



APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS

\$200 application fee plus escrow deposit (minimum \$1,500 at submittal)

I. PROPERTY INFORMATION:

THIS SECTION FOR OFFICE USE ONLY

Site Designation Name: 414 Greenbriar Dr

SPECIAL ☒ REGULAR ☐

Property Address: 414 Greenbriar Dr

Designation No.: _____

Folio No.: 36434220010230040

Date Application Received: 5/26/99

Date of Designation: 10/4/99

LEGAL DESCRIPTION

Type of Designation: Local

Subdivision: 01

Assigned COA No.: _____

Lot: 4

Property is in a District: ☐ YES

Block: 23

☒ NO

Non-Contributing: ☐

Contributing: ☐

II. APPLICANT INFORMATION:

Name(s) of Owner: J&D West Palm Beach FL Properties LLC

Name of Applicant: Jesse Gates

Address of Applicant: 414 Greenbriar Dr., Lake Park, FL 33403

Applicant telephone number: 772-801-4545

Applicant E-Mail Address: shalorgat@hotmail.com

Applicant is: ☒ Owner

☐ Lease

☐ Contractor

☐ Legal Agent

All applications shall include one or two 3" x 5" color photographs of the designated property and project plans.

III. THE PROPOSED PROJECT WILL INCLUDE:

Please check those that apply to your project.

☒ Maintenance or Repair

☒ Restoration

☐ Rehabilitation

☐ Evacuation

☒ Demolition

☐ New Construction

☐ Relocation

IV. DESCRIPTION OF THE PROPOSED PROJECT:

Please describe what changes will be made to the following items and how they will be accomplished.

Structural System: Repair and replace damage exterior bearing walls.

Roofs and Roofing System: Add tie downs per structural engineer recommendations/calculations for hurricane zone code compliance.

Windows and Doors: Removed all the existing damaged windows & doors and replace all with new windows.

Materials: (masonry, wood, metal): Remove existing exterior damaged wood siding and replace with new hardie plank lap siding to match existing.

Porches, Porte-cochere, Steps and Stairways: n/a

Painting and Finishes and Color: Proposing Sherwing William SW 9153 Moolit Orchid paint color for both guest and main house.

Additions: n/a

Demolitions: Removing damaged wood siding, windows and doors. Repairing and replacing damaged exterior wood bearing walls.

PLEASE DO NOT DETACH FROM APPLICATION.



SIGNATURE REQUIRED BELOW.

Please be advised that Section 51-6 of the *Town of Lake Park Code of Ordinances* provides for the Town to be reimbursed, in addition to any application or administrative fees, for any supplementary fees and costs the Town incurs in processing development review requests.

These costs may include, but are not limited to, advertising and public notice costs, legal fees, consultant fees, additional Staff time, cost of reports and studies, NPDES stormwater review and inspection costs, and any additional costs associated with the building permit and the development review process.

For further information and questions, please contact the Community Development Department at 561-881-3318.

I, Jesse Gates, have read and understand the regulations above regarding cost recovery.

Jesse Gates
Property Owner Signature

07/22/2022
Date

ADD ADDITIONAL TEXT (IF NEEDED):

THIS PAGE FOR OFFICE USE ONLY

REGULAR CERTIFICATE OF APPROPRIATENESS

Designation Name: _____ **C.O.A. #:** _____

Historic Preservation Specialist Reviewer: _____

Application was received complete: ☐ **Yes**
☐ **No**

Request for Additional Documentation: ☐ **Yes**
☐ **No**

What documents or information requested:

Additional Documentation Received: ☐ **Yes** **Date Received:** _____
☐ **No**

Site Inspection: ☐ **Yes** **Date Inspected:** _____
☐ **No** **Inspector:** _____

☐ **Approved** ☐ **Approved with Conditions** ☐ **Denied**

Expiration Date: _____

(Signed) Historic Preservation Division Director

Date

NOTE: The Certificate of appropriateness is valid for a period of 180 days after the date of its approval. After the expiration date a 60-day period may be allowed to complete work In progress if the owner can show cause why the work has not been completed; otherwise, the owner must reapply. Any questions regarding this application may be directed to Community Development Director at 561-881-3319.

THIS PAGE FOR OFFICE USE ONLY

SPECIAL CERTIFICATE OF APPROPRIATENESS

Designation Name: _____ **C.O.A. #:** _____

Historic Preservation Specialist Reviewer: _____

Application was received complete: ☐ **Yes**
☐ **No**

Request for Additional Documentation: ☐ **Yes**
☐ **No**

What documents or information requested:

Additional Documentation Received: ☐ **Yes** **Date Received:** _____
☐ **No**

Site Inspection: ☐ **Yes** **Date Inspected:** _____
☐ **No** **Inspector:** _____

STAFF RECCOMENDATIONS:

Date of Board Hearing: _____

Board Actions/Conditions:

☐ **Approved** ☐ **Approved with Conditions** ☐ **Denied**

Expiration Date: _____

(Signed) Historic Preservation Division Director

Date

NOTE: The Certificate of Appropriateness is valid for a period of 180 days after the date of its approval. After the expiration date a 60-day grace period may be allowed to complete work in progress if the owner can show cause why the work has not been completed; otherwise the owner must reapply.