


SCOPE OF WORK

1. SCOPE OF WORK IS LIMITED TO THE REMOVAL & REPLACEMENT OF THE DOOR & WINDOWS AS NOTED IN KEY PLAN ON SHEETS SK-2.

STRUCTURAL NOTES

- CONTRACTOR SHALL VERIFY ALL DIMENSIONS IN THE FIELD AND NOTIFY THE ENGINEER OF ANY DISCREPANCIES PRIOR TO CONSTRUCTION.
- ALL WINDOWS, DOOR AND HARDWARE MUST BE DESIGNED AND CERTIFIED TO WITHSTAND THE DESIGN WIND PRESSURE AS NOTED IN PLAN & SHALL BE IMPACT RESISTANT OR PROTECTED WITH IMPACT RESISTANT COVERING MATERIAL AS REQUIRED BY THE FLORIDA BUILDING CODE.



WINDOW/DOOR BUCK ATTACHMENT DETAIL (MASONRY)

- NOTES: N.T.S.
- ALL WINDOW & DOOR PERIMETERS SHALL BE WATERTIGHT. PROVIDE AN APPLICABLE APPROVED WATERPROOF SEALANT, (1) COAT BEFORE INSTALLING BUCKS & (1) COAT AFTER BUCK INSTALLATION. LIQUID WATERPROOFING SHALL COMPLY W/ AAMA 714.
 - USING STRUCTURAL WOOD BUCK:
THE MINIMUM STRUCTURAL WOOD BUCK SHALL BE 1/2" THICK ATTACHED TO GROUTED MASONRY OR CONC W/ 1/4" STAINLESS STEEL TAPCONS AS SHOWN. FASTEN WINDOW/DOOR TO BUCK W/ MIN. 1/4" STAINLESS STEEL WOOD SCREWS AS PER NOA.
 - NO STRUCTURAL BUCK:
THE WINDOW/DOOR SHALL BE FASTENED DIRECTLY TO THE GROUTED MASONRY OR CONC W/ 1/4" CORROSION RESISTANT TAPCONS AS SHOWN OR AS PER NOA.

SEAL:

Michael A Lue
State of Florida,
Professional Engineer,
License # 47520. This item
has been digitally signed
and sealed by Michael
Anthony Lue FL PE# 47520
on the date indicated here.
Printed copies of this
document are not
considered signed and
sealed and the signature
must be verified on any
electronic copies.
2023.07.10.14:20:54 -04'00'

MICHAEL A. LUE, P.E.
FLORIDA REG. #47520

ML ENGINEERING, INC.
Consulting Structural Engineer
2030 37th Avenue
Vero Beach, Florida 32960
Phone: 772.569.1257 Fax: 772.569.4041

JOB NAME: **SMITH RESIDENCE**
323 S. 7TH STREET
FT. PIERCE, FLORIDA
TITLE: **WINDOW & DOOR REPLACEMENT**

ISSUE DATE: 7-6-23
JOB NO. 23-053
DRAWN BY: TR CHECKED BY: ML
SHEET NO: SK-1 OF 2 SHEET

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**Planning & Development Services Department
Building & Regulations Division
Product Review Affidavit**

Building Permit # _____ Owners Name Steve Smith Applicant: Vero Glass & Mirror

Product	Opening Design Pressures	Product Rated Design Pressure	Manufacturer	Model Number	Product Approval Number	Glass Type	Method of Attachment
Windows	+28 / -37	+50 / -50	PGT	SH 5500	NOA #20-0401.03	7/8" LIG	See attached NOA
Mullions							
Fixed Glass							
Block Glass							
Skylights							
Sliding Glass Doors							
Swing Type Doors	+26 / -35	+70 / -80	CGI	SE3550	FL #25573.2	9/16" LAM	See attached Product Approval
French Doors							
Garage Doors							
Hurricane Protection							
Roof Ventilation							
Roofing Material							

Revised 07/22/2014

I have reviewed the above components or cladding and I have approved their use in this structure. These products provide adequate resistance to the wind loads and forces specified by current code provisions.

Name: M L Engineering, Inc Signature: _____
 Design Prof: Michael A. Lue, P.E. Cert. No. 47520 Date: 7-6-23

