



**CITY OF LAKE CITY
HISTORIC PRESERVATION
CERTIFICATE OF APPROPRIATENESS**

FOR OFFICIAL USE ONLY

Date Received: _____

Case # COA 24-17

APPLICANT INFORMATION

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

Applicant: Paul McDaniel

Contact: _____

Address: 2230 SE Baya Dr.
Lake City FL 32025

Phone: 386-752-4072

Cell: _____

Email: rmcrr.office@gmail.com

Property Owner: Jay Davis

Contact: _____

Address: 187 SE Camp St
Lake City FL 32025

Phone: 386-961-1482

Cell: jsd32056@aol.com

Email: _____

PROPERTY INFORMATION

Site Location/Address: 187 SE Camp St Lake City FL 32025

Current Use: Rental

Year Built: 1910

Proposed Use: Rental

Projected Cost of Work: \$ 7470.00

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).

metal over existing shingle

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

Paul McDaniel
APPLICANT/AGENT SIGNATURE

Paul McDaniel Contractor
APPLICANT/AGENT NAME and TITLE

5/13/21
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, Jay Davis (owner name), owner of property parcel

number 00.00.00.13779.001 (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. Paul McDaniel	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 5/13/21

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above person, whose name is Jay Davis, personally
✓ appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 13 day of May, 2021.

NOTARY'S SIGNATURE

