

## **Administrative Certificates of Appropriateness**

Certificates of Appropriateness issued administratively in September 2023.

- COA #23-47, 815 Atlantic Avenue – Roof
- COA #23-49, 519 S 2<sup>nd</sup> Street – Windows & Doors
- COA #23-50, 709 Cedar Place – Windows
- COA #23-51, 449 N 6<sup>th</sup> Street – Roof
- COA #23-52, 1122 Avenue E - Roof



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

COA#23-47     HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 815 Atlantic Avenue.

Contributing

Non-Contributing

Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Roof replacement. Tear off existing metal roof and install 26 gauge standing seam metal 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                      Date  
 Historic Preservation Board

  
 \_\_\_\_\_    09/11/23  
 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](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	Kolyma partners LLC 250 S Central Blvd, Ste 205 Jupiter, FL 33458	E-Mail <a href="mailto:wisjr27@yahoo.com">wisjr27@yahoo.com</a>
Applicant	Prezidential's Roofing LLC 7548 S US Highway 1, Suite 149	E-Mail <a href="mailto:prezidentialroofingllc@gmail.com">prezidentialroofingllc@gmail.com</a>



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

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 815 Atlantic Ave  
 Parcel ID #: 2410 - 706 - 0029 - 000 - 1  
 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): Kolyma Partners LLC  
 Mailing Address: 250 S Central blvd ste 205 Jupiter FL,  
 Phone Number(s): 954-658-8154 Email: wlsjr27@yahoo.com

Applicant Name(s): Prezidential's Roofing LLC  
 Mailing Address: 7548 s us highway 1 suite 149  
 Phone Number(s): 772-353-5565 Email: prezidentialroofingllc@gmail.com

Representative Name(s): \_\_\_\_\_  
 Mailing Address: Kolyma Partners  
 Phone Number(s): 250 S Central 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, William SNYDER as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.  
[Signature] Signature of Owner 9/5/23 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) Reroof
- Other (describe) \_\_\_\_\_

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

Removal of existing roof and replace with peel & stick underlayment and 26 guage standing seam metal

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#23-49     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address: 519 S 2<sup>nd</sup> Street

Contributing     Non-Contributing     Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Replace windows and patio/balcony doors with black aluminum impact units. Front 1 <sup>st</sup> and 2 <sup>nd</sup> floor French Casements <b>not</b> to be replaced.  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

*Maria Lewicka*  
 \_\_\_\_\_                      09/20/23  
 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](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	John Essen 519 S 2 <sup>nd</sup> Street Fort Pierce, FL 34950	E-Mail <a href="mailto:FPFL519@gmail.com">FPFL519@gmail.com</a>



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

COA# 23-49

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 519 S 2ND ST

Parcel ID #: 2410-810-0004-00010

Type of Designation:  Contributing  Non-contributing Site within the RIVERSEDGE Historic District  
 Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

### Property Owner / Applicant Information

Property Owner(s)  
Name(s): JOHN ESSEN

Mailing Address: 519 S 2ND ST

Phone Number(s): 773-726-7315 Email: FPFL519@GMAIL.COM

Applicant  
Name(s): SAME

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

Phone Number(s): \_\_\_\_\_ 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, JOHN ESSEN as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

John Essen  
Signature of Owner

9/11/23  
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) \_\_\_\_\_

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

Please provide a detailed description of the proposed work to be performed: REPLACE WINDOWS AND PATIO/BALCONY DOORS WITH BLACK ALUMINUM IMPACT UNITS. FRONT 1ST AND 2ND FLOOR FRENCH CASEMENTS NOT TO BE REPLACED (TRYING TO FIND SIMILAR REPLACEMENTS)

Have other alterations been made to the site within the last 12 months?  No  Yes, GARAGE DOOR + FENCE <sup>COURTYARD</sup>

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

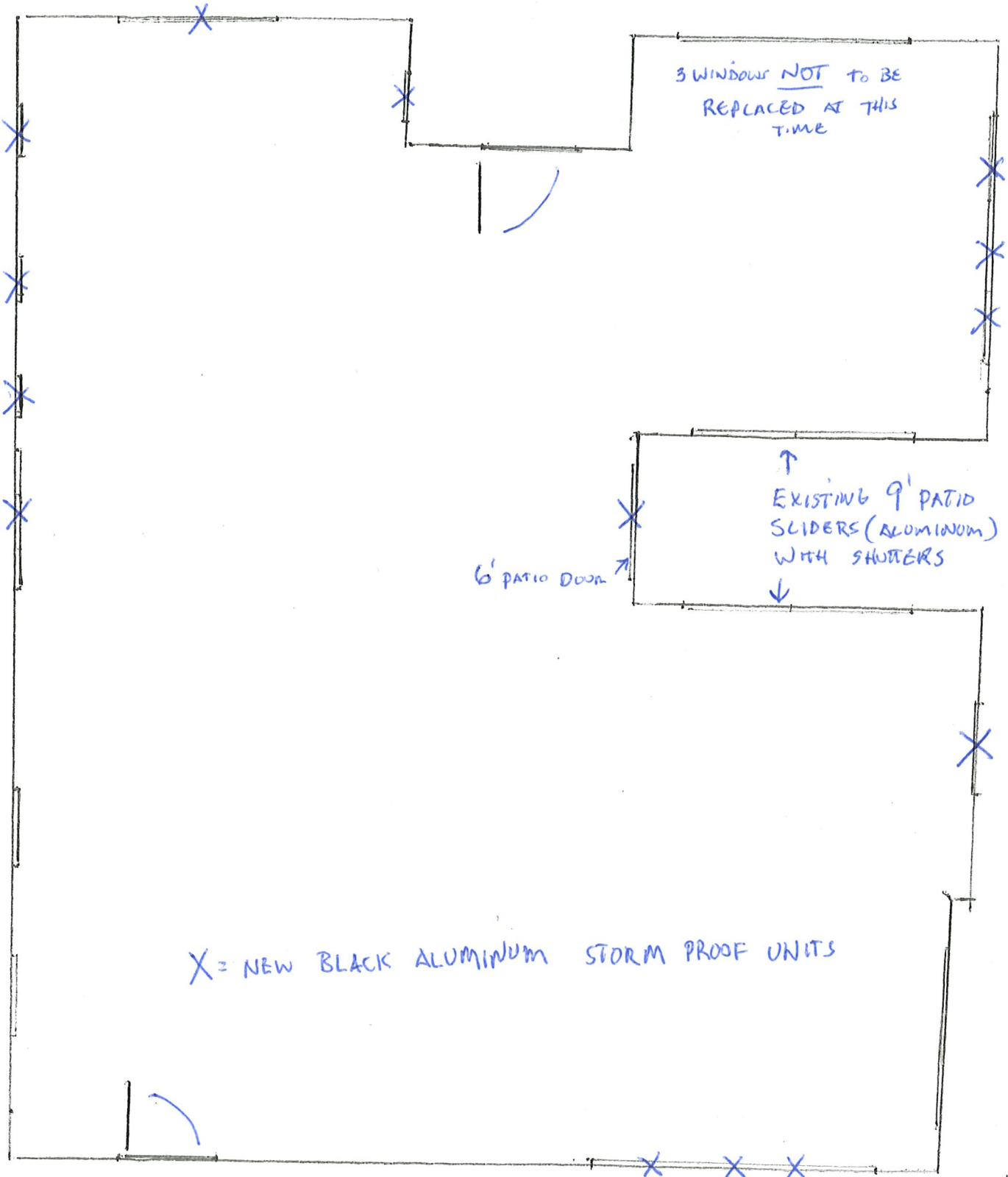
**Application Requirements**

- \$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.

S 2ND St



FRONT



3 WINDOWS NOT TO BE  
REPLACED AT THIS  
TIME

↑  
EXISTING 9' PATIO  
SLIDERS (ALUMINUM)  
WITH SHUTTERS  
↓

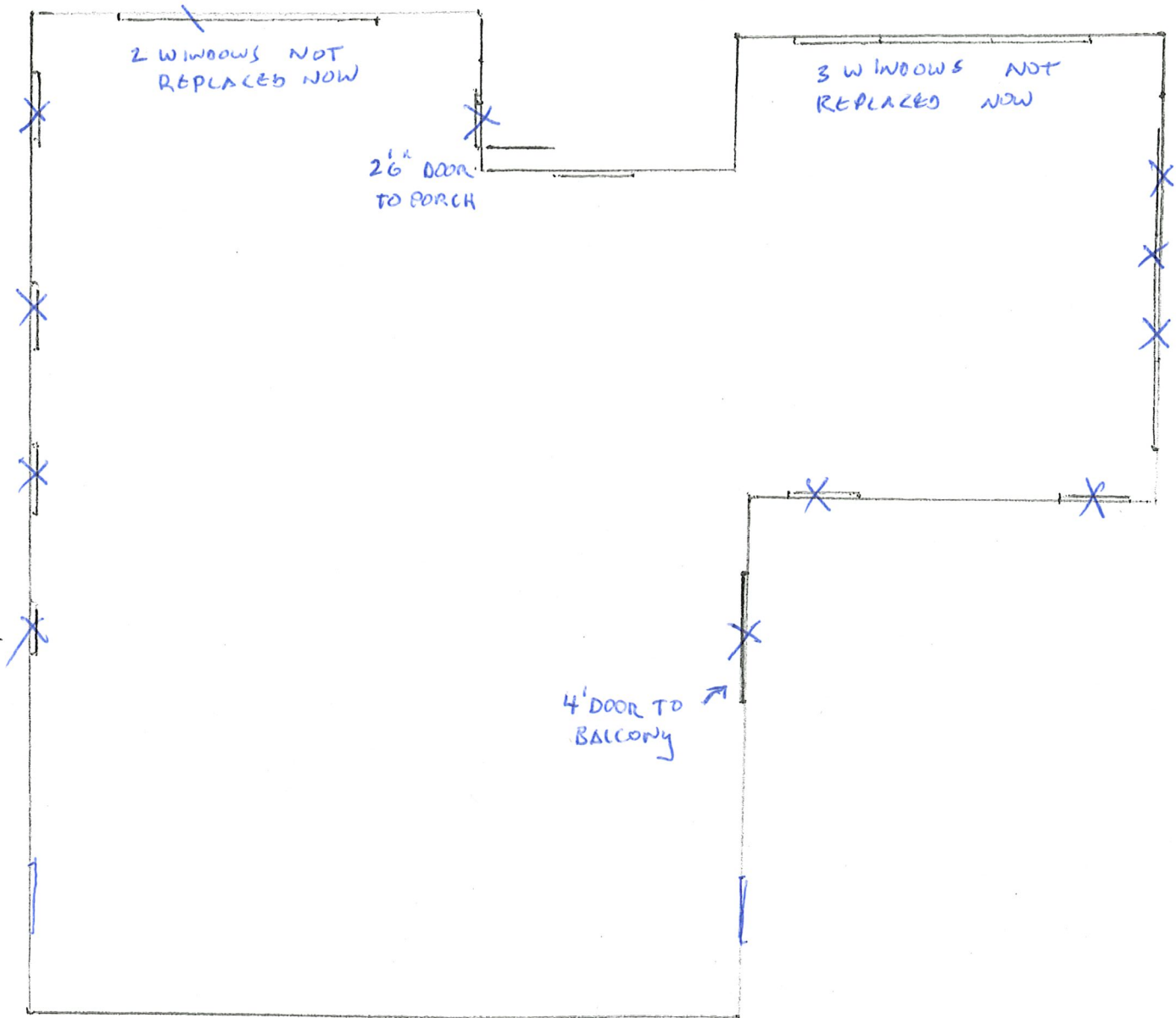
6' PATIO DOOR

X = NEW BLACK ALUMINUM STORM PROOF UNITS

← N

S 2ND ST

2ND FL



X - NEW BLACK ALUMINUM STORM PROOF UNITS



EAST  
on  
2nd St



N



S



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

COA#23-50  HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 709 Cedar Place

Contributing

Non-Contributing

Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Remove and replace 10 windows for impact 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

09/29/23  
 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	Monique Benjamin 709 Cedar Place Fort Pierce, FL 34950	E-Mail
Applicant	1 Oak Home Improvement 3200 S Congress Avenue #201 Boynton Beach, FL 33426	E-Mail <a href="mailto:info@bellapermits.com">info@bellapermits.com</a>



# CITY OF FORT PIERCE

## PLANNING DEPARTMENT

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

### Certificate of Appropriateness Application

SEP 25 2023

#### Building & Site Information

Address of the Site: 709 Cedar Place Fort Pierce, FL 34950 CITY OF FORT PIERCE  
PLANNING & ZONING  
Parcel ID #: 2410-601-0159-000-9  
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): Monique Benjamin  
Mailing Address: 709 Cedar Place Fort Pierce, FL 34950  
Phone Number(s): 772-708-1551 Email: info@bellapermits.com

Applicant  
Name(s): 1 Oak Home Improvement  
Mailing Address: 3200 S Congress Ave #201  
Phone Number(s): 561-513-6211 Email: info@bellapermits.com

Representative  
Name(s): 1 Oak Home Improvement  
Mailing Address: 3200 S Congress Ave #201  
Phone Number(s): 561-513-6211 Email: info@bellapermits.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, Monique Benjamin as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

DocuSigned by:  
  
202309271251118

Signature of Owner

9/12/2023

Date

**Description of Requested Work**

Please indicate the type of work requested:

- Fence
- Window(s)
- Shed
- Signage
- Door(s)
- Shutter(s)
- Roof
- Porch
- Rehabilitation
- New Construction
- Demolition
- Relocation

Site Improvements (describe) \_\_\_\_\_

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

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

Replacing existng windows for impact windows (total of 10 windows)

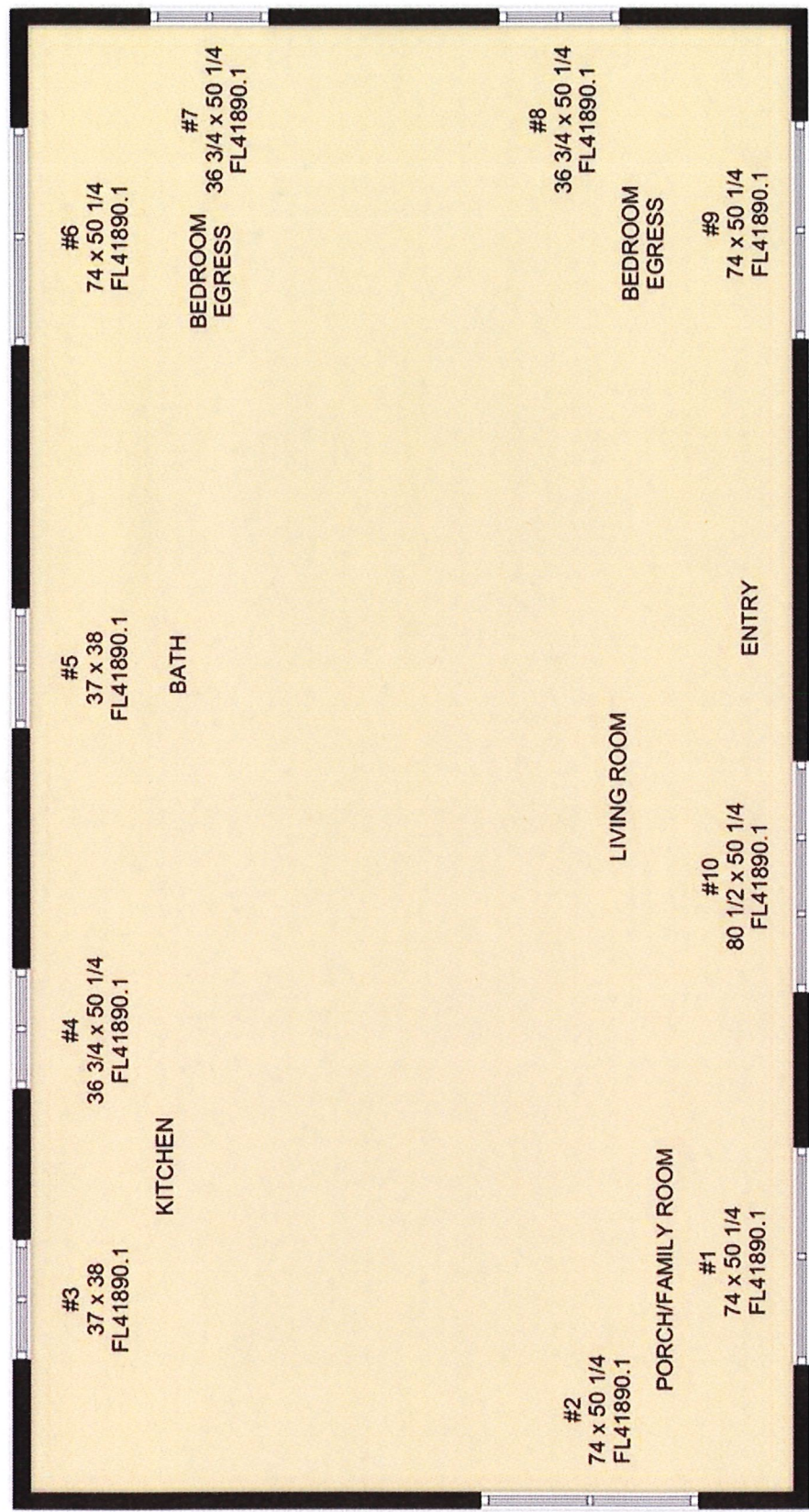
Have other alterations been made to the site within the last 12 months?  No  Yes, \_\_\_\_\_

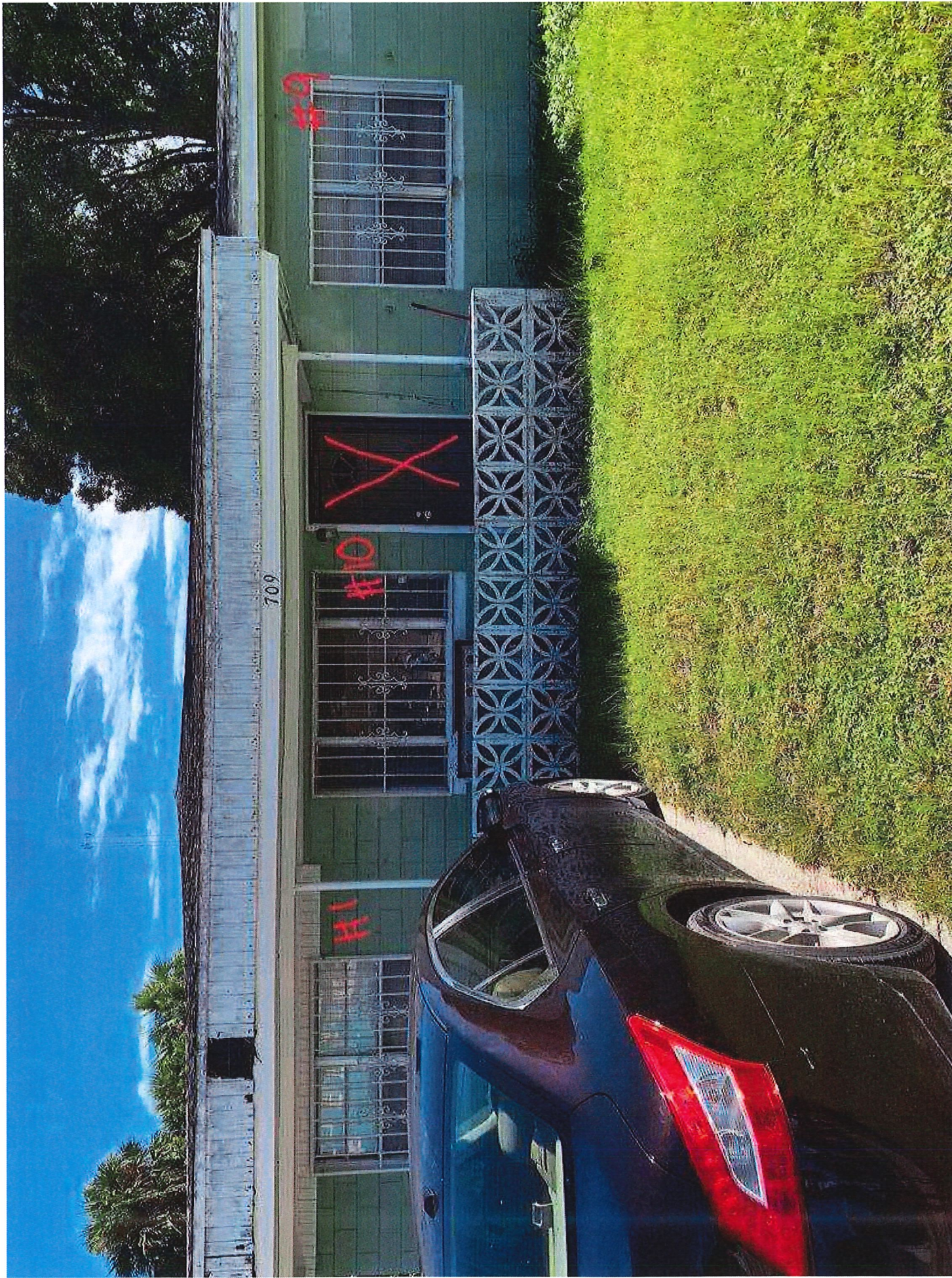
Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

**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.

Monique Benjamin  
709 Cedar Place  
Fort Pierce, FL 34950

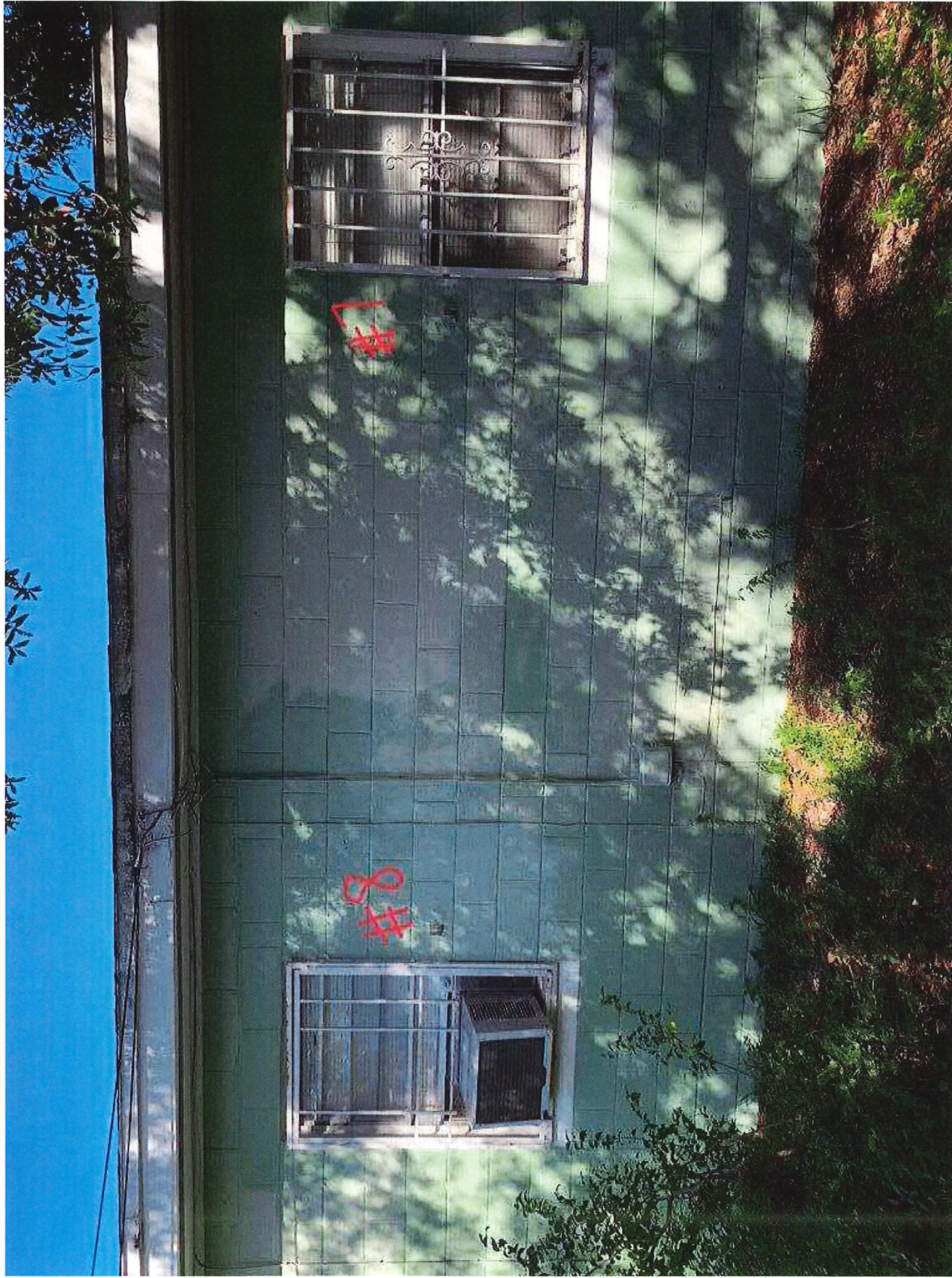
















# CITY OF FORT PIERCE

## PLANNING DEPARTMENT

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

### Certificate of Appropriateness Application

#### Building & Site Information

Address of the Site: 449 N 6th ST FORT PIERCE FL

Parcel ID #: 2410-603-0026-000-4

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): Jon Neprud

Mailing Address: PO Box 3862 Fort Pierce, FL 34948

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

Applicant  
Name(s): Rod Waller Sunrise City CHDO Inc

Mailing Address: 130 S Indian River Drive Suite 202 Fort Pierce FL 34950

Phone Number(s): 772-201-2850 Email: rodwaller1@gmail.com

Representative  
Name(s): Roderick Waller

Mailing Address: 130 S Indian River Drive Suite 202 Fort Pierce FL 34950

Phone Number(s): 772-201-2850 Email: rodwaller1@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, Roderick Waller as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.

Roderick Waller  
Signature of Owner

9/22/23  
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) Re-Roof (Install 5v metal roof)

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

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

Re-Roof (Install 5v 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#23-52  HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 1122 Avenue E

Contributing

Non-Contributing

Individually Designated

**SITE ALTERATIONS:**

Request	Conditions	Applicable Standards
Roof replacement. Tear off existing roof and install GAF Timberline HDZ Shingles in Birchwood color.  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

09/29/23

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.*

Applicant

5008 El Nueva Avenue  
 Fort Pierce, FL 34946  
 1 Oak Home Improvement, Inc  
 3200 S Congress Ave, Ste B  
 Boynton Beach, FL 33426

E-Mail

[info@bellapermits.com](mailto:info@bellapermits.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: 1122 Avenue E, Fort Pierce, Florida 34950  
Parcel ID #: 2404-825-0004-000-7  
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): Booker Eckles  
Mailing Address: 1122 Avenue E, Fort Pierce, Florida 34950  
Phone Number(s): (772) 332-1118 Email: \_\_\_\_\_

Applicant  
Name(s): 1 OAK Home Improvement Inc  
Mailing Address: 3600 S Congress Ave Ste B Boynton Beach, FL 33426  
Phone Number(s): 561-513-6211 Email: roofing@1oakfl.com

Representative  
Name(s): Alison Muñoz  
Mailing Address: 3600 S Congress Ave Ste B Boynton Beach, FL 33426  
Phone Number(s): 561-513-6211 Email: roofing@1oakfl.com

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I / We, Booker Eckles as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.

  
Signature of Owner

9/27/2023  
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) \_\_\_\_\_

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

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

**Re-roofing using GAF Timberline HDZ shingles in the color Birchwood**

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.



# Color Availability



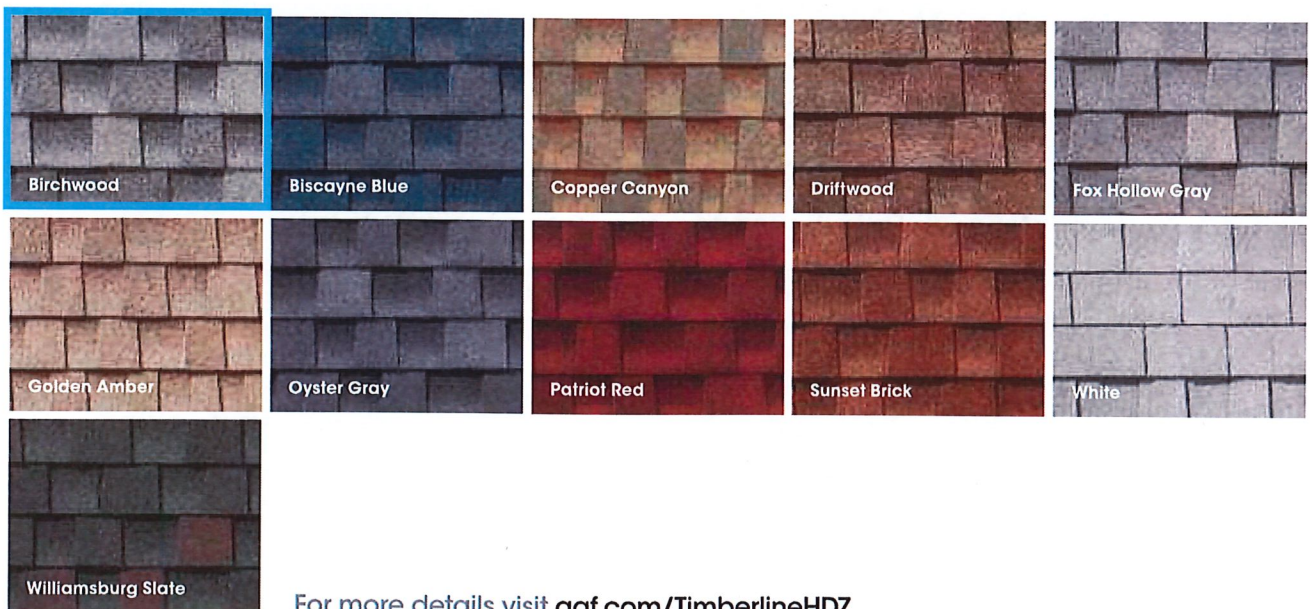
## Nationally Available Colors



## Harvest Blend Colors



## Regionally Available Colors (See next page for details.)



For more details visit [gaf.com/TimberlineHDZ](http://gaf.com/TimberlineHDZ)

Note: It is difficult to reproduce the color clarity and actual color blends of these products. Before selecting your color, please ask to see several full-size shingles.