



CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#24-15 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 20 Orange Avenue, Apt 202

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

| Request | Conditions | Applicable Standards |
|---|------------|--|
| Remove 4 existing windows and 2 doors and install new impact windows and doors. Please see attached. | | Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9. |

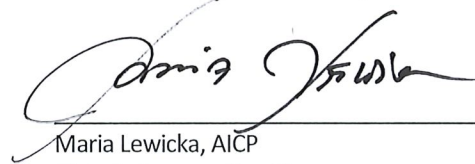
APPROVED:

Board Approval

Administrative Approval

 Charles Hayek, Chairman
 Historic Preservation Board

 Date



 Maria Lewicka, AICP
 Historic Preservation Planner

3/12/2024

 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@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 | Eric & Rebecca Ascoli 20 Orange Avenue, Apt #202 Fort Pierce, FL 32950 | E-Mail eric.ascoli2@gmail.com |
| Applicant | Newman Windows & Doors 1649 Avenue L Riviera Beach, FL 33404 | E-Mail permitting@newman-windows.com |

Bldg. Permit # _____

COA# _____

24-15



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: 20 Orange Ave. #202 Ft. Pierce, FL 34950
Parcel ID #: 2410-512-0008-000-1
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): Eric + Rebecca Ascoli
Mailing Address: 20 Orange Ave. #202 Ft. Pierce, FL 34950
Phone Number(s): 772-333-8477 Email: Eric.ascoli2@gmail.com

Applicant
Name(s): Newman Windows + Doors
Mailing Address: 1649 Avenue L Riviera Beach, FL 33404
Phone Number(s): 561-640-1098 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, Eric + Rebecca Ascoli as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.

Eric Ascoli
Signature of Owner

March 5 2024
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) Remove + replace 4 impact windows + 2 impact doors.

Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Matching the existing single hung windows. and converting the french doors 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.

Ascoli













CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#24-16 HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 20 Orange Avenue, Apt 201

Contributing

Non-Contributing

Individually Designated

SITE ALTERATIONS:

| Request | Conditions | Applicable Standards |
|---|------------|--|
| Remove 6 existing windows and 5 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


 _____ 3/12/2024
 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 | Roberta Breene 20 Orange Avenue, Apt #201 Fort Pierce, FL 32950 | E-Mail robertabreene@aol.com |
| Applicant | Newman Windows & Doors 1649 Avenue L Riviera Beach, FL 33404 | E-Mail permitting@newman-windows.com |

RECEIVED

MAR 11 2024

COA# 24-16

Bldg. Permit # _____



CITY OF FORT PIERCE
PLANNING & ZONING

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: 20 Orange Ave. #201 Ft. Pierce, FL 34950
Parcel ID #: 2410-512-0001-000-4
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): Roberta Breene
Mailing Address: 20 Orange Ave. #201 Ft. Pierce, FL 34950
Phone Number(s): 772-260-4725 Email: Robertabreene@aol.com

Applicant
Name(s): Newman Windows + Doors
Mailing Address: 1679 Avenue L Riviera Beach, FL 33409
Phone Number(s): 561-640-1090 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, Roberta Breene as Owner(s) of the subject property, do hereby authorize the filing of this application on my/our behalf.

Roberta Breene
Signature of Owner

3/6/2024
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 6 impact windows + 5 impact doors.
- Other (describe) _____

Please provide a detailed description of the proposed work to be performed: Replacing to match the existing except openings 3, 4, 5, 8, 9. Location 3 will be changed to an HR, Locations 4, 5, 8, + 9 will be changed to sliding glass doors.

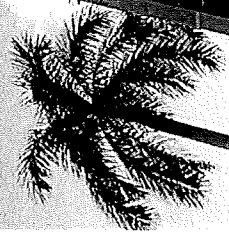
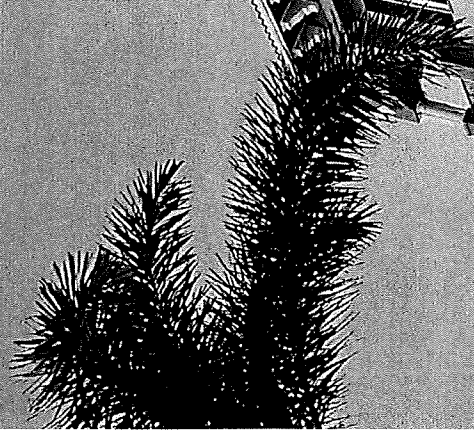
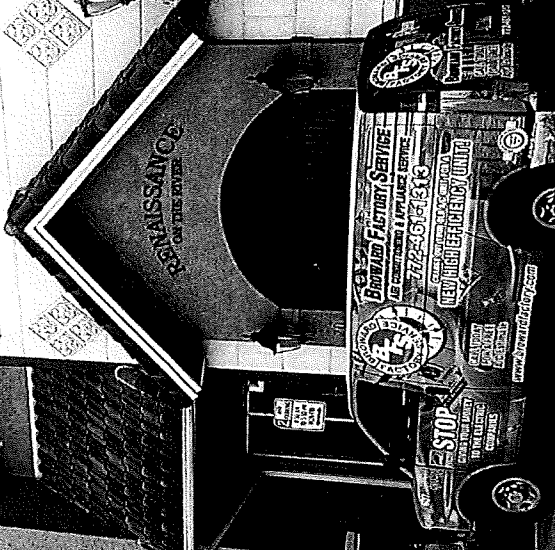
Have other alterations been made to the site within the last 12 months? No Yes, _____

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.

Breene









S











CERTIFICATE OF APPROPRIATENESS
 TO ALTER A DESIGNATED HISTORIC SITE

COA#24-19 HISTORIC PRESERVATION BOARD APPROVAL ADMINISTRATIVE APPROVAL

Site address: 411 S Indian River Drive

Contributing Non-Contributing Individually Designated

SITE ALTERATIONS:

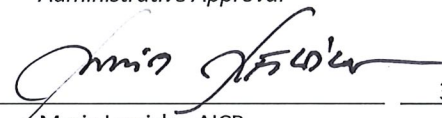
| Request | Conditions | Applicable Standards |
|---|------------|--|
| Two 6-unit multi-family buildings with garages, pool and landscape have been previously approved by the HPB. The applicant is asking for approval of the proposed changes to the landscape plan and original color scheme. Please see attached. | | Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standards 9 and 10. |

APPROVED:

Board Approval

Administrative Approval

 Suzanne Boardman, Vice- Chair Date
 Historic Preservation Board


 _____ 3/22/2024
 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@city-ftpierce.com

Thank you for your efforts to preserve and redevelop historic Fort Pierce through your participation in the Certificate of Appropriateness Application process. Staff looks forward to working with you in the future to preserve and rehabilitate our historic neighborhoods and structures.

| Provided to: | Name/Address | Via |
|--------------------------|---|--|
| Owner | Goose Indian River Villas, LLC 18978 Point Drive Tequesta, FL 33469 | E-Mail grantsgarvey@gmail.com |
| Applicant/Representative | Grant Garvey 810 Bradley Street Fort Pierce, FL 34982 | E-Mail grantsgarvey@gmail.com |



Bldg. Permit # _____

COA# 14-19

Certificate of Appropriateness Application

Building & Site Information

Address of the Site: 411 S Indian River Drive, Fort Pierce, FL, 34950

Parcel ID #: 2410-808-0017-000-7

Type of Designation: Contributing Non-contributing Site within the River's E Historic District

Individually Designated Site, City Commission Resolution No. _____

Property Owner/ Applicant Information

Property Owner(s)
Name(s): Goose Indian River Villas, LLC

Mailing Address: 18978 Point Drive, Tequesta, FL, 33469

Phone Number(s): 203-275-5755 Email: grantsgarvey@gmail.com

Applicant
Name(s): Grant Garvey

Mailing Address: 810 Bradley Street, Fort Pierce, FL, 34982

Phone Number(s): 203-275-5755 Email: grantsgarvey@gmail.com

Representative
Name(s): Grant Garvey

Mailing Address: 810 Bradley Street, Fort Pierce, FL, 34982

Phone Number(s): 203-275-5755 Email: grantsgarvey@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, Grant Garvey as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

Grant Garvey
Signature of Owner

03/13/2024
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) Currently vacant land.

Other (describe) _____

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

Two 6-unit multi-family buildings have been approved on site. The original color scheme with those approvals has changed. The landscaping plan has also been updated. Both are attached to this application.

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.
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- Material(s) specifications and/or sample(s)
- Color samples.
- Demolition – Plans for what will be taking the demolished structure’s place should be submitted.









-Architecture-Interiors -
-Planning-Development-

7211 Wilcox Road
West Palm Beach, Florida 33413
Ph: 561-924-6000
Fax: 561-924-6005
Lic. # AA-2600259

RIVER PALMS OF ST. LUCIE
12 UNIT CONDOMINIUM PROJECT
CORNER OF CITRUS AVE & S. INDIAN RIVER DRIVE
FT. PIERCE, FLORIDA
NORTH BUILDING #1 EXTERIOR ELEVATION

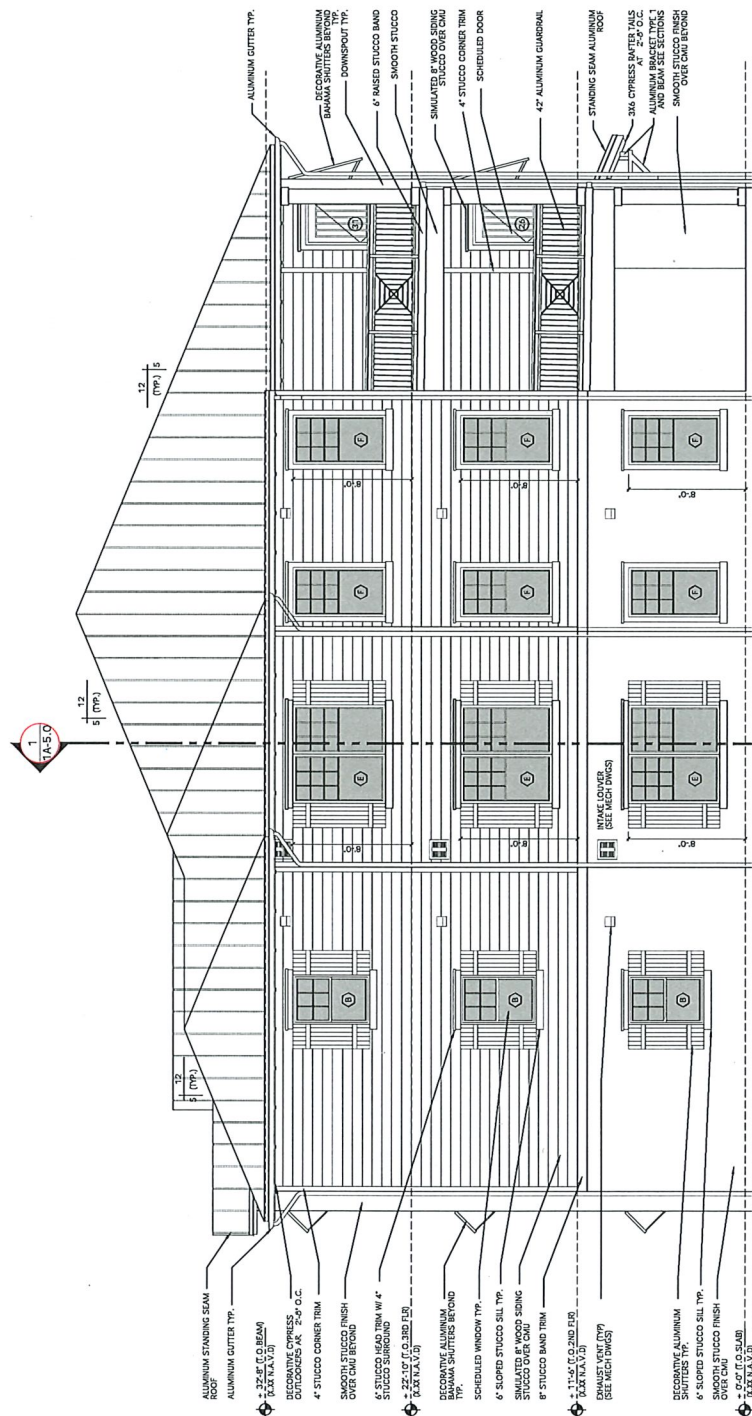
| Rev. | Description | Date |
|------|-------------|------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Job No: 22-117
Designed by: KCW
Drawn by: OO
Checked by: KCW
Date: 12/7/23

Kermit C. White, A.I.A.
Lic. # AR-00017761

Job No: 22-117
Sheet No:

1A-4.1



NORTH BUILDING #1 RIGHT SIDE ELEVATION
SCALE: 1/4" = 1'-0"

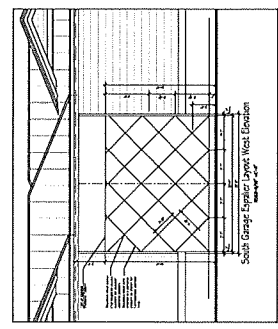
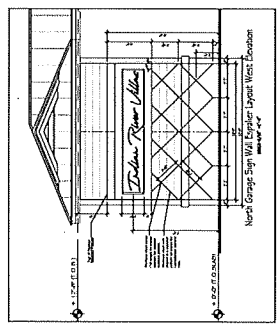
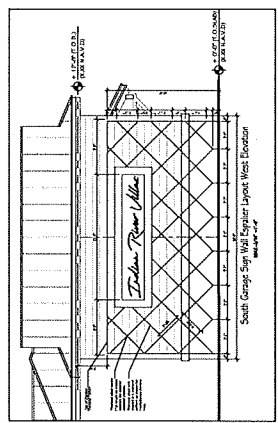
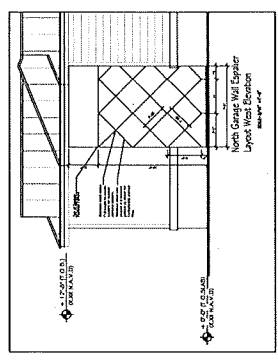
| | |
|-----------------|---------------------------------------|
| Issue Date: | 06/19/2023 |
| Revision: | |
| Drawn By: | M.E.R. |
| Checked By: | M.E.R. |
| Scale: | N/A |
| Project Name: | GOOSE INDIAN RIVER VILLAS, FT. PIERCE |
| Project Number: | 23-004 |
| Design By: | M.E.R. |
| Drawn By: | M.E.R. |
| Scale: | N/A |
| Sheet Title: | ESPALIER DETAILS |
| Sheet Number: | L-2 |



MICHAEL RAWLS
 LANDSCAPE ARCHITECT
 REG. # 1633
 694 CAVATION COURT WELLSBORO, MASSACHUSETTS 01981-2134

GOOSE INDIAN RIVER VILLAS, LLC
 INDIAN RIVER DRIVE, FT. PIERCE
 FLORIDA 33404

| | |
|-----------------|------------------|
| Date: | 6/19/2023 |
| Project Number: | 23-004 |
| Designed By: | M.E.R. |
| Drawn By: | M.E.R. |
| Scale: | N/A |
| Sheet Title: | ESPALIER DETAILS |
| Sheet Number: | L-2 |



| | |
|-------------|--------------------|
| Issue Date: | May 5, 2023 |
| Revisions: | |
| 1 | 15-15-23 SUBMITTAL |
| 2 | |
| 3 | |
| 4 | |



654 CAYMAN COURT, DELTONA, FLORIDA 32738
 REG # 1639
 LANDSCAPE ARCHITECT
 MICHAEL RAWLS

GOOSE INDIAN RIVER VILLAS, LLC
 INDIAN RIVER DRIVE FT. PIERCE
 FLORIDA 3404

| | |
|-----------------|------------------|
| Date: | 05/19/2023 |
| Project Number: | 23-004 |
| Designed By: | M.E.R. |
| Drawn By: | M.E.R. |
| SCALE: | N/A |
| Sheet Title: | IRRIGATION SPECS |
| Sheet Number: | IR-2 |

SPECIFICATION NOTES

1. The Line Assembly:
 - a. Install mainline valves where shown and gates together where provided. Close as shown.
 - b. Mainline valves shall be installed in a trench with a minimum depth of 18" below the finished ground surface. The trench shall be backfilled with compacted material to the top of the valve. The trench shall be backfilled with compacted material to the top of the valve.
 - c. Mainline valves shall be installed in a trench with a minimum depth of 18" below the finished ground surface. The trench shall be backfilled with compacted material to the top of the valve. The trench shall be backfilled with compacted material to the top of the valve.
 - d. Mainline valves shall be installed in a trench with a minimum depth of 18" below the finished ground surface. The trench shall be backfilled with compacted material to the top of the valve. The trench shall be backfilled with compacted material to the top of the valve.
2. The Line Assembly:
 - a. Install mainline valves where shown and gates together where provided. Close as shown.
 - b. Mainline valves shall be installed in a trench with a minimum depth of 18" below the finished ground surface. The trench shall be backfilled with compacted material to the top of the valve. The trench shall be backfilled with compacted material to the top of the valve.
 - c. Mainline valves shall be installed in a trench with a minimum depth of 18" below the finished ground surface. The trench shall be backfilled with compacted material to the top of the valve. The trench shall be backfilled with compacted material to the top of the valve.
 - d. Mainline valves shall be installed in a trench with a minimum depth of 18" below the finished ground surface. The trench shall be backfilled with compacted material to the top of the valve. The trench shall be backfilled with compacted material to the top of the valve.

| SIZE | SCHEDULE | SYMBOL DESIGNATION |
|--------|----------|--------------------|
| 1" | 40 | 1" 40 SCH. 40 |
| 1 1/2" | 40 | 1 1/2" 40 SCH. 40 |
| 2" | 40 | 2" 40 SCH. 40 |
| 2 1/2" | 40 | 2 1/2" 40 SCH. 40 |
| 3" | 40 | 3" 40 SCH. 40 |
| 3 1/2" | 40 | 3 1/2" 40 SCH. 40 |
| 4" | 40 | 4" 40 SCH. 40 |

INSTALLATION:

1. Excavate and trench.
2. Lay pipe in trench.
3. Connect pipe to valves.
4. Backfill trench.
5. Compact backfill.
6. Install valves.
7. Test system.
8. Close valves.

WORKMANSHIP:

1. Lay pipe in trench.
2. Connect pipe to valves.
3. Backfill trench.
4. Compact backfill.
5. Install valves.
6. Test system.
7. Close valves.

MAINTENANCE:

1. Inspect valves.
2. Lubricate valves.
3. Test valves.
4. Repair valves.
5. Replace valves.

NOTES:

1. All pipe installation shall be in accordance with the manufacturer's instructions.
2. All pipe installation shall be in accordance with the manufacturer's instructions.
3. All pipe installation shall be in accordance with the manufacturer's instructions.

