



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#24-11 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 712 S 10th Street

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

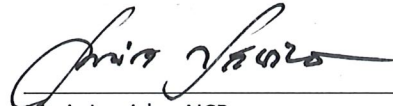
Request	Conditions	Applicable Standards
Repainting exterior of the house. Please see attached for the proposed colors.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

Board Approval

Administrative Approval

 Charles Hayek, Chairman Date
 Historic Preservation Board


 _____ 03/05/24
 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	Priscilla M Reyes Gamez 712 S 10 th Street Fort Pierce, FL 34950	E-Mail reyesgamezpriscilla@gmail.com



Bldg. Permit # _____

COA# 24-11

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 712 S 10TH STREET FORT PIERCE, FL 34950

Parcel ID #: 2410-710-0020-000-1

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): PRISCILLA M REYES GAMEZ

Mailing Address: 712 S 10TH STREET

Phone Number(s): 7722079678 Email: reyesgamezpriscilla@gmail.com

Applicant
Name(s): PRISCILLA M. REYES GAMEZ

Mailing Address: 712 S 10TH STREET

Phone Number(s): 7722079678 Email: _____

Representative
Name(s): PRISCILLA M. REYES GAMEZ

Mailing Address: 712 S 10TH STREET

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, PRISCILLA M. REYES GAMEZ as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Priscilla Gamez
Signature of Owner

03/04/24
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 checked="" type="checkbox"/> Rehabilitation | <input type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

Site Improvements (describe) _____

Other (describe) repaint home

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

repaint home (exterior)
trim black
everything that is light blue paint + grey
& dark blue will now be white

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.

SW 2849 WESTCHESTER GRAY
SW 6258 TRICORN BLACK



SW 7005
PURE WHITE

#COLORDSIGN

SW 2849 WESTCHESTER GRAY

SW 7005 PURE WHITE

SW 6258 TRICORN BLACK





CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#24-10 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 827 Atlantic Avenue

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
<p>Replace chain link fence with 6' high wood fence along interior of the lot on East side. If painted it will be brown due to the location under trees (white would always look dirty).</p> <p>Please see attached for fence location.</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

03/05/24
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	Lynda Phillips 827 Atlantic Avenue Fort Pierce, FL 34954	E-Mail itsme0267@gmail.com
Representative	Jam D LLC 702 Saeger Avenue Fort Pierce, FL 34982	E-Mail jamdconstruction@gmail.com

23-20001432

COA# 24-10

Blg. Permit #



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: 827 Atlantic Ave

Parcel ID #: 2410-706-0030-000-1 # 23580

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): LYNDA PHILLIPS

Mailing Address: 827 Atlantic Ave Fort Pierce 34950

Phone Number(s): 772-631-8883 Email: itsme@267@gmail.com

Applicant
Name(s): Property owner

Mailing Address: _____

Phone Number(s): _____ Email: _____

Representative
Name(s): JAM-D, LLC

Mailing Address: 902 SAEGE AVE Fort Pierce 34982

Phone Number(s): 772-985-2810 Email: Jamdcconstruction@gmail.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, LYNDA PHILLIPS as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

1/19/24
Date

Description of Requested Work

Please indicate the type of work requested:

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

Site Report needs (describe)
Grades (attach)

replace chain link/wire fence w/ 6' wood fence along interior of lot on E side

Please provide a detailed description of the proposed work to be performed: see above +

if painted; will be brown due to location under trees (white would always look dirty)

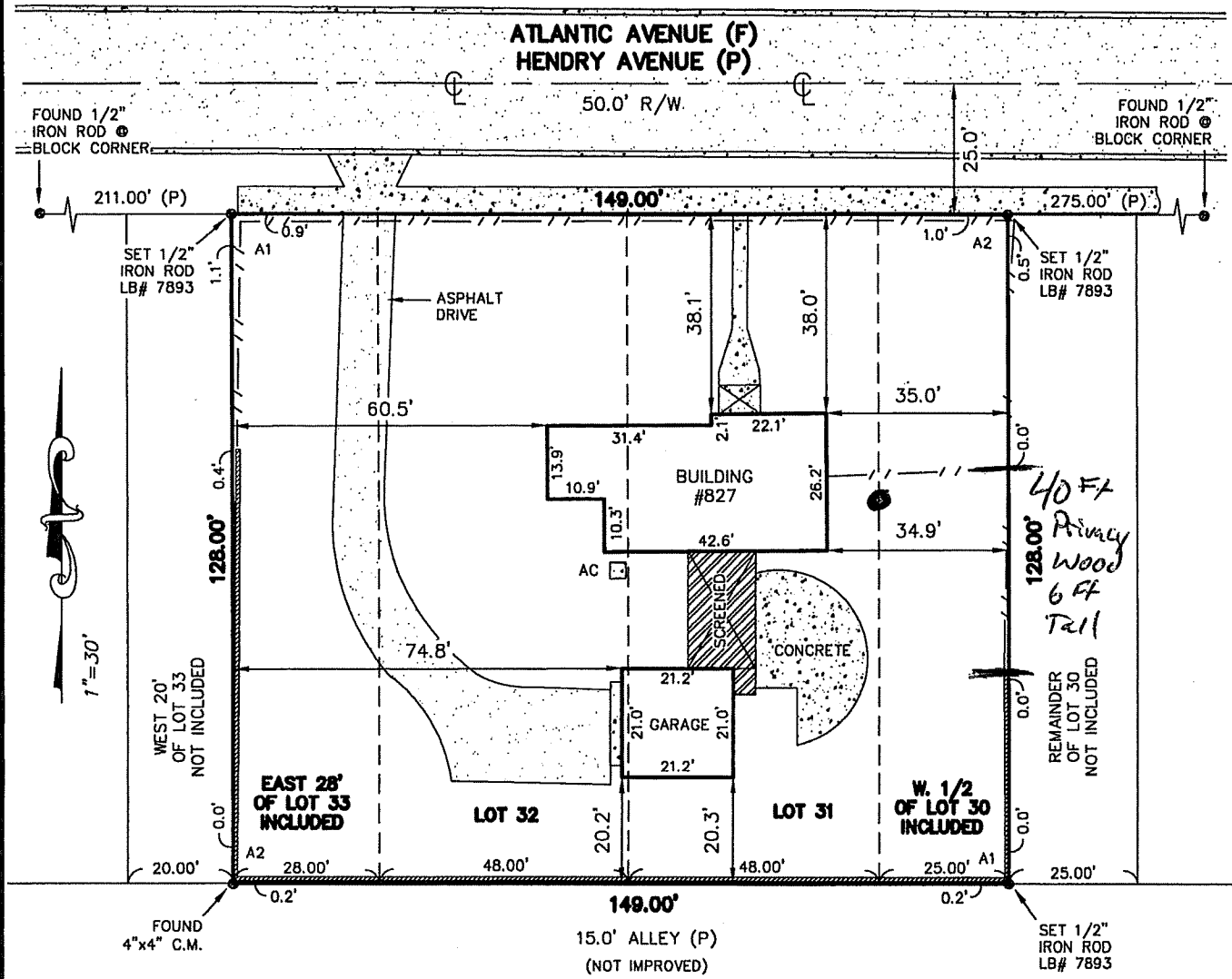
Have other alterations been made to the site within the last 12 months? No Yes

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

Application Requirements

- \$10.00 Application fee
- Site Plans w/ 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.

A1= 89°50'00" (C)
 A2= 90°10'00" (C)



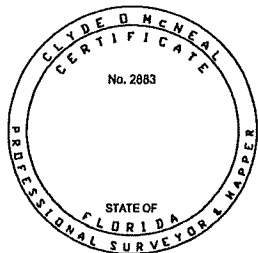
SURVEY NOTES
 ASPHALT DRIVE CROSSING PROPERTY
 BOUNDARY ON NORTHERLY SIDE OF LOT

THERE ARE FENCES & CBS WALLS NEAR
 THE BOUNDARY OF THE PROPERTY

PAGE 2 OF 2 PAGES

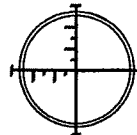
BOUNDARY SURVEY

LB #7893



SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY PREPARED UNDER MY DIRECTION. NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL, OR A RAISED EMBOSSED SEAL AND SIGNATURE.



TARGET SURVEYING, LLC

SERVING ALL FLORIDA COUNTIES

(SIGNED) *Clyde O. McNeal*
Clyde O. McNeal

Digitally signed by Clyde O. McNeal
 DN: CN = Clyde O. McNeal, C = US
 Date: 2013.11.13 11:47:24 -0500

CLYDE O. MCNEAL, PROFESSIONAL SURVEYOR AND MAPPER #2883

6250 N. MILITARY TRAIL, SUITE 102
 WEST PALM BEACH, FL 33407
 PHONE (561) 640-4800
 FACSIMILE (561) 640-0576
 STATEWIDE PHONE (800) 226-4807
 STATEWIDE FACSIMILE (800) 741-0576





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CERTIFICATE OF APPROPRIATENESS
TO ALTER A DESIGNATED HISTORIC SITE

COA#24-13 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 20 Orange Avenue, Apt PH8

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove existing windows & glass doors and install new impact windows and doors. 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, AICP 3/07/2024
Historic Preservation Planner 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	Robert & Donna Kolb 20 Orange Avenue, Apt PH8 Fort Pierce, FL 32950	E-Mail
Applicant	Newman Windows & Doors 1649 Avenue L Riviera Beach, FL 33404	E-Mail permitting@newman-windows.com

RECEIVED

MAR 06 2024

Mail 2/20/24

COAR 2473
PLANNING & ZONING



CITY OF FORT PIERCE
PLANNING & ZONING

CITY OF FORT PIERCE

PLANNING DEPARTMENT

Community Planning / Development Director
Historic Preservation / Maps/Docs / Urban Forestry / Zoning

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 20 Orange Ave. #PH8 Ft. Pierce, FL 34950
Parcel ID #: 2410-512-1036-100-8
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): Robert + Donna Kolb
Mailing Address: 20 Orange Ave. #PH8 Ft. Pierce, FL 34950
Phone Number(s): 888-985-3855 Email: DKKolb21@gmail.com

Applicant
Name(s): Nathan Wickens + Doris
Mailing Address: 1649 Avenue L Riviera Beach, FL 33404
Phone Number(s): 561-640-1090 Email: permittings@nathan-wickens.com

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

Property Owner(s) Acknowledgments: This application will not be considered complete without the signatures 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 purpose 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 + Donna Kolb as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.
Robert Kolb Donna Kolb 3/6/2024
Signature of Owner Date

Description of Requested Work

Please indicate the type of work requested:

- | | | | |
|---|---|---|-------------------------------------|
| <input 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) Remove & replace 5 impact windows & 6 impact doors.
 Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Matching the existing single hung and picture windows. Converting openings #2,3,7,9, & 10 from FD to SLD. All sliders will ~~be~~ have 2 panels.

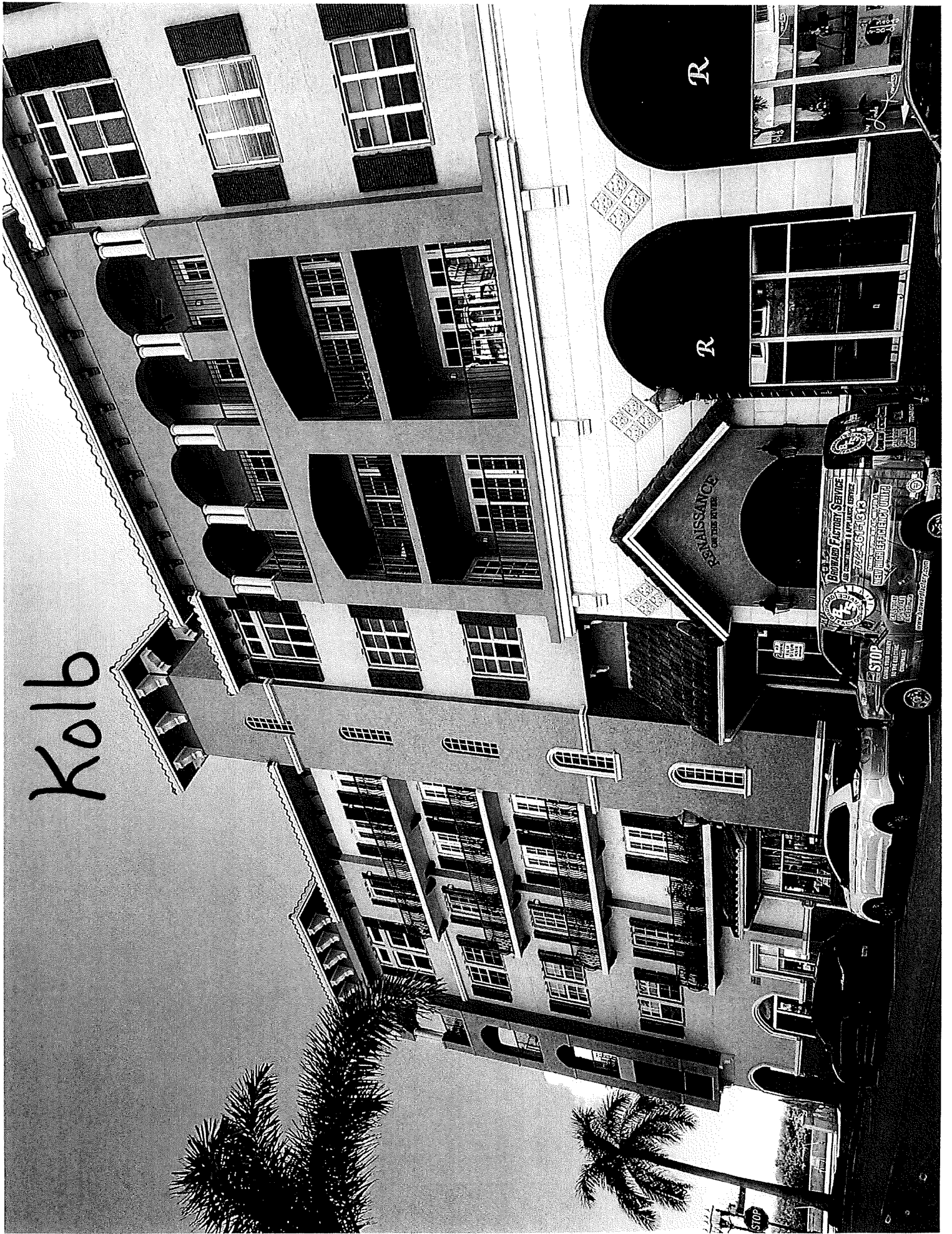
Have other alterations been made to the site within the last 12 months? No Yes, _____

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

Application Requirements

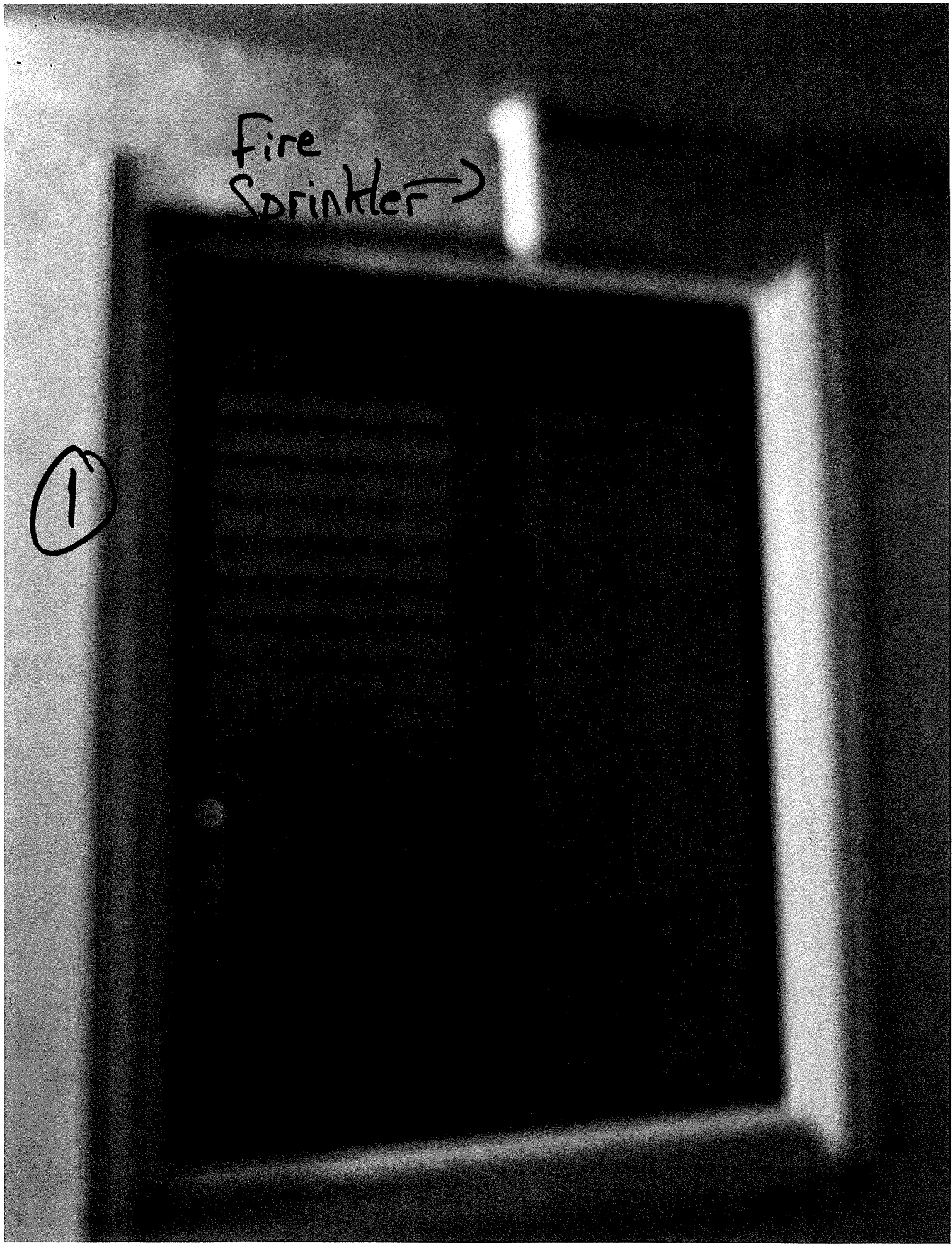
- \$10.00 Application fee
 - Site Plan with dimensions.
 - Architectural Drawings:
 - Drawings should show all current and proposed floor plans and elevations, fences, walls, and any other landscape features.
 - Drawings should indicate materials to be used.
 - Photos - One (1) color photograph of the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

Kolb



Fire
Sprinkler →

①



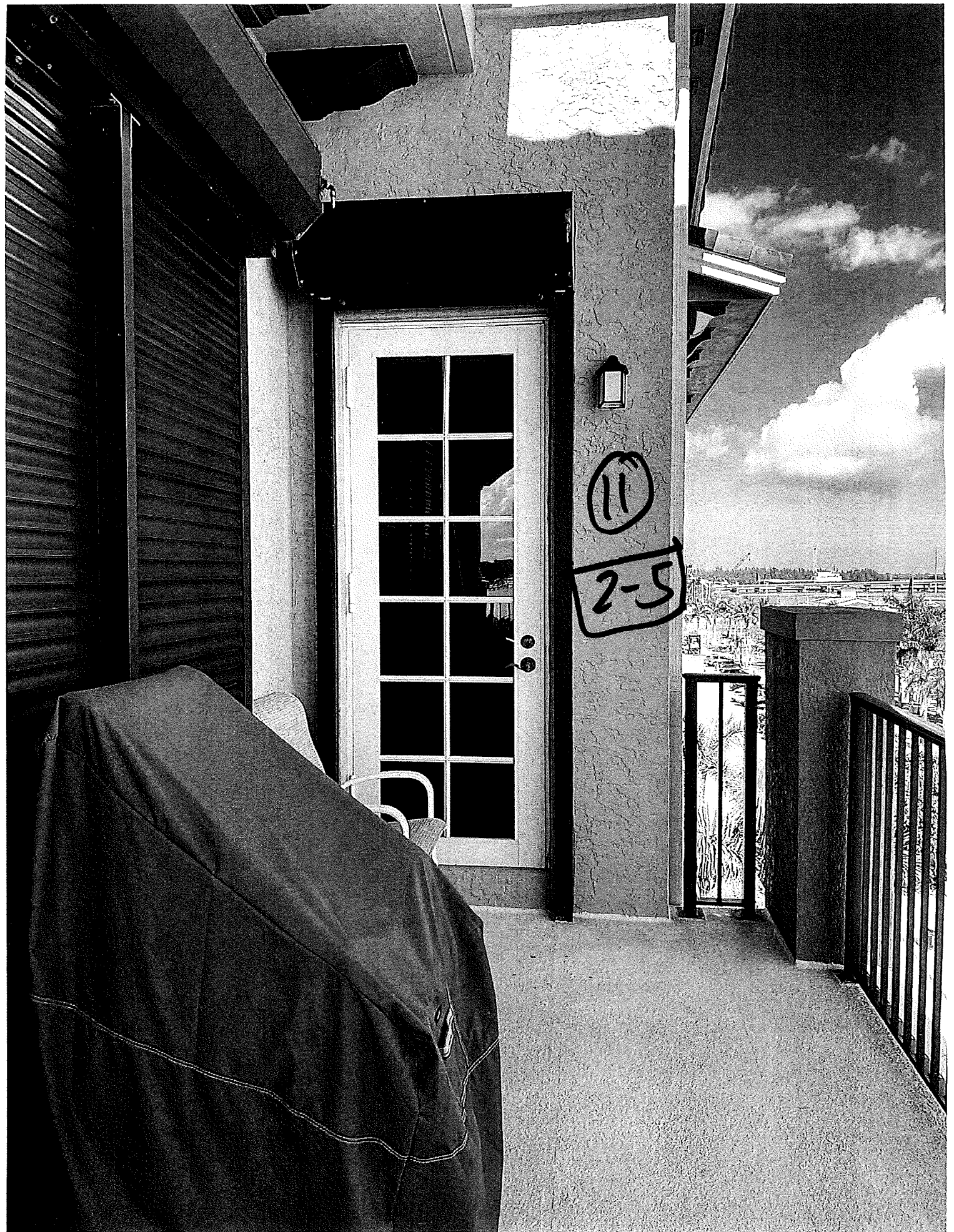














CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#24-12

HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 720 Delaware Avenue

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Repainting exterior walls of the building and doors. Please see attached for the proposed colors.		Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9.

APPROVED:

 Charles Hayek, Chairman
 Historic Preservation Board

 Date



 Maria Lewicka, AICP
 Historic Preservation Planner

03/07/24

 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.

Provided to:

Name/Address

Via

Owner/Applicant

Donna Houseworth
 JDH Properties, LLC
 2845 Enterprise Road, Ste 107A
 Debarry, FL 32713-2783

dhbroker@aol.com



RECEIVED

MAR 06 2024

CITY OF FORT PIERCE
PLANNING & ZONING

COA#

24-12

Bldg. Permit # _____

Certificate of Appropriateness Application

Building & Site Information

Address of the Site:

720 Delaware Ave Fort Pierce, FL

Parcel ID #: _____

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):

JDH Properties, LLC

Mailing Address:

2845 Enterprise Rd. 107A

Phone Number(s):

407-739-2712

Email:

dhbroker@aol.com

Applicant

Name(s):

Donna Houseworth, managing member JDH Prop. LLC

Mailing Address:

2845 Enterprise Rd. 107A

Phone Number(s):

407-739-2712

Email:

dhbroker@aol.com

Representative

Name(s):

Donna Houseworth

Mailing Address:

2845 Enterprise Rd 107A

Phone Number(s):

407-739-2712

Email:

dhbroker@aol.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, Donna Houseworth as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Donna Houseworth
Signature of Owner

3/6/24
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) Paint
 Other (describe) _____

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

Paint Building & Doors

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.





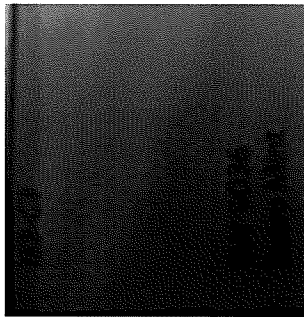
127-12

SW 6359
Sociable

296-C1

296

SW 7683
Buff





CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#24-14 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 20 Orange Avenue, Apt 203

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

Request	Conditions	Applicable Standards
Remove existing windows & glass doors and install new impact windows and doors. 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

3/07/2024
 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	Stacey Sprung 20 Orange Avenue, Apt #203 Fort Pierce, FL 32950	E-Mail sasprung@yahoo.com
Applicant	Newman Windows & Doors 1649 Avenue L Riviera Beach, FL 33404	E-Mail permitting@newman-windows.com

Bldg. Permit # _____

COA# 24-14



CITY OF FORT PIERCE

PLANNING DEPARTMENT

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

RECEIVED

MAR 06 2024

CITY OF FORT PIERCE
PLANNING & ZONING

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 20 Orange Ave. #203 Ft. Pierce, FL 34950
Parcel ID #: 2410-512-0003-000-8
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): Stacey Sprung
Mailing Address: 20 Orange Ave. #203 Ft. Pierce, FL 34950
Phone Number(s): 713-591-6991 Email: Sasprung@yahoo.com

Applicant
Name(s): Newman windows + doors
Mailing Address: 1649 Avenue L Riviera Beach, FL 33409
Phone Number(s): 561-640-1092 Email: permitting@newman-windows.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, Stacey Sprung as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.

[Signature]
Signature of Owner

3/5/2024
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) Remove + replace 2 impact windows + 2 impact doors.
- Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Remove + replace 2 impact windows + 2 impact doors. Matching existing. Single hung windows for locations 3 + 4. We are converting locations 1 + 2 to 3 panel sliding glass doors.

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.



Spring







