



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

**FOR OFFICIAL USE ONLY**

Date Received: 5/26/23  
Case #: COA 23-19

**APPLICANT INFORMATION**

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

Applicant: Robert Ogles

Contact: Robert Ogles

Address: 505 Goldkist Blvd Live Oak  
FL 32064

Phone: 386-364-4838

Cell: 386-540-4611

Email: roglesroofing@gmail.com

Property Owner: Yisandra Gonzalez Arencibia

Contact: Same

Address: 1901 Cottage Ave SW  
Live Oak FL 32064

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

Cell: 601-397-4545

Email: N/A

**PROPERTY INFORMATION**

Site Location/Address: 385 SW Alachua ave

Current Use: Res. Home

Year Built: 1997

Proposed Use: Res. Home

Projected Cost of Work: \$ 6,000<sup>00</sup>

**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 ☒ Install new Galvalume metal roof. Currently has  
shingles.

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

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Parcel ID Number:	<u>13835-000</u>		
Future Land Use:	<u>Residential Medium</u>	Zoning District:	<u>R0</u>
Review (circle one):	Ordinary Maintenance	<u>Minor Work</u>	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, Lisandra Gonzalez (owner name), owner of property parcel

number 00-00-00-13835-000 (42391) (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)

5-25-23

Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Sumner

The above person, whose name is Lisandra Gonzalez, personally appeared before me and is known by me or has produced identification (type of I.D.) drivers license on this 25<sup>th</sup> day of May, 2023.

NOTARY'S SIGNATURE

(Seal/Stamp)

DL# C7524 960-90-560-0



AMITY SHAW  
Notary Public  
State of Florida  
Comm# HH334319  
Expires 11/21/2026

Google Maps 385 SW Alachua Ave



Lake City, Florida  
Google Street View,  
Jun 2015    See more dates

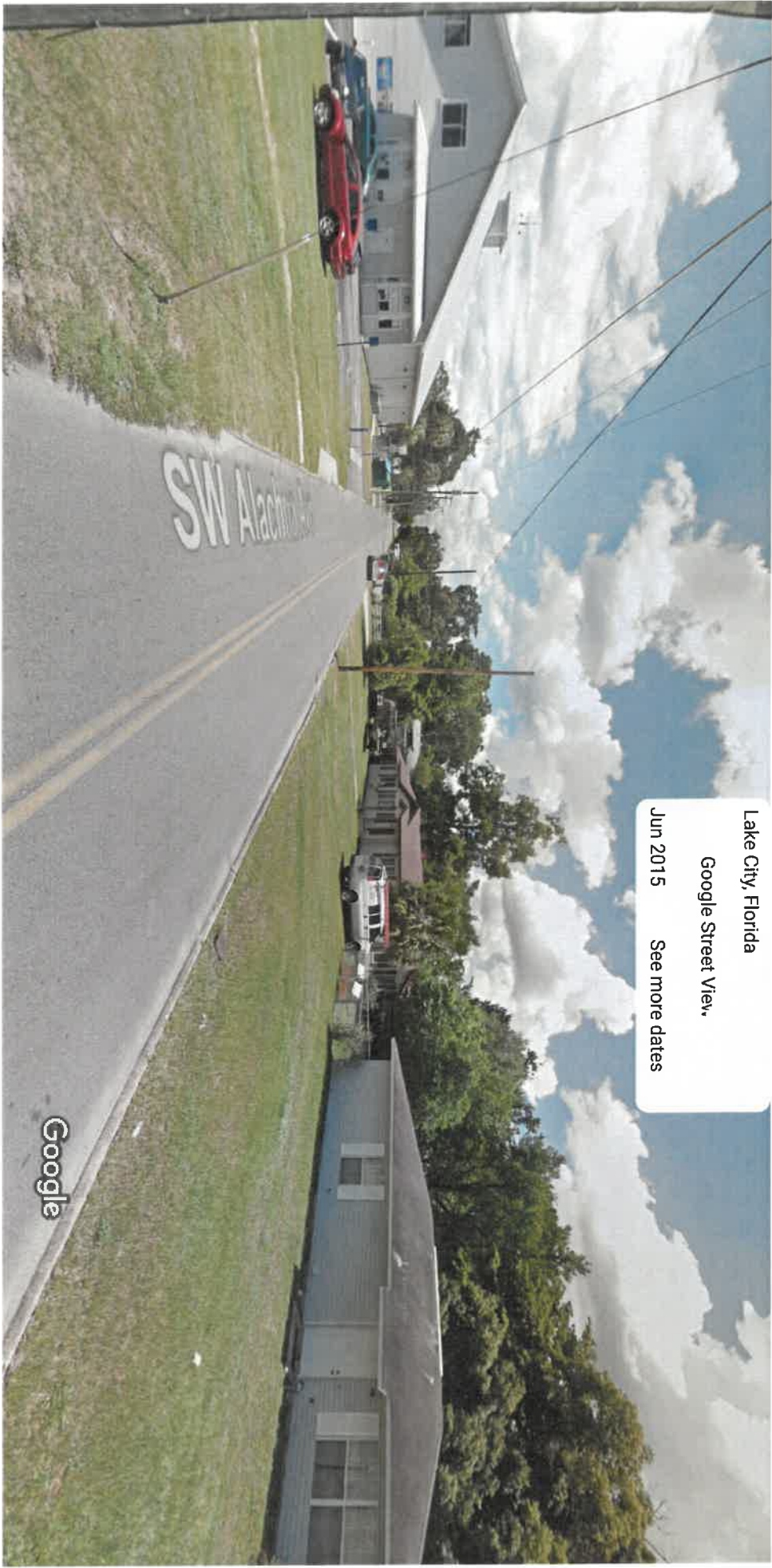
Image capture: Jun 2015    © 2023 Google

← 385 SW Alachua Ave

All Street View & 360°



Google Maps 385 SW Alachua Ave



Lake City, Florida

Google Street View,

Jun 2015 See more dates

Image capture: Jun 2015 © 2023 Google

← 385 SW Alachua Ave

All

Street View & 360°

Google Maps 367 SW Alachua Ave



Lake City, Florida  
Google Street View,  
Jun 2015 See more dates

Image capture: Jun 2015 © 2023 Google

← 401 SW Alachua Ave

All

Street View & 360°