



DEPARTMENT OF GROWTH MANAGEMENT
205 North Marion Avenue
Lake City, Florida 32055
Telephone: (386) 719-5750
growthmanagement@lcfla.com

REVIEW REPORT TO PLANNING AND ZONING, BOARD OF
ADJUSTMENT AND HISTORICAL COMMITTEES' BY STAFF
FOR SITE PLAN REVIEW, SPECIAL EXCEPTIONS, VARIANCES, COMPREHENSIVE
PLAN AMENDMENTS/ ZONING AND CERTIFICATE OF APPROPRIATENESS

Date: 04/17/2023

Request Type: Site Plan Review (SPR) Special Exception (SE) Variances (V)

Comprehensive Plan Amendment/Zoning (CPA/Z) Certificate of Appropriateness (COA)

Project Number: SPR23-10

Project Name: Aspire Dental Addition

Project Address: 1788 SW Barnett Way, Lake City, FL

Project Parcel Number: 05-4S-17-07604-102

Owner Name: Affiliated Property Management

Owner Address: 14506 NW 11th Place, Newberry, FL 32669

Owner Contact Information: Telephone Number: 386-752-2836 Email: aspiredentallc@gmail.com

Owner Agent Name: Carol Chadwick

Owner Agent Address: 1208 SW Fairfax Glen, Lake City, FL 32025

Owner Agent Contact Information: Telephone: 307-680-1772 Email: ccpewyo@gmail.com

The City of Lake City staff has reviewed the application and documents provided for the above request and have determined the following.

Growth Management – Building Department, Planning and Zoning, Code Enforcement, Permitting

Building Department: Reviewed by: _____ Date: _____

Comments: _____

Planning and Zoning: Reviewed by: _____ Date: _____

Comments: _____

Business License: Reviewed by: _____ Date: _____

Comments: _____

Code Enforcement: Reviewed by: _____ Date: _____

Comments: _____

Permitting: Reviewed by: _____ Date: _____

Comments: _____

Utilities – Water, Sewer, Gas, Water Distribution/Collections, Customer Service

Water Department: Reviewed by: _____ **Date:** _____

Comments: _____

Sewer Department: Reviewed by: _____ **Date:** _____

Comments: _____

Gas Department: Reviewed by: _____ **Date:** _____

Comments: _____

Water Distribution/Collection: Reviewed by: _____ **Date:** _____

Comments: _____

Customer Service: Reviewed by: _____ **Date:** _____

Comments: _____

Public Safety – Public Works, Fire Department, Police Department

Public Works: Reviewed by: _____ **Date:** _____

Comments: _____

Fire Department: Reviewed by: _____ **Date:** _____

Comments: _____

Police Department: Reviewed by: _____ **Date:** _____

Comments: _____

Please provide separate pages for comments that will not fit in provided spaces and please label the pages for your department and for the project.