

## **Administrative Certificates of Appropriateness**

Certificates of Appropriateness issued administratively in August 2024.

- COA #2024-00001, 602 N 9<sup>th</sup> Street – Roof
- COA #23-59, 200 N Indian River Drive – Pavers
- COA #24-39, 517 S 8<sup>th</sup> Street - Roof
- COA #2024-00002, 909 Atlantic Avenue – Roof
- COA #2024-00003, 615 S Indian River Drive – Windows





# 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: 602 N 9th St  
Parcel ID #: 2410.601.0117.000.3  
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): Lizette Miranda  
Mailing Address: 4445 SE Nimrod Ln Stuart FL 34997  
Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Applicant  
Name(s): Leakbusters Roof Repair  
Mailing Address: 3420 25th St SW Vero Beach FL 32908  
Phone Number(s): 7723328450 Email: richiecolletti@gmail.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, Lizette Miranda as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.  
Lizette Miranda  
Signature of Owner  
7/19/2024  
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) Re-roof
- Other (describe) \_\_\_\_\_

Please provide a detailed description of the proposed work to be performed: Remove existing roof system down to deck, re-nail to code, install hi temp underlayment, install 1" metal roof system 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.



[BCIS Home](#) | 
 [Log In](#) | 
 [User Registration](#) | 
 [Hot Topics](#) | 
 [Submit Surcharge](#) | 
 [Stats & Facts](#) | 
 [Publications](#) | 
 [Contact Us](#) | 
 [BCIS Site Map](#) | 
 [Links](#) | 
 [Search](#)



**Product Approval**  
USER: Public User

[Product Approval Menu](#) > 
 [Product or Application Search](#) > 
 [Application List](#) > 
 **Application Detail**



| FL #   | FL29523-R4  |                 |             |         |      |         |      |        |      |
|--|---|-----------------|-------------|---------|------|---------|------|--------|------|
| Application Type   | Revision  |                 |             |         |      |         |      |        |      |
| Code Version   | 2023  |                 |             |         |      |         |      |        |      |
| Application Status   | Approved  |                 |             |         |      |         |      |        |      |
| Comments   |   |                 |             |         |      |         |      |        |      |
| Archived   |   |                 |             |         |      |         |      |        |      |
| Product Manufacturer   | Metal Alliance Inc.   |                 |             |         |      |         |      |        |      |
| Address/Phone/Email  | 2120 SW Poma Dr.<br>Palm City, FL 34990<br>(844) 638-2548<br>orders@metalalliance.com   |                 |             |         |      |         |      |        |      |
| Authorized Signature   | Tara Faulkner<br>orders@metalalliance.com   |                 |             |         |      |         |      |        |      |
| Technical Representative   |   |                 |             |         |      |         |      |        |      |
| Address/Phone/Email  |   |                 |             |         |      |         |      |        |      |
| Quality Assurance Representative                                       |   |                 |             |         |      |         |      |        |      |
| Address/Phone/Email  |   |                 |             |         |      |         |      |        |      |
| Category   | Roofing   |                 |             |         |      |         |      |        |      |
| Subcategory  | Metal Roofing   |                 |             |         |      |         |      |        |      |
| Compliance Method  | Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer<br>Evaluation Report - Hardcopy Received  |                 |             |         |      |         |      |        |      |
| Florida Engineer or Architect Name who developed the Evaluation Report | David Eng   |                 |             |         |      |         |      |        |      |
| Florida License  | PE-81377  |                 |             |         |      |         |      |        |      |
| Quality Assurance Entity   | Keystone Certifications, Inc.   |                 |             |         |      |         |      |        |      |
| Quality Assurance Contract Expiration Date                             | 04/22/2030  |                 |             |         |      |         |      |        |      |
| Validated By   | James R Wally, PE<br>Validation Checklist - Hardcopy Received   |                 |             |         |      |         |      |        |      |
| Certificate of Independence  | <a href="#">FL29523 R4 COI 32Al 100SL plywood nonHVHZ.pdf</a>   |                 |             |         |      |         |      |        |      |
| Referenced Standard and Year (of Standard)                             | <table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>TAS 100</td> <td>2023</td> </tr> <tr> <td>TAS 125</td> <td>2003</td> </tr> <tr> <td>UL 580</td> <td>2006</td> </tr> </tbody> </table> | <u>Standard</u> | <u>Year</u> | TAS 100 | 2023 | TAS 125 | 2003 | UL 580 | 2006 |
| <u>Standard</u>  | <u>Year</u>   |                 |             |         |      |         |      |        |      |
| TAS 100  | 2023  |                 |             |         |      |         |      |        |      |
| TAS 125  | 2003  |                 |             |         |      |         |      |        |      |
| UL 580   | 2006  |                 |             |         |      |         |      |        |      |

# 100SL

## 1" NAILSTRIP 26GA

26ga (min) 1" Nail Strip over 15/32" (min) plywood



### Metal Alliance, Inc:

2120 SW Poma Dr | Palm City FL 34990

Produced by Metal Alliance's Network of Approved Regional Manufacturers

### Product Description

Nailstrip, snaplock style panel with a 16" maximum panel width and a nominal rib height of 1"

### Product Material

26ga (min) steel

26ga is nominally 0.0185" with yield strength of at least 50ksi, and shall be corrosion resistant per FBC 1507.4.3 where required.

### Fastener

#10 1-inch pancake style fastener. Compliant with FBC 1506.6 where required.

### Substrate/Deck

15/32" (min) plywood or 3/4" (min) thick wood plank (min S.G. of 0.42)

### EVALUATED BY:

**David Eng, PE**

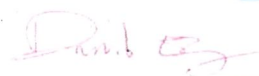
Timberlake Cove, LLC

FL PE 81377 • FL CA 33344

1317 Edgewater Dr Ste 2339

Orlando FL

timberlakecove.com



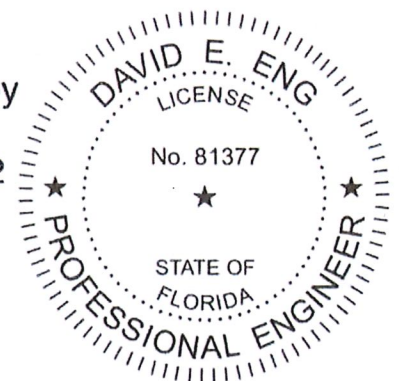
Digitally signed by

David E Eng

Date: 2023.12.02

13:43:28-05'00'

This item has been digitally signed and sealed by David Eng, PE on the date indicated. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.







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

COA#23-59     HISTORIC PRESERVATION BOARD APPROVAL     ADMINISTRATIVE APPROVAL

Site address: 200 N Indian River Drive

Contributing                       Non-Contributing                       Individually Designated

**SITE ALTERATIONS:**

| Request   | Conditions | Applicable Standards   |
|---|------------|--|
| Remove old landscaping and dirt and it replace with pavers.<br><br>Please see attached. |            | Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9. |

**APPROVED:**

*Board Approval*

*Administrative Approval*

\_\_\_\_\_  
KeAndrea Davis, Chair                      Date  
Historic Preservation Board

*[Signature]*                      08/08/2024  
\_\_\_\_\_  
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](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                    | FPRA City of Fort Pierce<br>100 N US Hwy 1<br>Fort Pierce, FL 34950                     | E-Mail   |
| Applicant/Representative | Cobb's Landing<br>Donna Qvarnstrom<br>200 N Indian River Drive<br>Fort Pierce, FL 34950 | E-Mail<br><a href="mailto:donna@originaltikibar.com">donna@originaltikibar.com</a> |



OCT 30 2023

COA#

23-59

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

CITY OF FORT PIERCE  
PLANNING & ZONING

## Certificate of Appropriateness Application

### Building & Site Information

Address of the Site: 200 N Indian River Drive Ft Pierce Florida 34950

Parcel ID #: 241050300420108

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): FPRA

Mailing Address: 100 US Hwy 1 Ft Pierce FL 34950

Phone Number(s): 772-467-3730 Email: \_\_\_\_\_

Applicant  
Name(s): Cobb's Landing

Mailing Address: 200 N Indian River dr

Phone Number(s): 772-708-4555 Email: donna@originaltikibar.com

Representative  
Name(s): Donna Qvarnstrom

Mailing Address: 200 N Indian River Dr Ft Pierce FL 34950

Phone Number(s): 772-708-4555 Email: donna@originaltikibar.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, Nicholas C. Mimms as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

  
Signature of Owner

10/30/2023  
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 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) Remove old landscaping and dirt to replace with pavers
- Other (describe) \_\_\_\_\_

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

Removing dirt and grass that caused flooding and limited access to the back entry when it would rain replaced with pavers

Have other alterations been made to the site within the last 12 months?  No  Yes, Tiki and extended paver area

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.

A new look, designed to speed up how you create and share





$9\frac{1}{2} \times 6\frac{1}{4} \times 2\frac{1}{2}$



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

COA#24-39  HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 517 S 8<sup>th</sup> Street

Contributing

Non-Contributing

Individually Designated

**SITE ALTERATIONS:**

| Request  | Conditions of Approval | Applicable Standards  |
|--|------------------------|---|
| Roof replacement. Remove and replace existing shingles with new shingles. See attached |                        | Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard #9. |

**APPROVED:**

*Board Approval*

*Administrative Approval*

\_\_\_\_\_  
 KeAndrea Davis, Chair Date  
 Historic Preservation Board

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

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        | Santos Ramos Aguirre<br>517 S 8 <sup>th</sup> Street<br>Fort Pierce, FL 34950 | E-Mail<br><a href="mailto:dramos88@hotmail.com">dramos88@hotmail.com</a>               |
| Applicant    | Kevin O. Santos Santaella<br>6963 Old Nasa Blvd<br>West Melbourne, FL 32904   | E-Mail<br><a href="mailto:kss.contractor321@gmail.com">kss.contractor321@gmail.com</a> |



# CITY OF FORT PIERCE

## PLANNING DEPARTMENT

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

### Certificate of Appropriateness Application

#### Building & Site Information

Address of the Site: 517 S 8th St, Fort Pierce, FL 34950

Parcel ID #: 2410-709-0043-000-4

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

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

#### Property Owner/ Applicant Information

Property Owner(s)  
Name(s): Santos Ramos Aguirre

Mailing Address: 517 S 8th St, Fort Pierce, FL 34950

Phone Number(s): 772-559-4706 Email: \_\_\_\_\_

Applicant  
Name(s): Kevin O. Santos Santaella

Mailing Address: 6963 Old Nasa Blvd, West Melbourne, FL 32904

Phone Number(s): 32-8067-0552 Email: kss.contractor321@gmail.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, Santos Ramos Aguirre as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]  
Signature of Owner

7-24-2024  
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 type="checkbox"/> New Construction | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |

Site Improvements (describe) Reroof house from shingle to shingles

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

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

We are going to reroof the house

\_\_\_\_\_  
 \_\_\_\_\_

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.



Reroofing Form

Property Address: 517 S. 8th Street, Fort Pierce, FL 34950

Owners Name: Aguirre Ramos Santos

Description of Work: Reroof house from shingles to shingles. 24 Squares

Roof Specifications: Shingles

**Roof Deck 1:**

Roof Dimensions: 18x20

Square Footage: 1622

Mean Roof Height: 17

Pitch/Slope: 5:12

Rotten Wood:  Yes  No

Roof Type:  Gable  Hip  Flat  Other: \_\_\_\_\_

Roof Material:  Shingle  Metal  Tile  Mod. Bit.  Other: \_\_\_\_\_

Underlayment: Peel & Stick Felt (lb.): \_\_\_\_\_

**Roof Deck 2 (If applicable):**

Roof Dimensions: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Mean Roof Height: \_\_\_\_\_

Pitch/Slope: \_\_\_\_\_

Rotten Wood:  Yes  No

Roof Type:  Gable  Hip  Flat  Other: \_\_\_\_\_

Roof Material:  Shingle  Metal  Tile  Mod. Bit.  Other: \_\_\_\_\_

Underlayment: \_\_\_\_\_ Felt (lb.): \_\_\_\_\_

\*\*Florida Product Approval or Miami-Dade Notice of Acceptance is required for all products other than felt\*\*









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

PZCOA#2024-00002

HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 909 Atlantic Avenue

Contributing

Non-Contributing

Individually Designated

**SITE ALTERATIONS:**

| Request   | Conditions | Applicable Standards   |
|---|------------|--|
| Roof replacement. Remove existing shingles and install standing seams metal roof.<br><br>Please see attached. |            | Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9. |

**APPROVED:**

*Board Approval*

*Administrative Approval*

\_\_\_\_\_  
 KeAndrea Davis, Chair                      Date  
 Historic Preservation Board

  
 \_\_\_\_\_                      8/19/2024  
 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](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  |
|--------------|---|--|
| Applicant    | Treasure Coast Roofing<br>4252 Bandy Blvd.<br>Fort Pierce, FL 34981 | E-Mail<br><a href="mailto:tcroofingllc@gmail.com">tcroofingllc@gmail.com</a> |



# CITY OF FORT PIERCE

## PLANNING DEPARTMENT

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

### Certificate of Appropriateness Application

#### Building & Site Information

**Address of the Site:** 909 ATLANTIC AVE  
**Parcel ID #:** 2410-706-0034-000-9  
**Type of Designation:**  Contributing  Non-contributing Site within the ST LUCIE Historic District  
 Individually Designated Site, City Commission Resolution No. \_\_\_\_\_

#### Property Owner / Applicant Information

**Property Owner(s)**  
Name(s): Carolyn A Norman  
Mailing Address: 909 Atlantic AVE Fort Pierce, FL 34950  
Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant**  
Name(s): TREASURE COAST ROOFING  
Mailing Address: 4252 BANDY BLVD FORT PIERCE FL 34981  
Phone Number(s): 772-370-9770 Email: TCROOFINGLLC@GMAIL.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, Carolyn Norman as Owner(s) of the subject property do hereby authorize the filing of this application on my/our behalf.

[Signature]  
Signature of Owner

8/13/24  
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 checked="" 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) RE-ROOF

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

TEAR OFF EXISITNG ROOF AND DOWN TO PLYWOOD AND INSTALL NEW

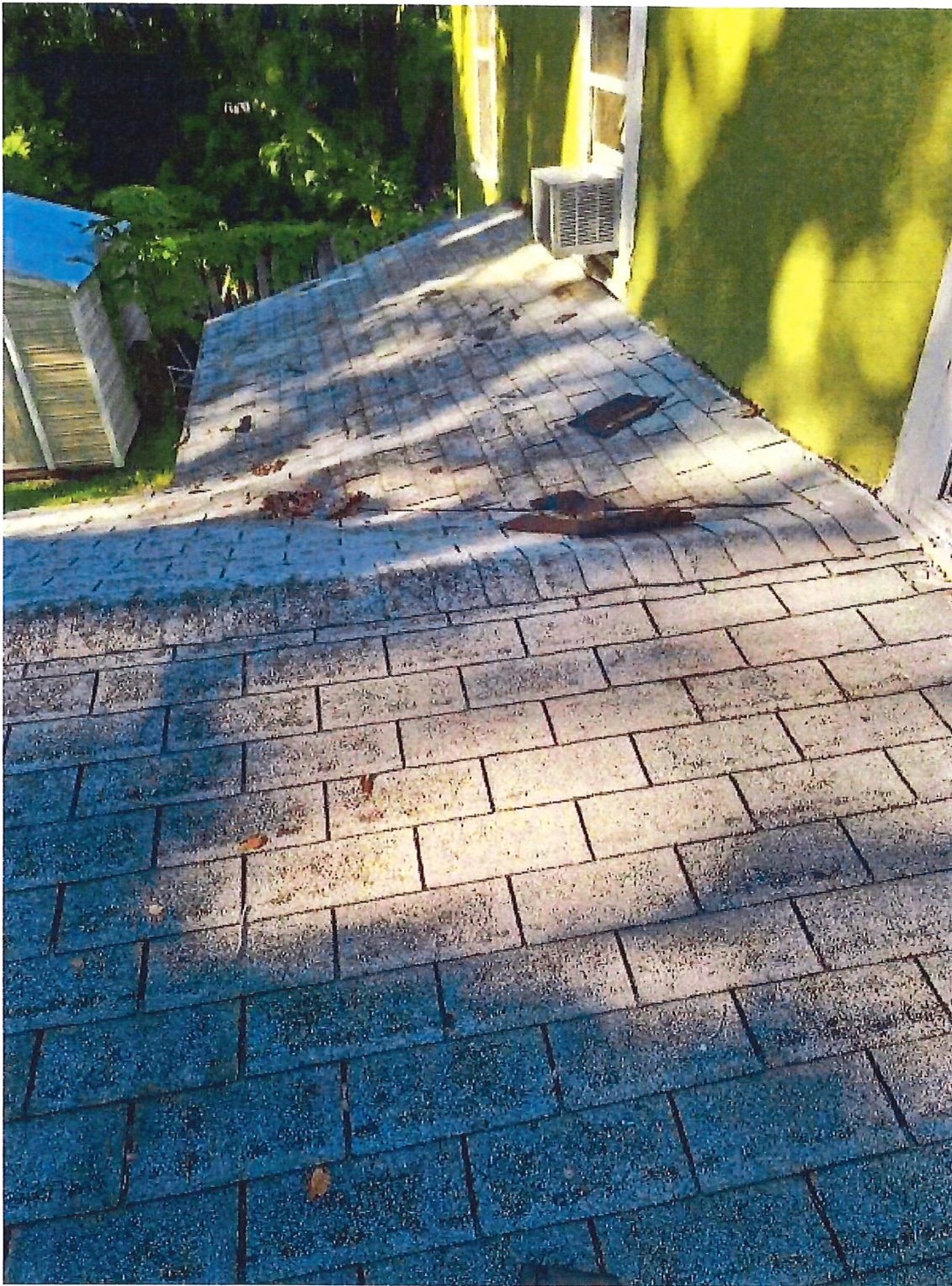
STANDING SEAMS METAL ROOF

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

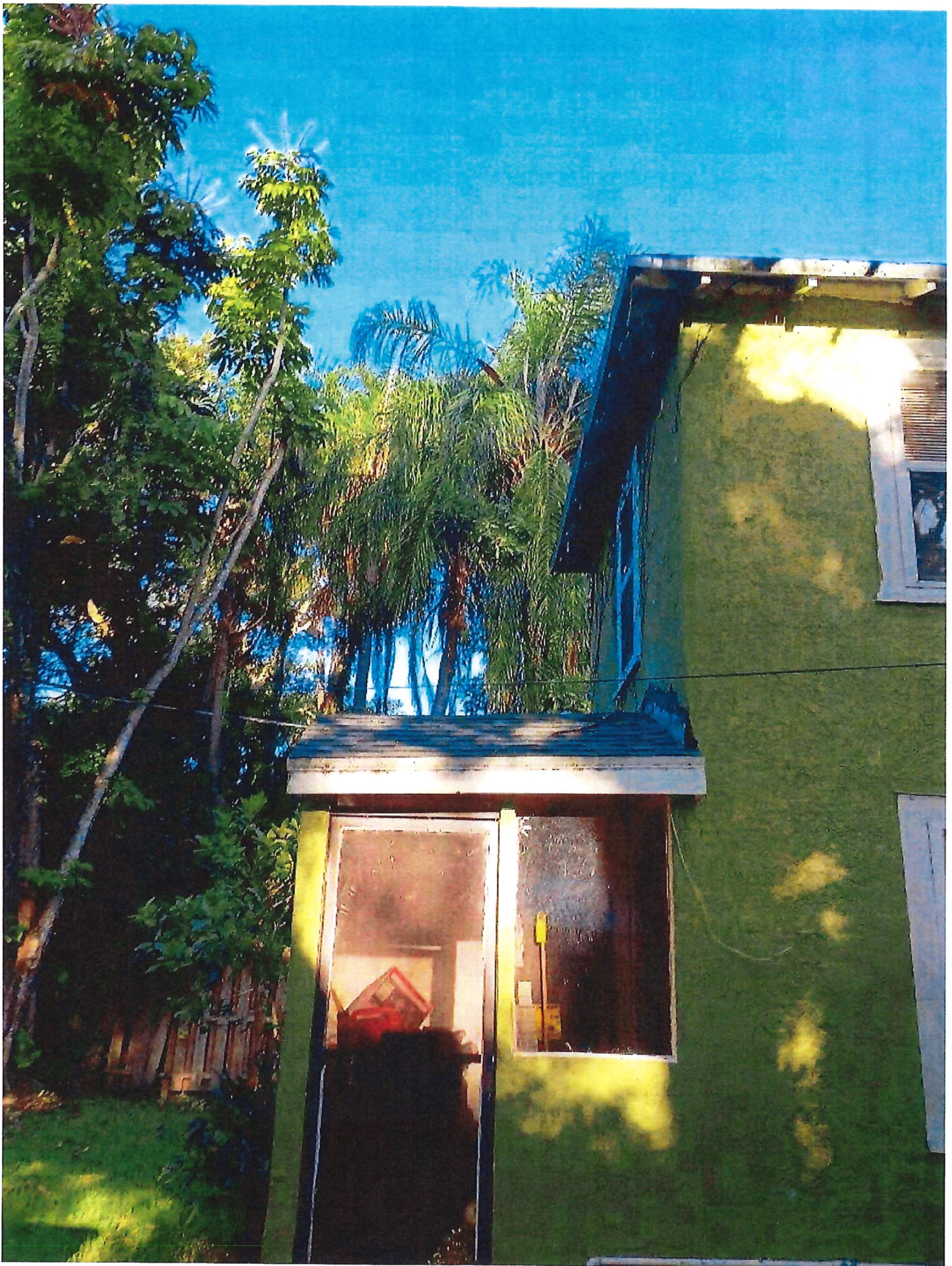
Will the proposed work require a Zoning Variance?  No  Yes, Code Section(s): \_\_\_\_\_

**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.



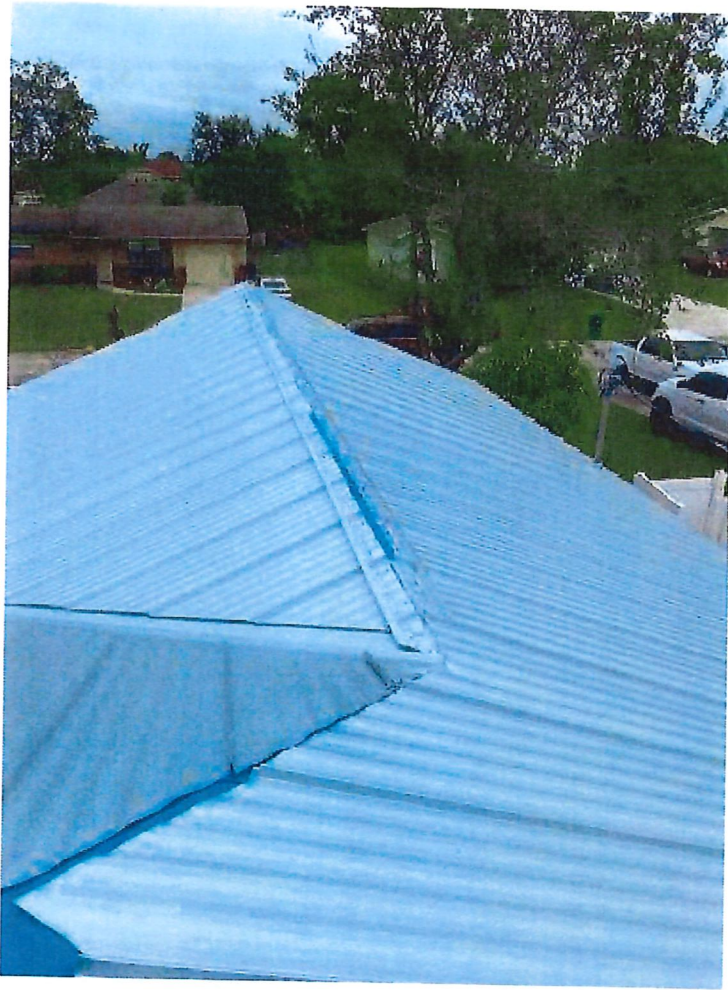




8/13/24, 9:33 AM











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

PZCOA#2024-00003

HISTORIC PRESERVATION BOARD APPROVAL

ADMINISTRATIVE APPROVAL

Site address: 615 S Indian River Drive

Contributing

Non-Contributing

Individually Designated

**SITE ALTERATIONS:**

| Request   | Conditions | Applicable Standards   |
|---|------------|--|
| Remove existing windows and replace them with impact windows.<br><br>Please see attached. |            | Secretary of the Interior's Standards for Rehabilitation of Historic Properties, Standard 9. |

**APPROVED:**

*Board Approval*

*Administrative Approval*

\_\_\_\_\_  
 KeAndrea Davis, Chair                      Date  
 Historic Preservation Board

  
 \_\_\_\_\_ 8/30/2024  
 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](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  |
|-----------------|--|--|
| Applicant/Owner | Jacob Berg<br>137 Parliament Ct<br>Hutchinson Island, FL 34949 | E-Mail<br><a href="mailto:zaneberg@gmail.com">zaneberg@gmail.com</a> |

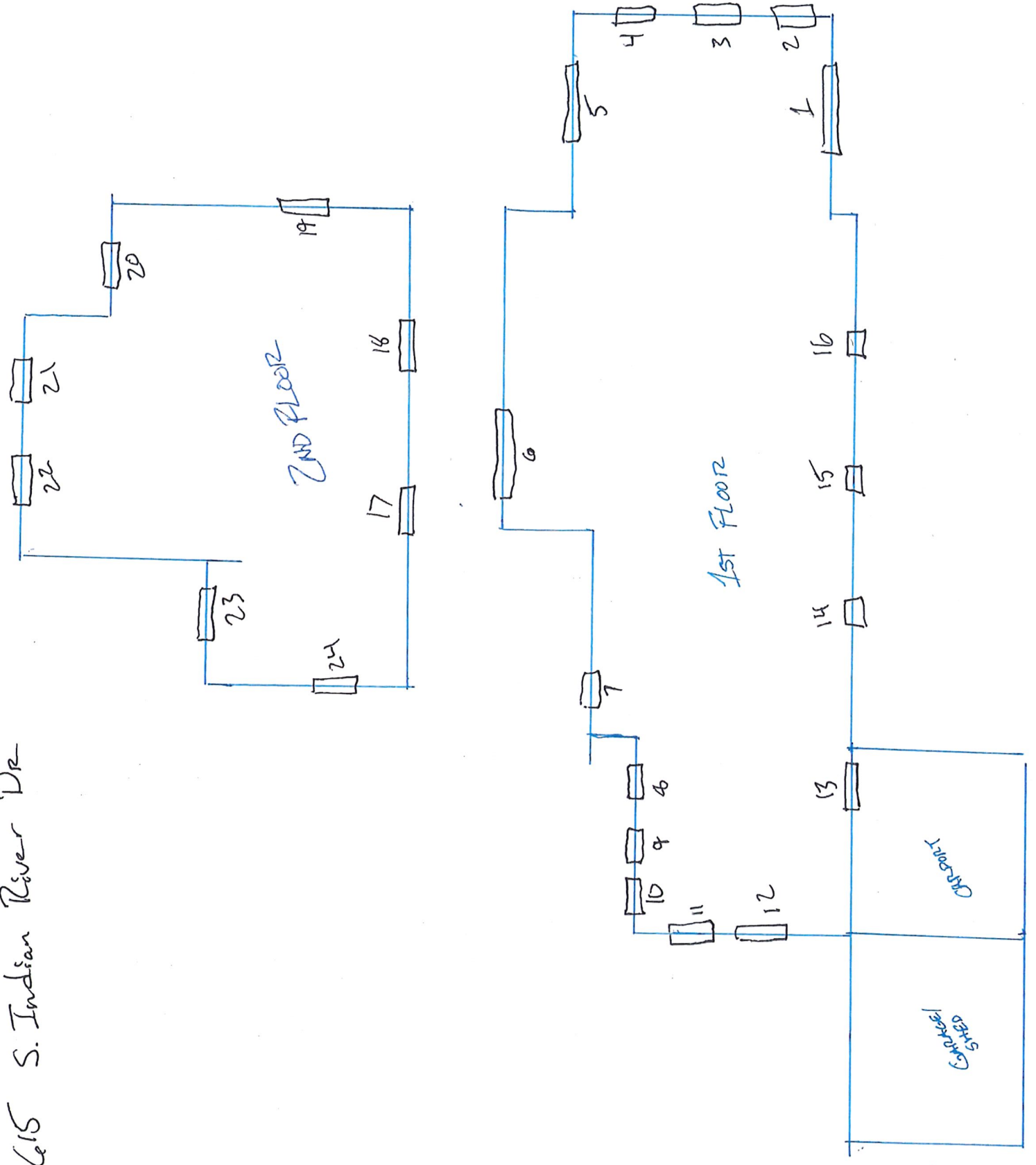
Berg – 615 S. Indian River Dr

## Impact Windows

White

|    | Window Size WxH |
|----|-----------------|
|    | DownStairs      |
| 1  | 68x81.5         |
| 2  | 68x81.5         |
| 3  | 68x81.5         |
| 4  | 68x81.5         |
| 5  | 103x81.5        |
| 6  | 83x71           |
| 7  | 45x71           |
| 8  | 36x51           |
| 9  | 44x62           |
| 10 | 52x62           |
| 11 | 52x62           |
| 12 | 52x62           |
| 13 | 52x62           |
| 14 | 32x38           |
| 15 | 32x42           |
| 16 | 32x42           |
|    |                 |
|    | Up Stairs       |
| 17 | 32x71           |
| 18 | 32x71           |
| 19 | 32x71           |
| 20 | 32x71           |
| 21 | 32x71           |
| 22 | 32x71           |
| 23 | 46x30           |
| 24 | 32x71           |
|    |                 |
|    |                 |
|    |                 |

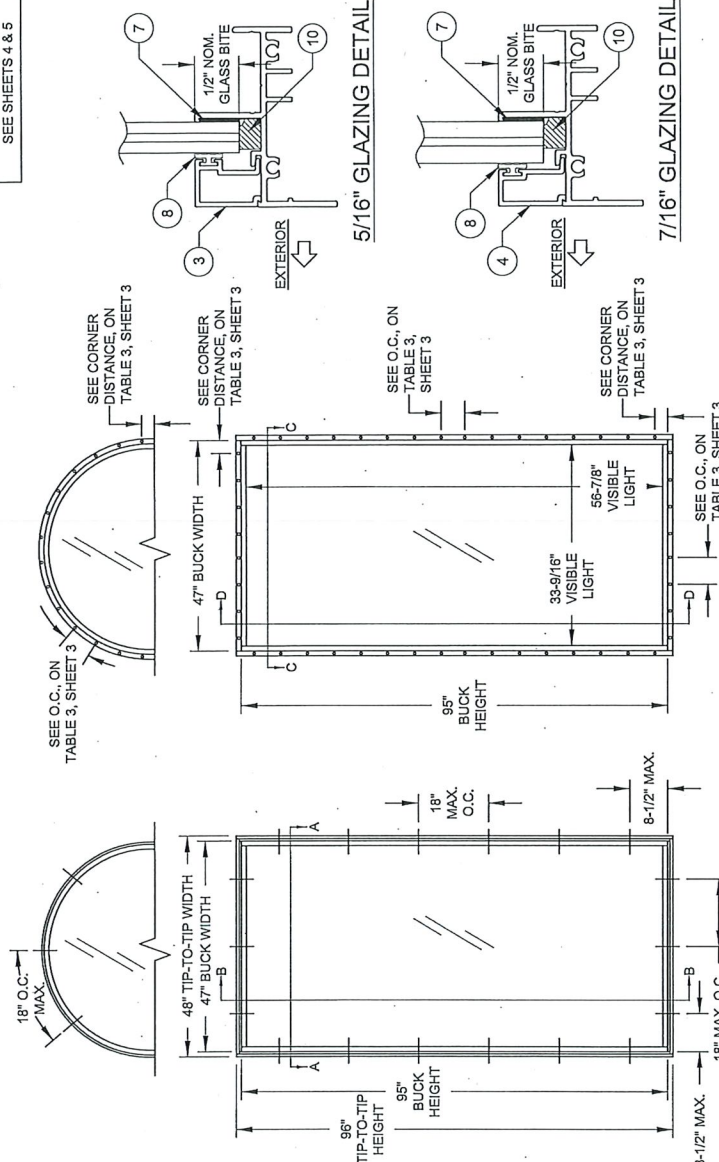
615 S. Indian River Dr



FLORIDA PRODUCT APPROVAL #26995

**SERIES PW4120A IMPACT RESISTANT  
FIXED WINDOW**

- THIS PRODUCT HAS BEEN DESIGNED & TESTED TO COMPLY WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE, INCLUDING THE HIGH VELOCITY HURRICANE ZONE (HVHZ).
- SHUTTERS ARE NOT REQUIRED WHEN USED IN WIND-BORNE DEBRIS REGIONS.
- MASONRY ANCHORS MAY BE USED INTO WOOD AS PER TABLE 2. ALL WOOD BUCKS LESS THAN 1-1/2" THICK ARE TO BE CONSIDERED 1X INSTALLATIONS. 1X WOOD BUCKS ARE OPTIONAL IF UNIT IS INSTALLED DIRECTLY TO SUBSTRATE. WOOD BUCKS DEPICTED AS 2X ARE 1-1/2" THICK OR GREATER. 1X AND 2X BUCKS (WHEN USED) SHALL BE DESIGNED TO PROPERLY TRANSFER LOADS TO THE STRUCTURE. WOOD BUCK DESIGN AND INSTALLATION IS THE RESPONSIBILITY OF THE ENGINEER OR ARCHITECT OF RECORD.
- ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO. USE ANCHORS OF SUFFICIENT LENGTH, OVERALL SEALING/FLASHING STRATEGY FOR WATER RESISTANCE OF INSTALLATION SHALL BE DONE BY OTHERS AND IS BEYOND THE SCOPE OF THESE INSTRUCTIONS.
- SHIMS ARE REQUIRED AT EACH FLANGE ANCHOR LOCATION WHERE THE PRODUCT IS NOT FLUSH TO THE SUBSTRATE. USE SHIMS CAPABLE OF TRANSFERRING APPLIED LOADS. WOOD BUCKS, BY OTHERS, MUST BE SUFFICIENTLY ANCHORED TO RESIST LOADS IMPOSED ON THEM BY THE WINDOW.
- THE ANCHORAGE METHODS SHOWN HAVE BEEN DESIGNED TO RESIST THE WIND LOADS CORRESPONDING TO THE REQUIRED DESIGN PRESSURE. THE 33-3/16" STRESS INCREASE HAS NOT BEEN USED IN THE DESIGN OF THIS PRODUCT. THE 1:6 LOAD DURATION FACTOR WAS USED FOR THE EVALUATION OF ANCHORS INTO WOOD. ANCHORS THAT COME INTO CONTACT WITH OTHER DISSIMILAR MATERIALS SHALL MEET THE REQUIREMENTS OF THE FLORIDA BUILDING CODE FOR CORROSION RESISTANCE.



**TYP. FLANGE FRAME  
ANCHOR LOCATIONS  
@ MAX. SIZE**

**TYP. FIN FRAME  
ANCHOR LOCATIONS  
@ MAX. SIZE**

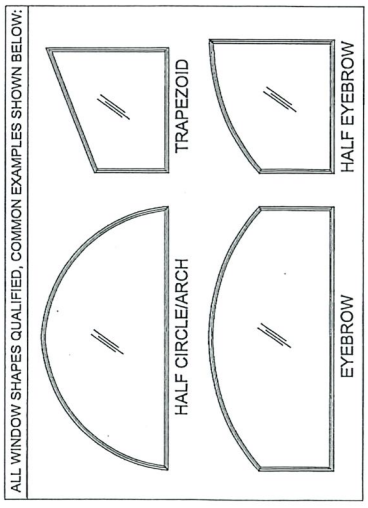
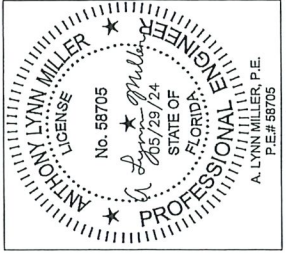


TABLE 1:

| Laminated Glass Types |  |
|-----------------------|--|
| 1                     | 1/8" Annealed, 0.090" PVB, 1/8" Annealed                     |
| 2                     | 1/8" Heat Strengthened, 0.090" PVB, 1/8" Heat Strengthened   |
| 3                     | 3/16" Annealed, 0.090" PVB, 3/16" Annealed                   |
| 4                     | 3/16" Heat Strengthened, 0.090" PVB, 3/16" Heat Strengthened |

INTERLAYER MAY BE SAFLEX PVB OR TROSIFOL PVB  
SEE SHEETS 4 & 5 FOR GLASS DETAILS

ALL TEMPERED AND/OR LAMINATED GLASS OPTIONS IN THIS APPROVAL HAVE BEEN CERTIFIED BY THE SGCC FOR COMPLIANCE TO ANSI Z97.1, CLASS A AND CPSC 16 CFR 1201, CATEGORY II. THIS INCLUDES LAMINATED GLASS THAT IS MANUFACTURED WITH ANNEALED GLASS PILES. FOR APPLICATIONS WHERE THE WINDOW IS BEING USED AS A GUARD, HEAT STRENGTHENED OR TEMPERED LAMINATED GLASS MUST BE USED.



**Impact Resistant Windows & Doors**  
1070 TECHNOLOGY DRIVE  
N. VENICE, FL 34275  
(941) 480-1600  
REGISTRATION #29296  
CGI WINDOWS AND DOORS  
3780 W. 104TH STREET  
HIALEAH, FL 33018  
COPYRIGHT © 2024 CGI, INC. LIMITED LICENSE  
TO MAKE COPIES FOR PERMITTING.  
PREPARED BY A. LYNN MILLER

**ALUMINUM FIXED WINDOW (LM)**  
ELEVATION & GENERAL NOTES  
DATE: 01/09/18  
DRAWN BY: A MORLESIN  
DWG No: 1 OF 5  
Sheet: PW4120A

DESIGN PRESSURE RATING  
VARIES,  
SEE SHEETS 4 & 5

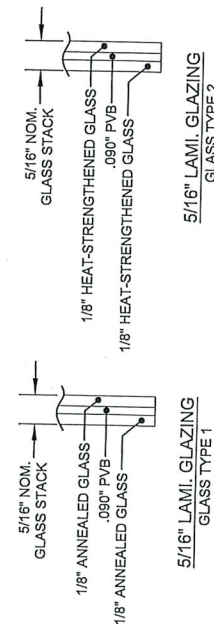
IMPACT RATING  
RATED FOR LARGE & SMALL  
MISSILE IMPACT RESISTANCE

**SERIES SH4100A IMPACT RESISTANT SINGLE HUNG WINDOW**

- THIS PRODUCT HAS BEEN DESIGNED & TESTED TO COMPLY WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE, INCLUDING THE HIGH VELOCITY HURRICANE ZONE (HVHZ).
- SHUTTERS ARE NOT REQUIRED WHEN USED IN WIND-BORNE DEBRIS REGIONS.
- MASONRY ANCHORS MAY BE USED INTO WOOD AS PER TABLE 2. ALL WOOD BUCKS LESS THAN 1-1/2" THICK ARE TO BE CONSIDERED 1X INSTALLATIONS. 1X WOOD BUCKS ARE OPTIONAL IF UNIT IS INSTALLED DIRECTLY TO SUBSTRATE. WOOD BUCKS DEPICTED AS 2X ARE 1-1/2" THICK OR GREATER. 1X AND 2X BUCKS (WHEN USED) SHALL BE DESIGNED TO PROPERLY TRANSFER LOADS TO THE STRUCTURE. WOOD BUCK DESIGN AND INSTALLATION IS THE RESPONSIBILITY OF THE ENGINEER OR ARCHITECT OF RECORD.
- ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO. USE ANCHORS OF SUFFICIENT LENGTH, OVERALL SEALING & FLASHING STRATEGY FOR WATER RESISTANCE OF INSTALLATION SHALL BE DONE BY OTHERS AND IS BEYOND THE SCOPE OF THESE INSTRUCTIONS.
- SHIMS ARE REQUIRED AT EACH FLANGE ANCHOR LOCATION WHERE THE PRODUCT IS NOT FLUSH TO THE SUBSTRATE. USE SHIMS CAPABLE OF TRANSFERRING APPLIED LOADS. WOOD BUCKS, BY OTHERS, MUST BE SUFFICIENTLY ANCHORED TO RESIST LOADS IMPOSED ON THEM BY THE WINDOW.
- THE ANCHORAGE METHODS SHOWN HAVE BEEN DESIGNED TO RESIST THE WIND LOADS CORRESPONDING TO THE REQUIRED DESIGN PRESSURE. THE 33-1/3% STRESS INCREASE HAS NOT BEEN USED IN THE DESIGN OF THIS PRODUCT. THE 1.8 LOAD DURATION FACTOR WAS USED FOR THE EVALUATION OF ANCHORS INTO WOOD. ANCHORS THAT COME INTO CONTACT WITH OTHER DISSIMILAR MATERIALS SHALL MEET THE REQUIREMENTS OF THE FLORIDA BUILDING CODE FOR CORROSION RESISTANCE.

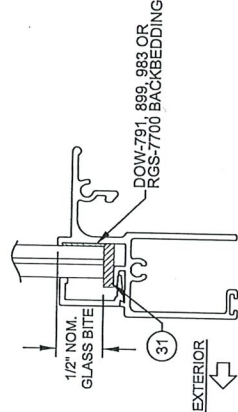
TABLE 1:

| Laminated Glass Types |   |
|-----------------------|---|
| 1                     | 1/8" Annealed, 0.090" PVB, 1/8" Annealed  |
| 2                     | 1/8" Heat-strengthened, 0.090" PVB, 1/8" Heat-strengthened INTERLAYER MAY BE SAFLEX PVB OR TROSIFOL PVB |



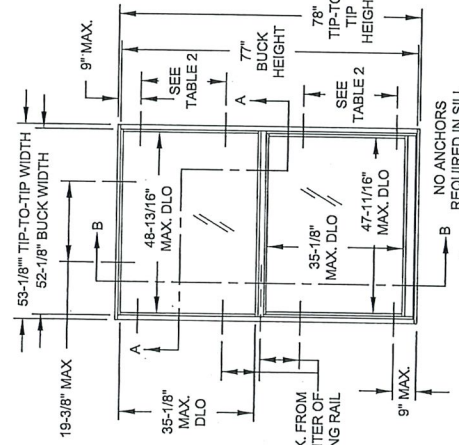
5/16" LAMI. GLAZING  
GLASS TYPE 1

5/16" LAMI. GLAZING  
GLASS TYPE 2

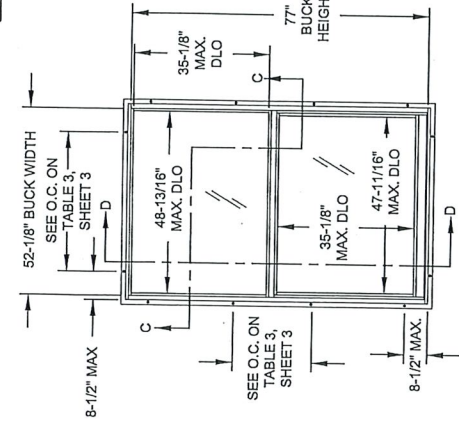


TYP. GLAZING DETAIL

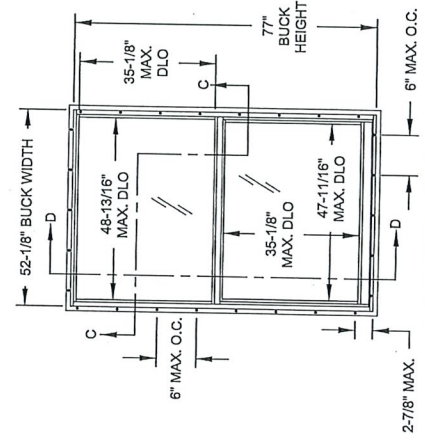
FLORIDA PRODUCT APPROVAL #23358



TYP. FLANGE FRAME  
ANCHOR LOCATIONS @ MAX. SIZE  
NO ANCHORS  
REQUIRED IN SILL

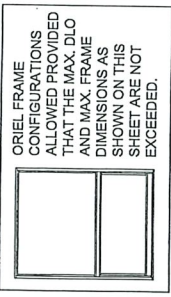


TYP. INTEGRAL FIN FRAME  
ANCHOR LOCATIONS @ MAX. SIZE  
(INSTALLED WITH SCREWS)



TYP. INTEGRAL FIN FRAME  
ANCHOR LOCATIONS @ MAX. SIZE  
(INSTALLED WITH NAILS)

|                        |   |
|------------------------|---|
| DESIGN PRESSURE RATING | IMPACT RATING                                     |
| +55/-65 PSF            | RATED FOR LARGE & SMALL MISSILE IMPACT RESISTANCE |



|  |   |   |  |
|--|---|---|--|
| <p>PREPARED BY A. LYNN MILLER<br/>1070 TECHNOLOGY DRIVE<br/>N. VENICE, FL 34275<br/>(941) 480-1600</p> <p>REGISTRATION #29296<br/>COPYRIGHT © 2024 CGI WINDOWS &amp; DOORS LIMITED LICENSE FOR PERMITTING.</p> | <p>CGI WINDOWS AND DOORS<br/>3780 W. 104TH STREET<br/>HIALEAH, FL 33018</p> | <p>SH WINDOW INSTALLATION (LM)<br/>ELEVATION &amp; GENERAL NOTES<br/>A MORLESIN</p> | <p>Sheet<br/>SH4100A<br/>1 OF 4<br/>DWG No.<br/>SH4100FLPA</p> |
| <p>DATE: 09/20/17</p>  | <p>DATE: 01/03/24</p>   | <p>DATE: 09/20/17</p>   | <p>DATE: 01/03/24</p>  |

