FOR OFFICIAL USE ONLY

Date Received: 7/14/22

Case #: COA 22-14

CITY OF LAKE CITY
HISTORIC PRESERVATION
CERTIFICATE OF APPROPRIATENESS

APPLICANT INFORMATION

Applicant is (check one and sign below): ☐ Owner ☑ Contractor ☐ Architect ☐ Other _____

Applicant: Robert ogles

Contact: 386-590-4611

Address: 505 goldkist Blvd
Live Oak FL

Phone: 386-364-4838

Cell: 386-590-4611

Email: OglesRoofing@gmail.com

Property Owner: Joann Collins

Contact: 386-984-0424

Address: 404 Sc Church ave
Lake City FL
386-984-0424

Phone:

Cell:

Email: JoanneCollins126@Yahoo.com

PROPERTY INFORMATION

Site Location/Address: 404 Sc Church ave Lake City

Current Use: Residential House

Year Built: 1969

Proposed Use: Same

Projected Cost of Work: $ 14,000.00

NARRATIVE

Please provide a detailed summary of proposed work. Note affected features and changes in external structure design or materials. (Note: May be submitted as an attachment).

New Roof. Currently has shingle roof & will Put a metal roof on. Directly east & some side of street has same metal roof we propose.

I certify that I have reviewed the Land Development Code (see below) and that my submission meets all requirements.

APPLICANT/AGENT SIGNATURE	APPLICANT/AGENT NAME and TITLE	DATE

FOR OFFICIAL USE ONLY			
Parcel ID Number:	00-00-00-13771-000		
Future Land Use:	Residential Medium	Zoning District:	RSF-3
Review (circle one):	Ordinary Maintenance	Minor Work	(Major Work)
National Register of Historic Places Designation?	Yes	No, but eligible	No, not eligible

CITY OF LAKE CITY

GROWTH MANAGEMENT DEPARTMENT
205 North Marion Ave, Lake City, FL 32055
Phone: 386-719-5750
E-mail: growthmanagement@lcfla.com

AGENT AUTHORIZATION FORM

I, Jesse Collins (owner name), owner of property parcel number 00-00-00-13771-000 (parcel number), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the owner, or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are authorized to sign, speak and represent me as the owner in all matters relating to this parcel.

Printed Name of Person Authorized	Signature of Authorized Person
1. Robert Ogles	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the owner, realize that I am responsible for all agreements my duly authorized agent agrees with, and I am fully responsible for compliance with all Florida Statutes, City Codes, and Land Development Regulations pertaining to this parcel.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Owner Signature (Notarized) 7-13-2022 Date

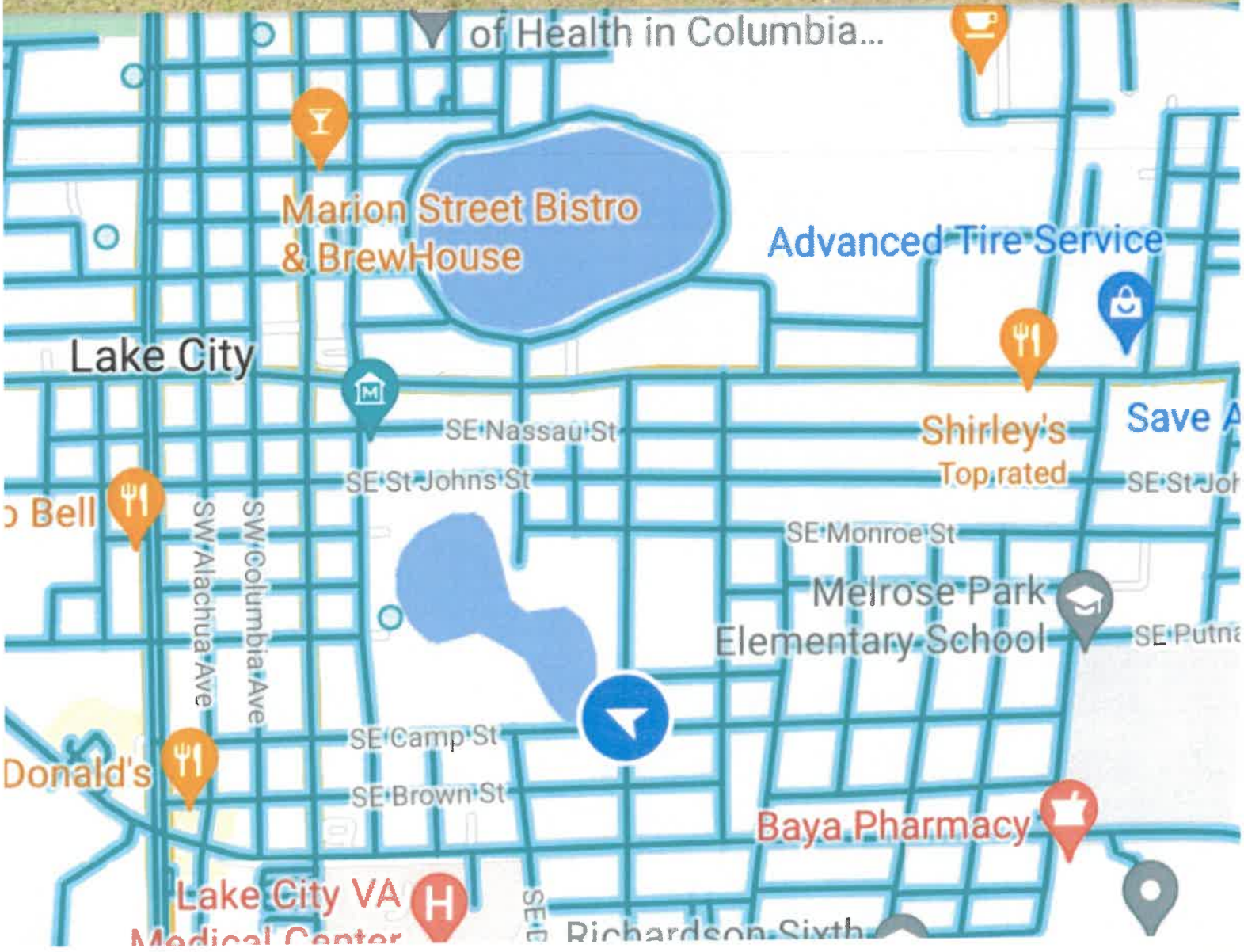
NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Suwannee

The above person, whose name is Robert Ogles, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 13th day of July, 2022.

NOTARY'S SIGNATURE (Seal/Stamp)

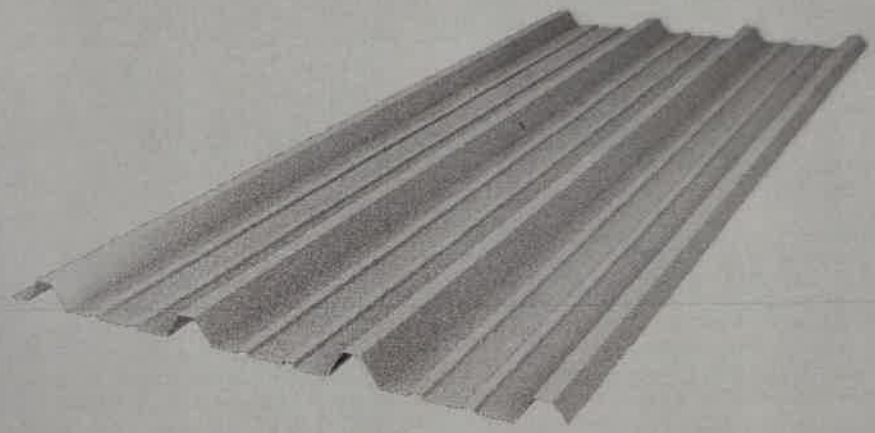
ASHLEY K. STALEY
MY COMMISSION # GG 923118
EXPIRES: October 15, 2023
Bonded Thru Notary Public Underwriters


401


of Health in Columbia...
Marion Street Bistro & BrewHouse
Advanced Tire Service
Lake City
SE Nassau St
Shirley's
Top rated
Save A
SE St Johns St
SE St Joh
Bell
SE Monroe St
SW Alachua Ave
SW Columbia Ave
Melrose Park Elementary School
SE Putna
SE Camp St
Donald's
SE Brown St
Baya Pharmacy
Lake City VA Medical Center
Richardson Sixth

CORE DEFENDER
paint system

Ultra Rib
(26 & 29 GA)



PBR
(26 GA only)

Get orders FAST!

NEXT DAY

ORDER BY 4 OUT THE DOOR


GALVALUME