



CITY OF LAKE CITY  
HISTORIC PRESERVATION  
CERTIFICATE OF APPROPRIATENESS

FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Case #: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant is (check one and sign below): ☐ Owner ☐ Contractor ☒ Architect ☐ Other \_\_\_\_\_

Applicant: Lee B Manske

Contact: \_\_\_\_\_

Address: 2422 N. Rutgers Court  
Wichita KS 67205

Phone: \_\_\_\_\_

Cell: 316-841-3174

Email: LBMANSKE@LBMANSKE.COM

Property Owner: Marleen Strickland  
Linda Sue Strickland

Contact: Guy W. Norris, Attorney

Address: 186 Seven Farms Drive  
Daniel Island SC 29492

Phone: 386-752-7240

Cell: \_\_\_\_\_

Email: gnorris@norrisattorneys.com

**PROPERTY INFORMATION**

Site Location/Address: 507 S. Marion Avenue

Current Use: Pizza Hut Restaurant

Year Built: \_\_\_\_\_

Proposed Use: Food Mercantile - Carry Out/Delivery

Projected Cost of Work: \$ 250,000 (estimated)  
(out to bid)

**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).

Remodel of an existing Pizza Hut restaurant into latest brand image

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

Lee B. Manske  
APPLICANT/AGENT SIGNATURE

Lee B. Manske Architect  
APPLICANT/AGENT NAME and TITLE

04SEP21  
DATE

FOR OFFICIAL USE ONLY

Parcel ID Number:			
Future Land Use:		Zoning District:	
Review (circle one):	Ordinary Maintenance	Minor Work	Major Work
National Register of Historic Places Designation?	Yes	No, but eligible	No, not eligible



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

AGENT AUTHORIZATION FORM

I, LINDA SUE STRICKLAND (owner name), owner of property parcel

number 04-00-00-13820-000 (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. Lee B. Manske	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) \_\_\_\_\_ Date 9/2/21

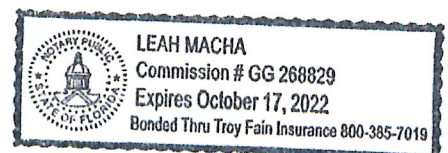
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above person, whose name is Linda Sue Strickland, personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 2nd day of September, 2021.

NOTARY'S SIGNATURE \_\_\_\_\_

(Seal/Stamp)







GROWTH MANAGEMENT DEPARTMENT  
205 North Marion Ave, Lake City, FL 32055

Phone: 386-719-5750

E-mail: growthmanagement@lcfla.com

AGENT AUTHORIZATION FORM

I, MARTEEN STRICKLAND CO. (owner name), owner of property parcel

number 00-00-00-13820-000 (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. <u>Lee B. Manske</u>	1. <u>[Signature]</u>
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.

Marteen Strickland 9/2/21  
Owner Signature (Notarized) Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above person, whose name is Marteen Strickland, personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 2nd day of September, 2021.

Leah Macha  
NOTARY'S SIGNATURE

(Seal/Stamp)

