GROWTH MANAGEMENT
205 North Marion Ave.
Lake City, FL 32055
Telephone: (386)719-5750
E-Mail:
growthmanagement@lcfla.com

FOR PLANNING USE ONLY
Application # _____
Application Fee $200.00
Receipt No._____
Filing Date_____
Completeness Date _____

Site Plan Application

A. PROJECT INFORMATION

1. Project Name: PALMS MEDICAL GROUP
2. Address of Subject Property: 422 NE LAKE SHORE TERRACE, LAKE CITY, FL
3. Parcel ID Number(s): 00-00-00-12113-000 & 00-00-00-12112-001
4. Future Land Use Map Designation: RESIDENTIAL - MEDIUM
5. Zoning Designation: RO
6. Acreage: 0.95
7. Existing Use of Property: EXISTING VACANT MEDICAL OFFICE BUILDING
8. Proposed use of Property: MEDICAL OFFICE BUILDING
9. Type of Development (Check All That Apply):
   - ☐ Increase of floor area to an existing structure: Total increase of square footage _____
   - ☐ New construction: Total square footage _____
   - ☐ Relocation of an existing structure: Total square footage _____

B. APPLICANT INFORMATION

1. Applicant Status ☐ Owner (title holder) ■ Agent
2. Name of Applicant(s): CAROL CHADWICK, PE Title: CIVIL ENGINEER
   Company name (if applicable): _____
   Mailing Address: 1208 SW FAIRFAX GLEN
   City: LAKE CITY State: FL Zip: 32025
   Telephone: (307) 680.1772 Fax: (____) _____ Email: ccpewyo@gmail.com

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.

3. If the applicant is agent for the property owner*.
   Property Owner Name (title holder): LAKE SHORE HOSIPAL
   Mailing Address: 1259 NE FRANKLIN STREET
   City: LAKE CITY State: FL Zip: 32055
   Telephone: (____) _____ Fax: (____) _____ Email: _____

4. Mortgage or Lender Information: ☐ Yes ☐ No
   Name of Mortgage or Lender: _____
   Contact Name: _____ Telephone Number: _____
   E-Mail Address: _____
   If property has a mortgage or lender, the mortgage or lender shall be required to provide a release for this application to proceed.

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.

***Must provide an executed Property Owner Affidavit Form authorizing the agent to act on behalf of the property owner.**

C. ADDITIONAL INFORMATION

1. Is there any additional contract for the sale of, or options to purchase, the subject property?
   If yes, list the names of all parties involved: NA
   If yes, is the contract/option contingent or absolute: □ Contingent □Absolute
2. Has a previous application been made on all or part of the subject property? □Yes ☒ No
3. Future Land Use Map Amendment: □Yes ____ ■No ____
   Future Land Use Map Amendment Application No. ____
   Site Specific Amendment to the Official Zoning Atlas (Rezoning): □Yes ____ ■No ____
   Site-Specific Amendment to the Official Zoning Atlas (Rezoning) Application No. ____
   Variance: □Yes ____ ■No ____
   Variance Application No. ____
   Special Exception: □Yes ____ ■No ____
   Special Exception Application No. ____

D. ATTACHMENT/SUBMITTAL REQUIREMENTS

1. **Vicinity Map** – Indicating general location of the site, abutting streets, existing utilities, complete legal description of the property in question, and adjacent land use.

2. **Site Plan** – Including, but not limited to the following:
   a. Name, location, owner, and designer of the proposed development.
   b. Present zoning for subject site.
   c. Location of the site in relation to surrounding properties, including the means of ingress and egress to such properties and any screening or buffers on such properties.
   d. Date, north arrow, and graphic scale not less than one inch equal to 50 feet.
   e. Area and dimensions of site (Survey).
   f. Location of all property lines, existing right-of-way approaches, sidewalks, curbs, and gutters.
   g. Access to utilities and points of utility hook-up.
   h. Location and dimensions of all existing and proposed parking areas and loading areas.
   i. Location, size, and design of proposed landscaped areas (including existing trees and required landscaped buffer areas).
   j. Location and size of any lakes, ponds, canals, or other waters and waterways.
   k. Structures and major features fully dimensioned including setbacks, distances between structures, floor area, width of driveways, parking spaces, property or lot lines, and percent of property covered by structures.
   l. Location of trash receptacles.
   m. For multiple-family, hotel, motel, and mobile home park site plans:
      i. Tabulation of gross acreage.
      ii. Tabulation of density.
      iii. Number of dwelling units proposed.
      iv. Location and percent of total open space and recreation areas.
      v. Percent of lot covered by buildings.

vi. Floor area of dwelling units.
vii. Number of proposed parking spaces.
viii. Street layout.
ix. Layout of mobile home stands (for mobile home parks only).

3. **Stormwater Management Plan**—Including the following:
   a. Existing contours at one-foot intervals based on U.S. Coast and Geodetic Datum.
   b. Proposed finished elevation of each building site and first floor level.
   c. Existing and proposed stormwater management facilities with size and grades.
   d. Proposed orderly disposal of surface water runoff.
   e. Centerline elevations along adjacent streets.
   f. Water management district surface water management permit.

4. **Fire Department Access and Water Supply Plan:** The Fire Department Access and Water Supply Plan must demonstrate compliance with Chapter 18 of the Florida Fire Prevention Code, be located on a separate signed and sealed plan sheet, and must be prepared by a professional fire engineer licensed in the State of Florida. The Fire Department Access and Water Supply Plan must contain fire flow calculations in accordance with the Guide for Determination of Required Fire Flow, latest edition, as published by the Insurance Service Office ("ISO") and/or Chapter 18, Section 18.4 of the Florida Fire Prevention Code, whichever is greater.

5. **Mobility Plan:** Mobility plan shall include accessibility plan for ADA compliance, safe and convenient onsite traffic flow, and accessibility plan for bicycle and pedestrian safety. The City shall require additional right of way width for bicycle and pedestrian ways to be provided for all proposed collector and arterial roadways, as integrated or parallel transportation facilities per Policy II.1.4 of the Comprehensive Plan.

6. **Concurrency Impact Analysis**: Concurrency Impact Analysis of impacts to public facilities. For commercial and industrial developments, an analysis of the impacts to Transportation, Potable Water, Sanitary Sewer, and Solid Waste impacts are required.

7. **Comprehensive Plan Consistency Analysis**: An analysis of the application's consistency with the Comprehensive Plan (analysis must identify specific Goals, Objectives, and Policies of the Comprehensive Plan and detail how the application complies with said Goals, Objectives, and Policies).

8. **Legal Description with Tax Parcel Number** (In Word Format).

9. **Proof of Ownership** (i.e. deed).

10. **Agent Authorization Form** (signed and notarized).

11. **Proof of Payment of Taxes** (can be obtained online via the Columbia County Tax Collector's

Office).

12. **Fee:** The application fee for a Site and Development Plan Application is $200.00. No application shall be accepted or processed until the required application fee has been paid

13. **Notices:** All property owners within three hundred (300) feet must be notified by certified mail by the proponent and proof of the receipt of these notices must be submitted as part of the application package submittal.
    The Growth Management Department shall supply the name and addresses of the property owners, The notification letters, and the envelopes to the proponent.

ACKNOWLEDGEMENT, SIGNATURES, AND NOTORY ON FOLLOWING PAGE

NOTICE TO APPLICANT

All eleven (13) attachments listed above are required for a complete application. Once an application is submitted and paid for, a completeness review will be done to ensure all the requirements for a complete application have been met. If there are any deficiencies, the applicant will be notified in writing. If an application is deemed to be incomplete, it may cause a delay in the scheduling of the application before the Planning & Zoning Board.

A total of eight (2) copies of proposed site plan application and all support materials must be submitted along with a PDF copy on a CD. See City of Lake City submittal guidelines for additional submittal requirements.

THE APPLICANT ACKNOWLEDGES THAT THE APPLICANT OR AGENT MUST BE PRESENT AT THE PUBLIC HEARING BEFORETHE PLANNING AND ZONING BOARD, AS ADOPTED IN THE BOARD RULES AND PROCEDURES, OTHERWISE THE REQUEST MAY BE CONTINUED TO A FUTURE HEARING DATE.

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and accurate to the best of my knowledge and belief.

_____

Applicant/Agent Name (Type or Print)

CAROL J. CHADWICK LICENSE No. 82560 STATE OF FLORIDA PROFESSIONAL ENGINEER

_____ _____

Applicant/Agent Signature Date

Digitally signed by Carol Chadwick
DN: c=US, o=Florida, dnQualifier=A01410D0000018D463B4E7500032FEE, cn=Carol Chadwick
Date: 2025.12.10 19:58:56 -05'00'

Applicant/Agent Name (Type or Print)

_____ _____

Applicant/Agent Signature Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____day of _____, 20___, by (name of person acknowledging).

(NOTARY SEAL or STAMP)

_____
Signature of Notary

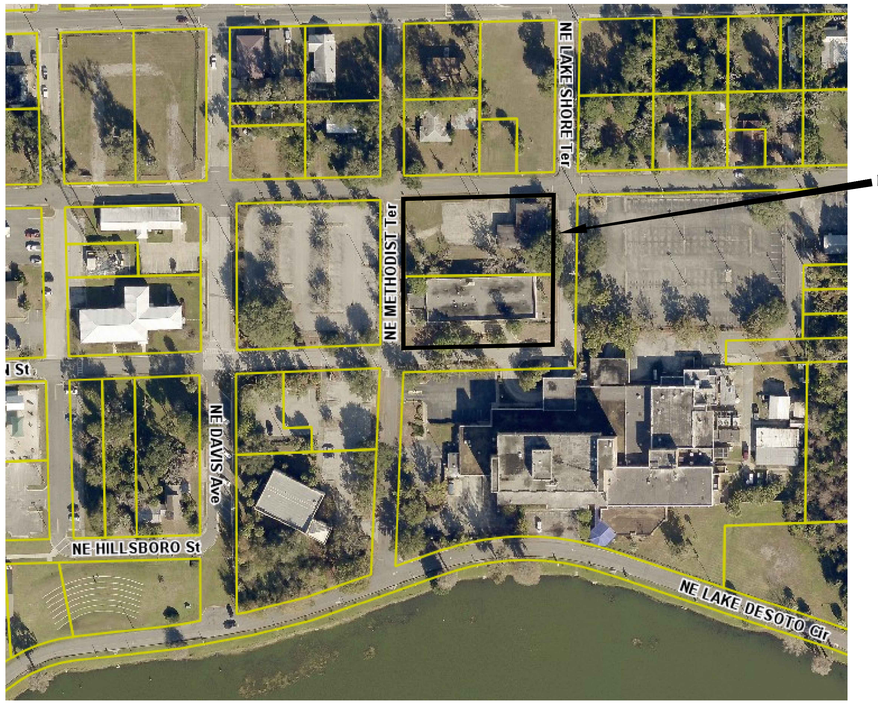
_____
Printed Name of Notary

Personally, Known _____OR Produced Identification _____OR verified on-line virtually _____
Type of Identification Produced

SITE PLAN

PALMS MEDICAL GROUP

SECTION 02, TOWNSHIP 04 SOUTH, RANGE 16 EAST
LAKE CITY, COLUMBIA COUNTY, FLORIDA



LOCATION MAP
NOT TO SCALE

DEVELOPMENT INFORMATION			
RENOVATION OF EXISTING BUILDING FOR MEDICAL CLINIC WITH NEW PARKING			
PARCEL NUMBERS	00-00-00-12113-000 & 00-00-00-12112-001		
ZONING	RO		
LAND USE	RESIDENTIAL - MEDIUM		
ADDRESS	422 NE LAKE SHORE TERRACE, LAKE CITY, FL		
PROPERTY AREA	**SQUARE FEET**	**ACRES**	**% OF SITE**
PARCEL AREA	41303	0.95	100
ON-SITE DISTURBANCE AREA	22500	0.52	54.48
OFF-SITE DISTURBANCE AREA	0	0.00	-
TOTAL DISTRUBANCE AREA	22500	0.52	54.48
IMPERVIOUS AREA			
BUILDINGS PREVIOUSLY REMOVED	-2791	-0.06	-6.76
PAVEMENT/CONCRETE PREVIOUSLY REMOVED	-5725	-0.13	-13.86
EXISTING BUILDING TO REMAIN	8637	0.20	20.91
EXISTING PAVEMENT TO REMAIN	804	0.02	1.95
EXISTING CONCRETE TO REMAIN	2987	0.07	7.23
EXISTING PAVEMENT/CONCRETE TBR	-2063	-0.05	-4.99
PROPOSED PAVEMENT	12591	0.29	30.48
PROPOSED CONCRETE	1840	0.04	4.45
TOTAL IMPERVIOUS AREA	16280	0.37	39.42
LANDSCAPING			
REQUIRED	PER SECTION 4.2.15.10, LAKE CITY L.D.R. LANDSCAPING: 10% OF OFF-STREET PARKING (12591 SF) 1 TREE PER 200 SF OF LANDSCAPING 1259 S.F. LANDSCAPING & 6 TREES		
PROPOSED AREA	11127 S.F. & 4 TREES		
PARKING			
REQUIRED SPACES	PER SECTION 4.2.15.16, LAKE CITY L.D.R. 1 PARKING SPACE EACH EMPLOYEE & 2 SPACES PER EXAM ROOM 14 EXAM ROOMS = 28 SPACES		
PROPOSED SPACES	28 INCLUDING 7 HANDICAP SPACE EMPLOYEES SHALL PARK IN THE LOT DIRECTLY WEST OF THIS SITE		

NOTES

1. SITE PARCELS: 00-00-00-12113-000 & 00-00-00-12112-001
2. FUTURE LAND USE: RESIDENTIAL - MEDIUM
3. ZONING: RO
4. SITE ADDRESS: 422 NE LAKE SHORE TERRACE, LAKE CITY, FL

OWNER:

LAKE SHORE HOSPITAL AUTHORITY
259 NE FRANKLIN STREET
LAKE CITY, FL

PROJECT MANAGER:

PALMS MEDICAL GROUP
CONTACT: JIM MILLER
352.275.1407
jmiller@palmsmg.org

CIVIL ENGINEER:

CAROL CHADWICK, P.E.
1208 S.W. FAIRFAX GLEN
LAKE CITY, FL 32025
307.680.1772
ccpewyo@gmail.com

SURVEYOR:

BRITT SURVEYING & MAPPING, LLC
1438 SW MAIN BOULEVARD
LAKE CITY, FL 32025
386.752.7163
lsbntt@msn.com

SHEET INDEX

Digitally signed by Carol Chadwick
DN: c=US, o=Florida, dnQualifier=A0141 0D0000018D463B4 E7500032FEE, cn=Carol Chadwick
Date: 2025.12.10 19:58:35 -05'00'

ENGINEER OF RECORD: CAROL CHADWICK, P.E.
P.E. NO.: 82560

Sunshine811

CAROL CHADWICK P.E.
Civil Engineering
No. 82560
STATE OF FLORIDA
PROFESSIONAL ENGINEER

PROJECT: PALMS MEDICAL GROUP
CONTACT: JIM MILLER
352.275.1407
jmiller@palmsmg.org

PALMS MEDICAL GROUP
COVER SHEET

PROJECT	DATE	SHEET
FL24375	DEC., 2025	1 OF 4 SHEETS

EXISTING LINETYPES, SYMBOLS, AND HATCH PATTERNS

- SA — SANITARY SEWER MAIN
- SS — SANITARY SEWER SERVICE
- FORCE SEWER MAIN
- W — W — WATER MAIN
- WS — WATER SERVICE
- SW — STORM SEWER
- SWALE/FLOWLINE
- CULVERT
- OP — OVERHEAD POWER
- UP — UNDERGROUND POWER
- GAS — GAS LINE
- PHONE LINE
- FO — FIBER OPTIC
- CA — CABLE TV
- PROPERTY LINE
- R.O.W.
- BUILDING SETBACK LINE
- EASEMENT LINE
- STRUCTURE
- EXISTING CONCRETE
- EXISTING ASPHALT
- ROOF DRAIN
- BM — BENCHMARK
- REFERENCE MONUMENT
- CA — CABLE TV RISER
- T — TELEPHONE RISER
- W — WATER METER PIT
- FIRE HYDRANT
- GATE VALVE
- CURB STOP
- CONIFEROUS TREE
- DECIDUOUS TREE
- BUSH
- HEDGE/TREE LINE
- 1 POLE SIGN
- BH — BOREHOLE
- MW — MONITORING WELL
- TRAFFIC SIGNAL
- CURB TBR
- CONCRETE TBR
- ASPHALT TBR
- SW — STORM SEWER MANHOLE
- GRATED STORM INLET
- STORM INLET
- SA — SANITARY SEWER MANHOLE
- CLEAN OUT
- (G) — GAS VALVE
- G — GAS METER
- STREET LIGHT
- GUY WIRE ANCHOR
- POWER POLE
- GAS MARKER
- ELECTRIC MARKER
- TRANSFORMER SINGLE PHASE
- TRANSFORMER 3 PHASE
- ELECTRICAL VAULT
- E — ELECTRICAL METER
- F — FIBER OPTIC PEDISTAL
- FO — FIBER OPTIC VAULT
- SPRINKLER HEAD
- IRRIGATION CONTROL

PROPOSED LINETYPES, SYMBOLS, AND HATCH PATTERNS

- SA — SANITARY SEWER MAIN
- SS — SANITARY SEWER SERVICE
- FORCE SEWER MAIN
- W — WATER MAIN
- WS — WATER SERVICE
- SW — STORM SEWER
- OP — OVERHEAD POWER
- UP — UNDERGROUND POWER
- GAS — GAS LINE
- T — PHONE LINE
- FO — FIBER OPTIC
- CA — CABLE TV
- PROPERTY LINE
- 9 — STRIPING
- BUILDING SETBACK LINE
- EASEMENT LINE
- SIDEWALK
- SF — SILT FENCE
- PROPOSED STRUCTURE
- PROPOSED CONCRETE
- PROPOSED ASPHALT
- PROPOSED GRAVEL SURFACE
- GRASS
- CA — CABLE TV RISER
- T — TELEPHONE RISER
- W — WATER METER PIT
- FIRE HYDRANT
- GATE VALVE
- CURB STOP
- 11 1/4° BEND
- 22 1/2° BEND
- 45° BEND
- CAP (END OF LINE PLUG)
- COUPLER
- CROSS
- DEFLECTION COUPLER
- TEE
- REDUCER
- SEWER HOOK-UP
- W — WATER HOOK-UP
- E — ELECTRIC HOOK-UP
- FM — SEWER FORCE MAIN
- TB — TOP OF BANK
- LS — LIFT STATION
- SW — STORM SEWER MANHOLE
- GRATED STORM INLET
- STORM INLET
- SA — SANITARY SEWER MANHOLE
- CLEAN OUT
- (G) — GAS VALVE
- G — GAS METER
- STREET LIGHT
- GUY WIRE ANCHOR
- POWER POLE
- TRANSFORMER SINGLE PHASE
- TRANSFORMER 3 PHASE
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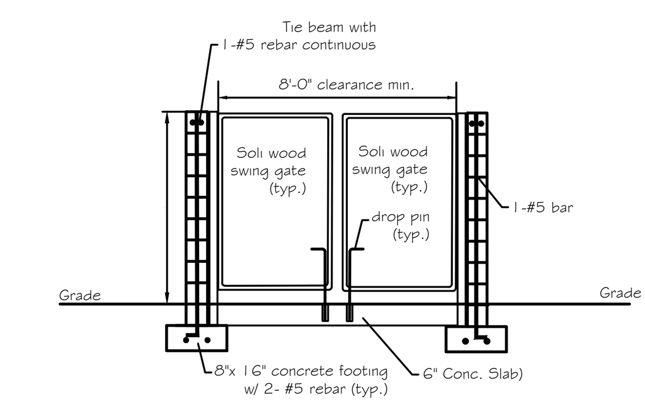
- F — FIBER OPTIC PEDISTAL
- FO — FIBER OPTIC VAULT
- SPRINKLER HEAD
- IRRIGATION CONTROL
- CONIFEROUS TREE
- DECIDUOUS TREE
- BUSH
- 1 POLE SIGN



ELEVATION (DUMPSTER)

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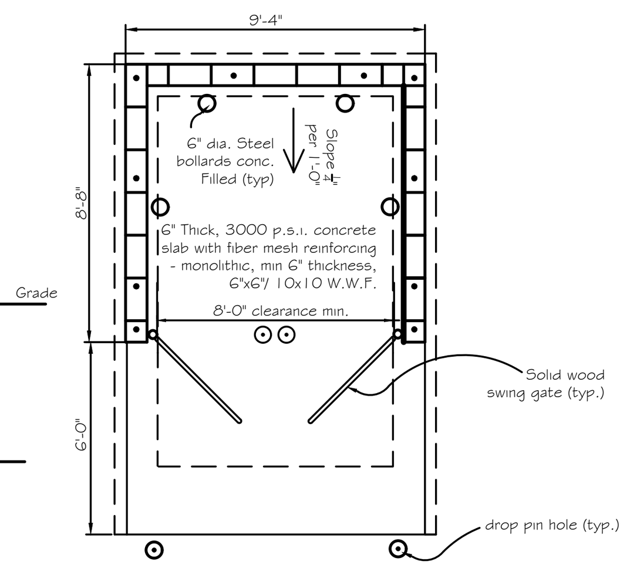

FLOOR PLAN (DUMPSTER)

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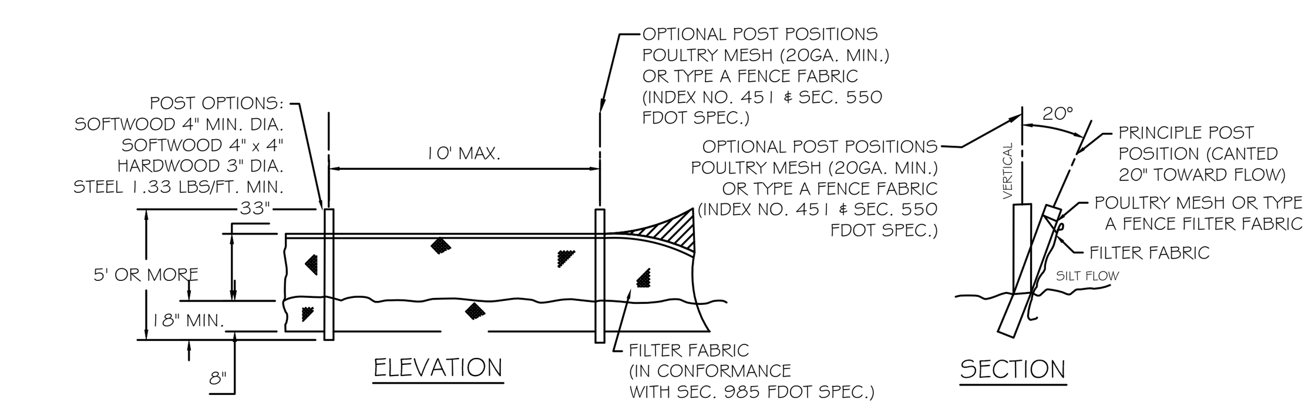

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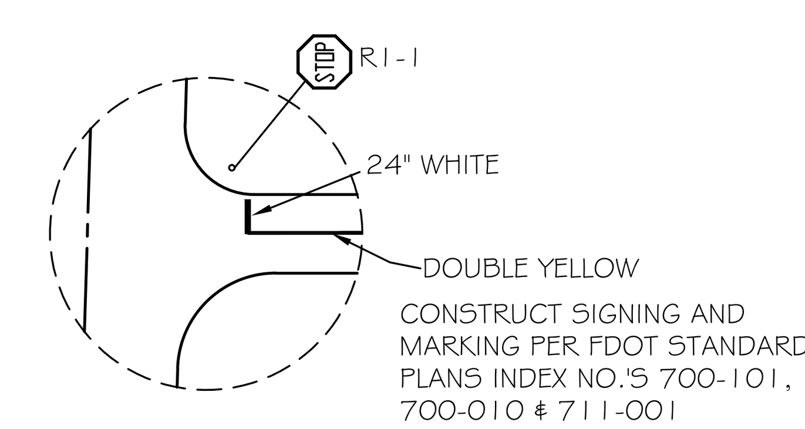
EROSION CONTROL NOTES

1. EROSION AND SEDIMENTATION CONTROL SHALL COMPLY WITH THE REQUIREMENTS OF THE "FLORIDA DEVELOPMENT MANUAL" AND THE "FLORIDA EROSION AND SEDIMENT CONTROL INSPECTOR'S MANUAL"
2. THE CONTRACTOR SHALL ADHERE TO THE FLORIDA DEPARTMENT OF TRANSPORTATION, WATER MANAGEMENT DISTRICT, COLUMBIA COUNTY AND OTHER GOVERNING AUTHORITIES FOR EROSION AND SEDIMENT CONTROL REGULATIONS.
3. THE CONTRACTOR SHALL ADJUST AND REVISE CONTROL MEASURES SHOWN ON THESE PLANS TO MEET ACTUAL FIELD CONDITIONS. ANY REVISIONS SHALL BE APPROVED BY THE REVIEWING AGENCIES.
4. EROSION AND SEDIMENT CONTROL MEASURES SHALL BE INSTALLED PRIOR TO ANY OTHER CONSTRUCTION.
5. EROSION AND SEDIMENT CONTROL MEASURES SHALL NOT BE REMOVED UNTIL ALL CONSTRUCTION IS COMPLETE AND UNTIL A PERMANENT GROUND COVER HAS BEEN ESTABLISHED.
6. ALL OPEN DRAINAGE SWALES SHALL BE GRASSED AND RIPRAP SHALL BE PLACED AS REQUIRED TO CONTROL EROSION.
7. SILT FENCES SHALL BE LOCATED ON SITE TO PREVENT SEDIMENT FROM LEAVING PROJECT LIMITS.
8. CONTRACTOR SHALL PLACE A DOUBLE ROW OF SILT FENCE IN AREAS WHERE RUNOFF FROM DISTURBED AREAS MAY ENTER WETLANDS.
9. DURING CONSTRUCTION AND AFTER CONSTRUCTION IS COMPLETE, ALL STRUCTURES SHALL BE CLEANED OF ALL DEBRIS AND EXCESS SEDIMENT.
10. ALL GRADED AREAS SHALL BE STABILIZED IMMEDIATELY WITH A TEMPORARY FAST-GROWING COVER AND/OR MULCH.
11. A PAD OF RUBBLE RIP RAP SHALL BE PLACED AT THE BOTTOM OF ALL COLLECTION FLUMES AND COLLECTION PIPE OUTLETS. GRANITE OR LIMESTONE RIPRAP IS REQUIRED, NO BROKEN CONCRETE WILL BE ACCEPTED.
12. ALL SIDE SLOPES STEEPER THAN 3:1 SHALL BE ADEQUATELY PROTECTED FROM EROSION THROUGH THE USE OF HAY BALES OR SODDING.
13. ALL STABILIZATION PRACTICES SHALL BE INITIATED AS SOON AS PRACTICABLE IN AREAS OF THE JOB WHERE CONSTRUCTION ACTIVITIES HAVE TEMPORARILY OR PERMANENTLY STOPPED, BUT IN NO CASE SHALL THE DISTURBED AREA BE LEFT UNPROTECTED FOR MORE THAN SEVEN DAYS.
14. ALL WASTE GENERATED ON THE PROJECT SHALL BE DISPOSED OF BY THE CONTRACTOR IN AREAS PROVIDED BY CONTRACTOR.
15. LOADED HAUL TRUCKS SHALL BE COVERED WITH TARPS.
16. EXCESS DIRT SHALL BE REMOVED DAILY.
17. THIS PROJECT SHALL COMPLY WITH ALL WATER QUALITY STANDARDS.
18. QUALIFIED PERSONNEL SHALL INSPECT THE AREA USED FOR STORAGE OF STOCKPILES, THE SILT FENCE AND STRAW BALES, THE LOCATION WHERE VEHICLES ENTER OR EXIT THE SITE, AND THE DISTURBED AREAS THAT HAVE NOT BEEN FINALLY STABILIZED, AT LEAST ONCE EVERY SEVEN CALENDAR DAYS AND WITHIN 24 HOURS OF THE END OF A STORM OF 0.25 INCHES OR GREATER.
19. SITES THAT HAVE BEEN FINALLY STABILIZED WITH SOD OR GRASSING SHALL BE INSPECTED AT LEAST ONCE EVERY WEEK.



INTERSECTION SIGNING AND MARKING DETAIL

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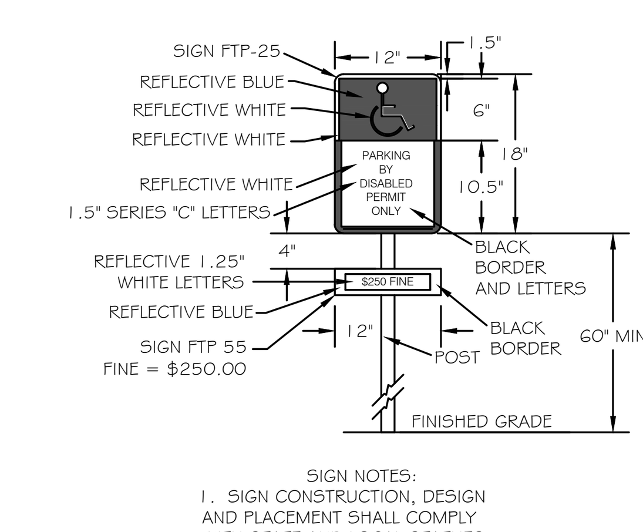

HANDICAP PARKING SIGN DETAIL

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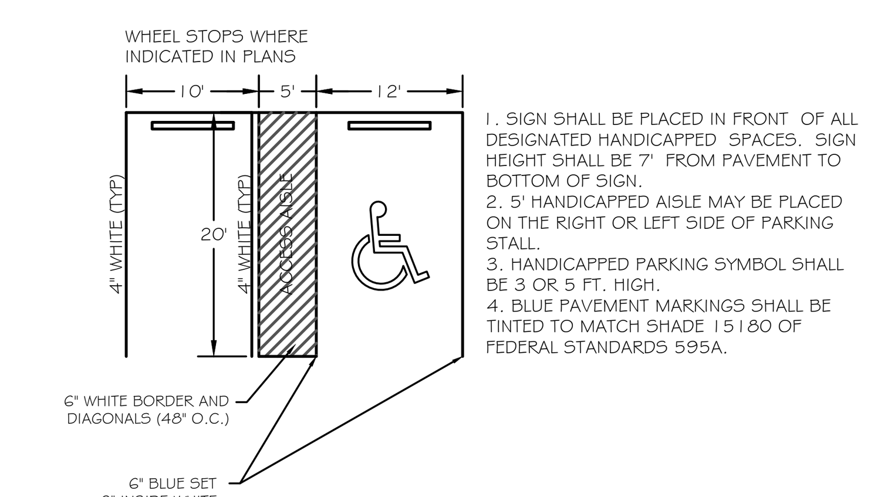
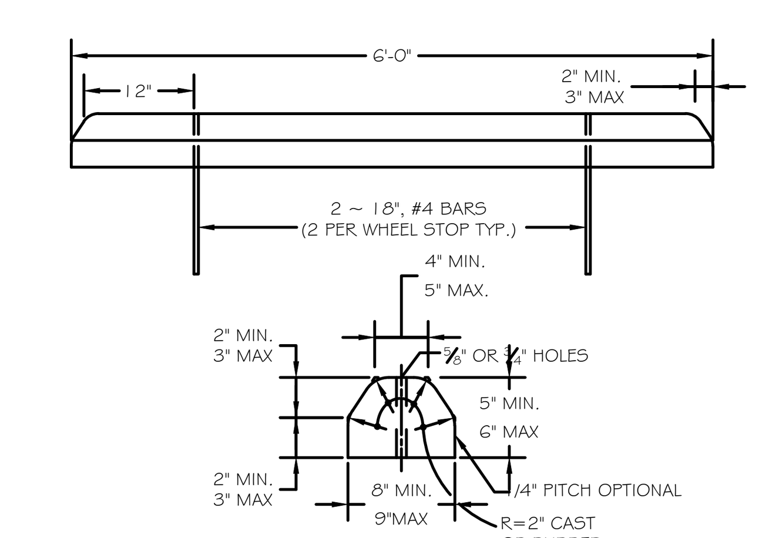


HANDICAP PARKING STALL DETAIL

NOT TO SCALE

ENGINEER'S NOTES

1. CONTRACTOR SHALL VERIFY ALL EXISTING CONDITIONS AND DIMENSIONS AT THE JOB SITE PRIOR TO CONSTRUCTION TO ENSURE THAT ALL WORK WILL FIT IN THE MANNER INTENDED ON THE PLANS. SHOULD ANY CONDITIONS EXIST THAT ARE CONTRARY TO THOSE SHOWN ON THE PLANS, THE CONTRACTOR SHALL NOTIFY THE ENGINEER OF SAID DIFFERENCES IMMEDIATELY AND PRIOR TO PROCEEDING WITH THE WORK.
2. ALL DISTURBED AREAS SHALL BE SEEDED WITH A MIXTURE OF LONG-TERM VEGETATION AND SHORT-TERM VEGETATION. THE LONG-TERM VEGETATION SHALL BE APPLIED AT A MINIMUM RATE OF 70 POUNDS PER ACRE. THE SHORT-TERM VEGETATION SHALL BE APPLIED AT A MINIMUM RATE OF 20 POUNDS PER ACRE AND SHALL CONSIST OF WINTER RYE FROM SEPTEMBER THROUGH MARCH OR MILLET FROM APRIL THROUGH AUGUST.
3. THE PERMITTEE/CONTRACTOR SHALL INSTITUTE NECESSARY MEASURES DURING CONSTRUCTION TO MINIMIZE EROSION, TURBIDITY, NUTRIENT LOADING, AND SEDIMENTATION TO ADJACENT LANDS AND IN THE RECEIVING WATER.
4. ALL GRADES MAY BE ADJUSTED IN THE FIELD A MAXIMUM OF SIX (6) INCHES AS LONG AS THE FLOW OF WATER IS NOT CHANGED.
5. WHERE DITCH MUST BE DEEPER THAN NORMAL TO ACCOMMODATE A PIPE, THE TRANSITION FROM NORMAL DITCH GRADE TO PIPE FLOW LINE SHALL BE A MINIMUM LENGTH OF 100 FEET.
6. THE CONTRACTOR SHALL ADHERE TO THE EROSION AND SEDIMENTATION CONTROL PLAN PRIOR TO THE COMMENCEMENT OF ANY CONSTRUCTION UNTIL THE AS-BUILTS ARE COMPLETED.
7. QUANTITIES ARE ESTIMATES ONLY. CONTRACTOR SHALL VERIFY QUALITIES PRIOR TO BID AND CONSTRUCTION.
8. NO FILL SHALL BE PLACED ON EXISTING GROUND UNTIL THE GROUND HAS BEEN CLEARED OF WEEDS, DEBRIS, TOPSOIL AND OTHER DELETERIOUS MATERIAL.



WHEEL STOP DETAIL

NOT TO SCALE

UNAUTHORIZED CHANGES AND USES CAUTION:

THE ENGINEER PREPARING THESE PLANS WILL NOT BE RESPONSIBLE FOR, OR LIABLE FOR, UNAUTHORIZED CHANGES TO OR USES OF THESE PLANS. ALL CHANGES TO THE PLANS MUST BE IN WRITING AND MUST BE APPROVED BY THE PREPARER OF THESE PLANS.
THE PRIVATE ENGINEER SIGNING THESE PLANS IS RESPONSIBLE FOR ASSURING THE ACCURACY AND ACCEPTABILITY OF THE DESIGN HEREON. IN THE EVENT OF DISCREPANCIES ARISING DURING CONSTRUCTION, THE PRIVATE ENGINEER SHALL BE RESPONSIBLE FOR DETERMINING AN ACCEPTABLE SOLUTION AND REVISING THE PLANS FOR APPROVAL BY THE GOVERNING AGENCIES.

PRIVATE ENGINEER'S NOTICE TO CONTRACTOR:

THE CONSTRUCTION CONTRACTOR AGREES THAT IN ACCORDANCE WITH GENERALLY ACCEPTED CONSTRUCTION PRACTICES, HE/SHE WILL BE REQUIRED TO ASSUME SOLE AND COMPLETE RESPONSIBILITY FOR JOB SITE CONDITIONS DURING THE COURSE OF CONSTRUCTION OF THE PROJECT, INCLUDING THE SAFETY OF ALL PERSONS AND PROPERTY. THIS REQUIREMENT SHALL APPLY CONTINUOUSLY AND NOT BE LIMITED TO NORMAL WORKING HOURS. THE CONSTRUCTION CONTRACTOR FURTHER AGREES TO DEFEND, INDEMNIFY AND HOLD DESIGN PROFESSIONAL HARMLESS FROM ANY AND ALL LIABILITY, REAL OR ALLEGED, IN CONNECTION WITH THE PERFORMANCE OF WORK ON THIS PROJECT, EXCEPTING LIABILITY ARISING FROM THE SOLE NEGLIGENCE OF THE DESIGN PROFESSIONAL.

NOTE: ALL UTILITY PROVIDERS MUST BE CONTACTED PRIOR TO DIGGING IN ACCORDANCE TO CHAPTER 556 "SUNSHINE STATE ONE CALL" CALL 811 48 HOURS PRIOR TO DIGGING

Sunshine 811

Digitally signed by Carol Chadwick DN: c=US, o=Florida, dnQualifier=A01410D0000018D463B4E7500032FFE, cn=Carol Chadwick Date: 2025.12.10 19:58:17 -05'00'

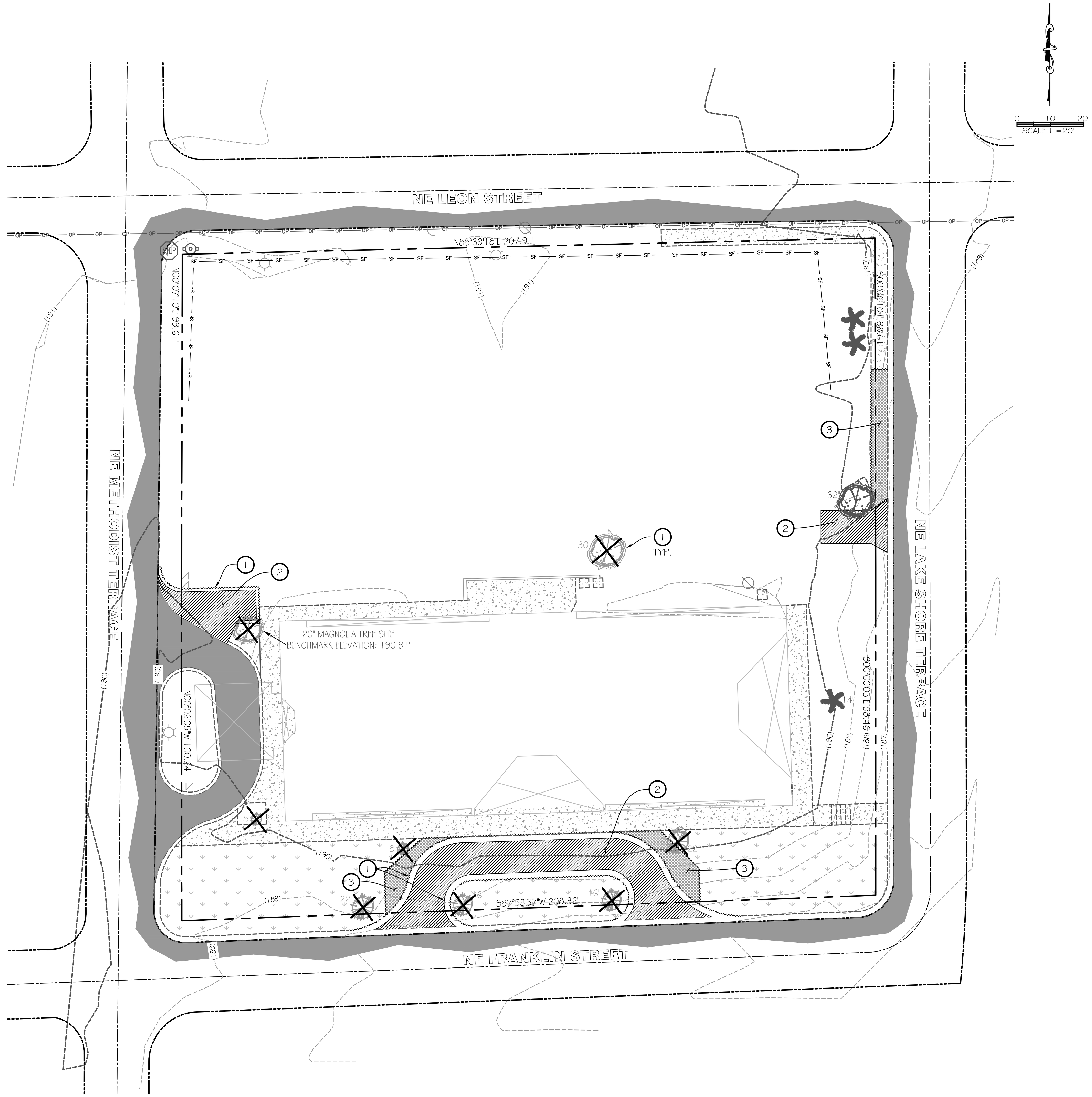
CAROL CHADWICK P.E.
CAROL J. CHADWICK LICENSE No. 82560 STATE OF FLORIDA PROFESSIONAL ENGINEER
FLORIDA ◆ WYOMING CALIFORNIA ◆ N.C.E.E.S.

REVISION DESCRIPTION | DATE

PREPARED FOR
PALMS MEDICAL GROUP
CONTACT: JIM MILLER
352.275.1407
jmiller@palmsmg.org

PALMS MEDICAL GROUP
NOTES, LEGEND & DETAILS

PROJECT NO. FL24375
DATE DEC. 1, 2025
REVISION DATE



DEMOLITION NOTES & ESTIMATED QUANTITIES

1	REMOVE EXISTING CURB & GUTTER	274 L.F.
2	REMOVE EXISTING PAVEMENT	1574 S.F.
3	REMOVE EXISTING CONCRETE	489 S.F.
4	REMOVE EXISTING TREE	8 EA.

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DN: c=US, o=Florida, dnQualifier=A01410D0000018D463B4E7500032FEE, cn=Carol Chadwick
Date: 2025.12.10 19:57:57 -05'00'

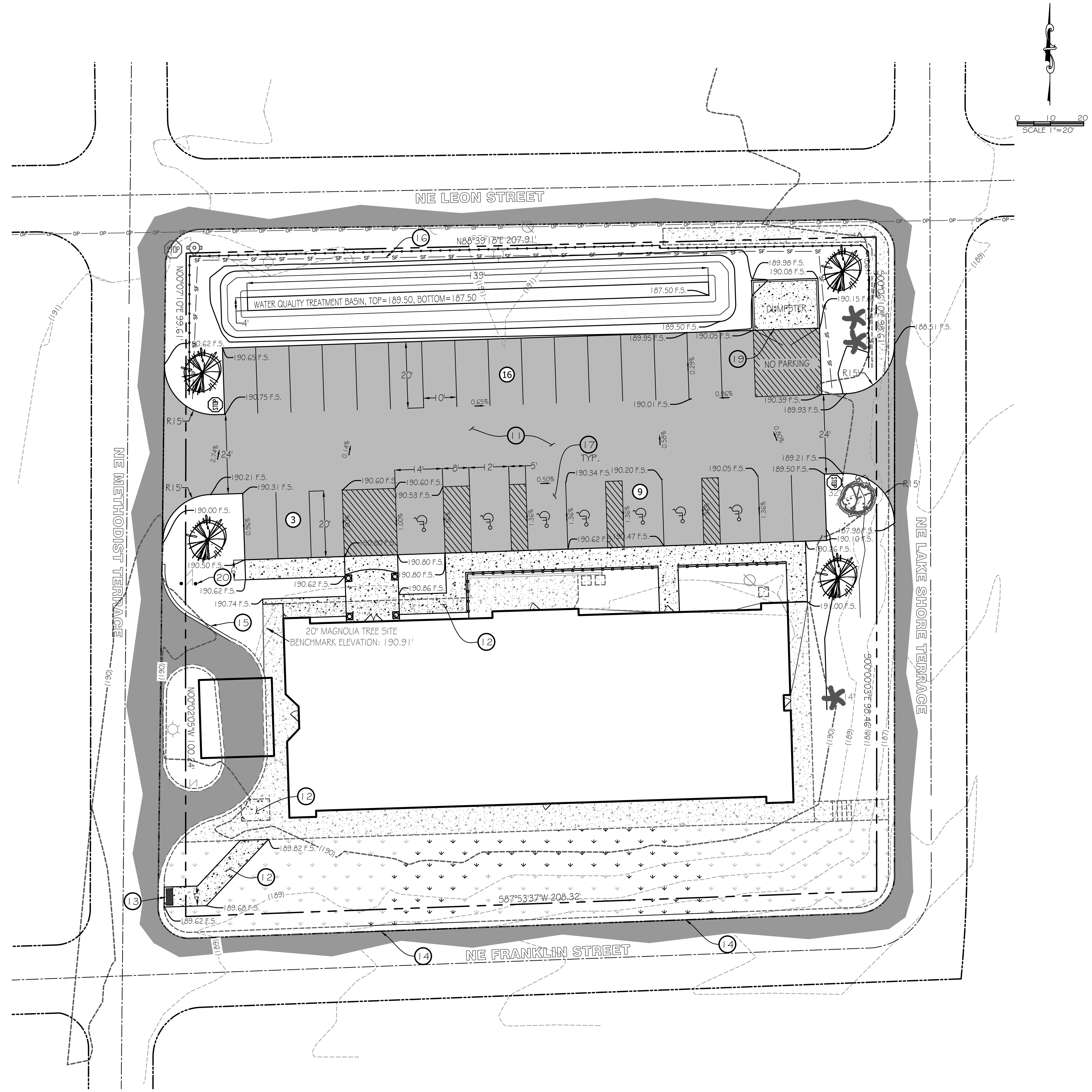
This item has been digitally signed and sealed by Carol Chadwick, P.E. on the date adjacent to the seal. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

PREPARED FOR
PALMS MEDICAL GROUP
CONTACT: JIM MILLER
352.275.1407
jmiller@palmsmg.org

PALMS MEDICAL GROUP
DEMOLITION PLAN

PROJECT NO. FL24375
DATE DEC. 1, 2025
REVISION DATE
SHEET 3 OF 4 SHEETS

DATE	REVISION DESCRIPTION



CONSTRUCTION NOTES & ESTIMATED QUANTITIES

11	1" AC PAVEMENT OVER 6" LIMEROCK BASE	8576 S.F.
12	4" CONCRETE SIDEWALK	1840 S.F.
13	ADA RAMP WITH DETECTABLE WARNING PAD	1 EA.
14	CURB - MATCH EXISTING	78 L.F.
15	6" CURB	32 L.F.
16	SILT FENCE PER DETAIL ON SHEET 2	270 L.F.
17	ADA PARKING SPACE AND SIGN PER DETAIL SHEET 2	7 EA.
18	WHEEL STOP PER DETAIL ON SHEET 2	28 EA.
19	DUMPSTER ENCLOSURE PER DETAIL ON SHEET 2	1 EA.
20	BOLLARDS	2 EA.

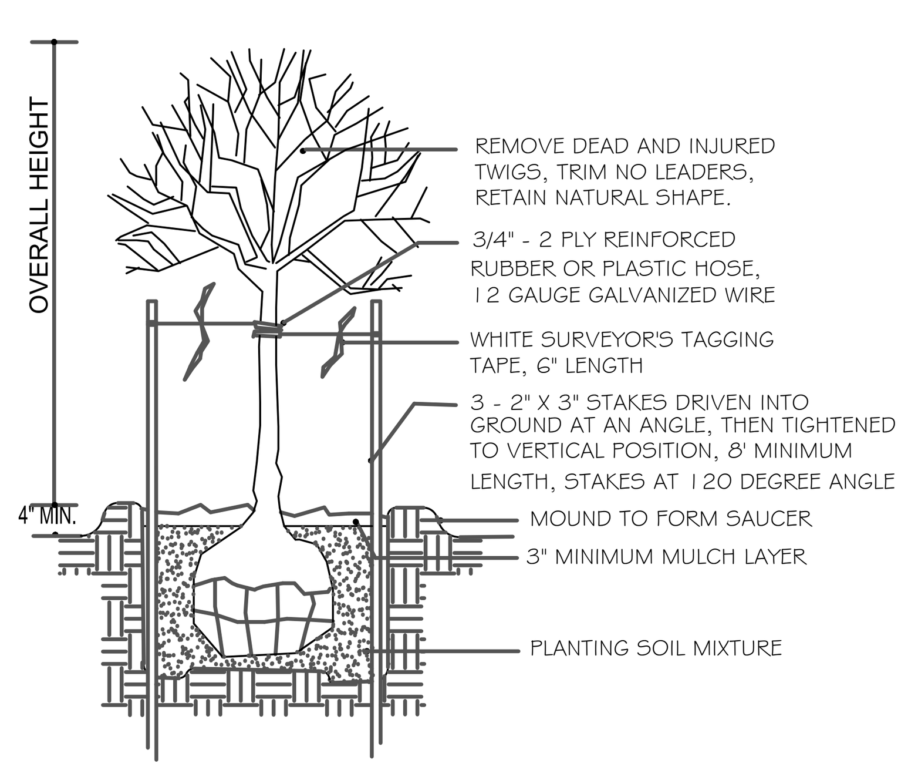
PLANT & FENCE SCHEDULE

SYMBOL	PLANT TYPE	QTY	CALIPER SIZE, IN	HEIGHT, FT.
	CREPE MYRTLE	4	1.75 TO 2.25	6

NOTES:
1. ALL REQUIRED LANDSCAPING IS TO BE PERPETUALLY MAINTAINED BY THE OWNER, AND ALL REQUIRED PLANTINGS SHALL BE REPLACED IF THEY DO NOT SURVIVE OR UPON NOTIFICATION BY THE COUNTY.
2. IN LIEU OF AN IRRIGATION SYSTEM, THE OWNER SHALL MAKE SATISFACTORY ALTERNATE ARRANGEMENTS FOR WATERING OF ALL LANDSCAPED AREAS AS NEEDED FOR THEM TO BECOME ESTABLISHED AND KEPT ALIVE AS NEEDED.

LANDSCAPE NOTES

(a) ALL PLANT MATERIAL TO BE FLORIDA No. 1 QUALITY
(b) A MINIMUM OF 3" OF MULCH IN ALL PLANT BEDS
(c) 100% IRRIGATION COVERAGE REQUIRED
(d) STAKING REQUIRED FOR ALL SINGLE-TRUNK TREES
(e) A 3' "RING" OF MULCH TO BE MAINTAINED AROUND ALL TREES NOT INCORPORATED IN PLANT BEDS.
(f) LANDSCAPING REQUIRED AROUND ALL BACKFLOW DEVICES
(g) UNOBSTRUCTED VISIBILITY REQUIRED WITHIN SITE VISIBILITY TRIANGLE (INDICATE WITH DIAGRAM, FIGURE 33.01)
(h) PROTECTION REQUIRED FOR EXISTING TREES TO BE SAVED DURING CONSTRUCTION. DIAGRAM OF TREE PROTECTION PLAN REQUIRED
(i) ALL PLANT BEDS TO BE FREE OF LIME ROCK, CONSTRUCTION DEBRIS, AND ANY IMPERVIOUS MATERIAL. EXCAVATION AND BACKFILLING MAY BE REQUIRED
(j) THE OWNER/DEVELOPER IS RESPONSIBLE FOR THE ESTABLISHMENT AND MAINTENANCE OF ALL PLANT MATERIAL. LANDSCAPE AREAS MUST BE MAINTAINED TO PRESENT A HEALTHY, NEAT AND ORDERLY APPEARANCE AT ALL TIMES AND SHALL BE KEPT FREE OF TRASH AND DEBRIS



TREE STAKING AND PLANTING DETAIL
NOT TO SCALE

FIRE HYDRANT NOTE:

FIRE HYDRANT IS LOCATED ON NORTHWEST CORNER OF SITE

NOTES

1. SIGN PER SEPARATE PERMIT
2. CONTRACTOR TO VERIFY CURB ELEVATIONS PRIOR TO CONSTRUCTION-NOTIFY ENGINEER WITH ANY DISCREPANCIES
3. PARKING LOT LIGHTING WILL BE ATTACHED TO BUILDING AND SUBMITTED WITH THE BUILDING PLANS
4. ALL UTILITIES ARE EXISTING AND SHALL REMAIN UNCHANGED
5. ALL PARKING SPACES SHALL HAVE A WHEEL STOP
6. ALL NON-IMPERVIOUS SURFACING SHALL BE LANDSCAPE/GRASS

IMPERVIOUS SURFACE CALCULATIONS

ORIGINAL IMPERVIOUS SURFACING AMOUNT:	21492 S.F.
IMPERVIOUS SURFACING PREVIOUSLY REMOVED:	8516 S.F.
IMPERVIOUS SURFACING TO BE REMOVED:	548 S.F.
IMPERVIOUS SURFACING TO REMAIN:	12428 S.F.
PROPOSED IMPERVIOUS SURFACING:	14431 S.F.
TOTAL IMPERVIOUS SURFACING:	17795 S.F.

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PREPARED FOR
PALMS MEDICAL GROUP
CONTACT: JIM MILLER
352.275.1407
jmiller@palmsmg.org

PALMS MEDICAL GROUP
SITE PLAN

PROJECT NO. FL24375
DATE DEC. 1, 2025
REVISION DATE
SHEET 4 OF 4 SHEETS

DATE	REVISION DESCRIPTION

Sunshine811

CAROL CHADWICK, P.E.
Civil Engineer
1208 S.W. Fairfax Glen
Lake City, FL 32025
307.680.1772
ccpewyo@gmail.com
www.carolchadwickpe.com

December 10, 2025

re: Palms Medical Group Stormwater Management Memo

Per the Site Plan, 9064 s.f. impervious surfacing constructed in 1952 and 1981 was removed. Existing impervious to remain is 12428 s.f. Total existing impervious surfacing was 20944 s.f. New impervious surfacing to be installed as part of this site plan is 14431 s.f. Total impervious surfacing on the site shall be 17795 s.f. The total impervious surfacing installed prior to 1986 and the proposed impervious surfacing is less than previously existing. No stormwater management is required per SRWMD regulations.

The runoff from this site has historically drained directly to Lake DeSoto. A pond for water quality treatment is proposed to treat the runoff from the site to prevent pollutants and sediments from entering DeSoto Lake.

The proposed design and construction of this site shall not cause adverse impacts to:

- Existing surface water storage
- Conveyance capabilities
- Water quantity
- Flooding conditions
- Minimum flows and levels established by the State of Florida
- Water quality

Please contact me at 307.680.1772 if you have any questions.

Respectfully,

CAROL J. CHADWICK LICENSE No. 82560 STATE OF FLORIDA PROFESSIONAL ENGINEER

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DN: c=US, o=Florida, dnQualifier=A01410D0000018D463B4E7500032FEE, cn=Carol Chadwick
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Carol Chadwick, P.E.

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CC Job #FL24375

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www.carolchadwickpe.com

December 10, 2025

re: Palms Medical Group Fire Flow Report

ISO: NFF = (C) (O) [1 + (X + P)] = 1500*0.85[1+(0+0)] = 1275 → **1500 gpm**

Where:

NFF = Needed Fire Flow
(C) = Construction factor, including effective area: C=1000
(O) = Occupancy factor: C-2=0.85
(X + P) = Exposures and communication (openings) factor: 0

C = 18F√A = 18*0.8*√8637 = 1338 → 1500
Where:
F = the coefficient related to the construction type = 0.8
A = the effective building area = 8637 sf

NFPA: required flow **1500 gpm**

Per the attached Water Flow Report dated 11/19/25, the water flow is **1597 gpm** at 20 psi.

Please contact me at 307.680.1772 if you have any questions.

Respectfully,

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December 10, 2025

re: Palms Medical Group Mobility Plan

The site has existing sidewalks around the building connecting to the parking lot. An ADA sidewalk will be constructed at the southwest corner of the site to connect to the existing parking lot west of the building.

The site shall have seven ADA spaces. One ADA parking space shall accommodate vans.

Please contact me at 307.680.1772 if you have any questions.

Respectfully,

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DN: c=US, o=Florida, dnQualifier=A01410D0000018D463B4E7500032FEE, cn=Carol Chadwick
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December 10, 2025

re: Palms Medical Group Concurrency Impact Analysis

The subject property will be used as a medical office. The site utilizes the City of Lake City sewer and water systems. The building plans show 4 bathrooms.

Criteria for analyses:

- Trip generation was calculated per the ITE Trip Generation Manual, 9th edition, ITE code 630
- Potable Water Analysis per Chapter 64E-6.008 Florida Administrative Code, Table 1
- Sanitary Sewer Analysis Chapter 64E-6.008 Florida Administrative Code, Table 1
- Environmental Engineering: Commercial Generation Study, Palm Beach County 1993

Summary of analyses:

- Trip generation: 182 ADT & 45 Peak PM trips
- Potable Water: 485 gallons per day
- Potable Water: 485 gallons per day
- Solid Waste: 42 c.y. per month

See attached Concurrency Worksheet.

Please contact me at 307.680.1772 if you have any questions.

Respectfully,

CAROL J. CHADWICK LICENSE No. 82560 STATE OF FLORIDA PROFESSIONAL ENGINEER

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REVISED CONCURRENCY WORKSHEET

Trip Generation Analysis

ITE Code	ITE Use	ADT Multiplier	PM Peak Multiplier	KSF	Total ADT	Total PM Peak
630	Clinic	21.14	5.18	8.60	181.80	44.55

Potable Water Analysis

Ch. 64E-6.008, F.A.C. Use	Ch. 64E-6.008, F.A.C. Gallons Per Day (GPD)	Ch. 64E-6.008, F.A.C. Multiplier*	Total (Gallons Per Day)
doctor office	10 & 15	250 & 15	485

* Multiplier is based upon Ch. 64E.6008, Florida Administrative Code and can very from square footage, number of employees, number of seats, or etc. See Ch. 64E-6.008, F.A.C. to determine multiplier. (5 PROVIDERS & 10 EMPLOYEES)

Sanitary Sewer Analysis

Ch. 64E-6.008, F.A.C. Use	Ch. 64E-6.008, F.A.C. Gallons Per Day (GPD)	Ch. 64E-6.008, F.A.C. Multiplier*	Total (Gallons Per Day)
doctor office	10 & 15	250 & 15	485

* Multiplier is based upon Ch. 64E.6008, Florida Administrative Code and can very from square footage, number of employees, number of seats, or etc. See Ch. 64E-6.008, F.A.C. to determine multiplier. (5 PROVIDERS & 10 EMPLOYEES)

Solid Waste Analysis

Use	Volume Pounds Per S.F. Per Month	S.F.	Total (c.y. per month)
Business	0.04	8637	42

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December 10, 2025

re: Palms Medical Group Comprehensive Plan Consistency Analysis

The Palms Medical Group proposed site plan consistent with Lake City's Comprehensive Plan.

Future Land Use Element

GOAL 1 - IN RECOGNITION OF THE IMPORTANCE OF CONSERVING THE NATURAL RESOURCES AND ENHANCING THE QUALITY OF LIFE, THE CITY SHALL DIRECT DEVELOPMENT TO THOSE AREAS WHICH HAVE IN PLACE, OR HAVE AGREEMENTS TO PROVIDE, THE LAND AND WATER RESOURCES, FISCAL ABILITIES AND SERVICE CAPACITY TO ACCOMMODATE GROWTH IN AN ENVIRONMENTALLY ACCEPTABLE MANNER.

- Objective 1.1 The City shall continue to direct future population growth and associated urban development to urban development areas as established within this comprehensive plan.

  Consistency: The subject property was previously a medical office and will be remodeled to accommodate a new medical office.

- Policy 1.1.1 The City shall limit the location of higher density residential and high intensity commercial and industrial uses to areas adjacent to arterial or collector roads where public facilities are available to support such higher density or intensity. In addition, the City shall enable private subregional centralized potable water and sanitary sewer systems to connect to public regional facilities, in accordance with the objective and policies for the urban and rural areas within this future land use element of the comprehensive plan.

  Consistency: The surrounding properties are currently zoned RO.

- Policy 1.1.2 The City's future land use plan map shall allocate amounts and mixes of land uses for residential, commercial, industrial, public and recreation to meet the needs of the existing and projected future populations and to locate urban land uses in a manner where public facilities may be provided to serve such urban land uses. Urban land uses shall be herein defined as residential, commercial and industrial land use categories.

  Consistency: The subject property will be used for a medical office.

- Policy 1.1.3 The City's future land use plan map shall base the designation of residential, commercial and industrial lands depicted on the future land use plan map upon acreage which can be reasonable expected to develop by the year 2026.

  Consistency: The subject property will be used for a medical office.

- Policy 1.1.4 The City shall continue to maintain standards for the coordination and siting of

proposed urban development near agricultural or forested areas, or environmentally sensitive areas (including but not limited to wetlands and floodplain areas) to avoid adverse impact upon existing land uses.

Consistency: The proposed use of the subject property is consistent with the current zoning and land use and will not have any adverse environmental impacts on the existing land uses.

- Policy 1.1.5 The City shall continue to regulate and govern future urban development within designated urban development areas in conformance with the land topography and soil conditions, and within an area which is or will be served by public facilities and services.

  Consistency: No impacts to adjacent land topography or soil conditions will result due to a zoning or land use change of the subject property.

- Policy 1.1.6 The City's land development regulations shall be based on and be consistent with the following land use classifications and corresponding standards for densities and intensities within the designated urban development areas of the City. For the purpose of this policy and comprehensive plan, the phrase "other similar uses compatible with" shall mean land uses that can co-exist in relative proximity to other uses in a stable fashion over time such that no other uses within the same land use classification are negatively impacted directly or indirectly by the use.

  Consistency: The proposed commercial development is compatible with other similar uses in the area and can co-exist without negative impacts to other uses in relative proximity to the development over time.

Please contact me at 307.680.1772 if you have any questions.

Respectfully,

CAROL J. CHADWICK LICENSE No. 82500 STATE OF FLORIDA PROFESSIONAL ENGINEER

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Carol Chadwick, P.E.

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CC Job #FL24375

Columbia County Property Appraiser

Jeff Hampton

2024 Working Values
updated: 7/25/2024

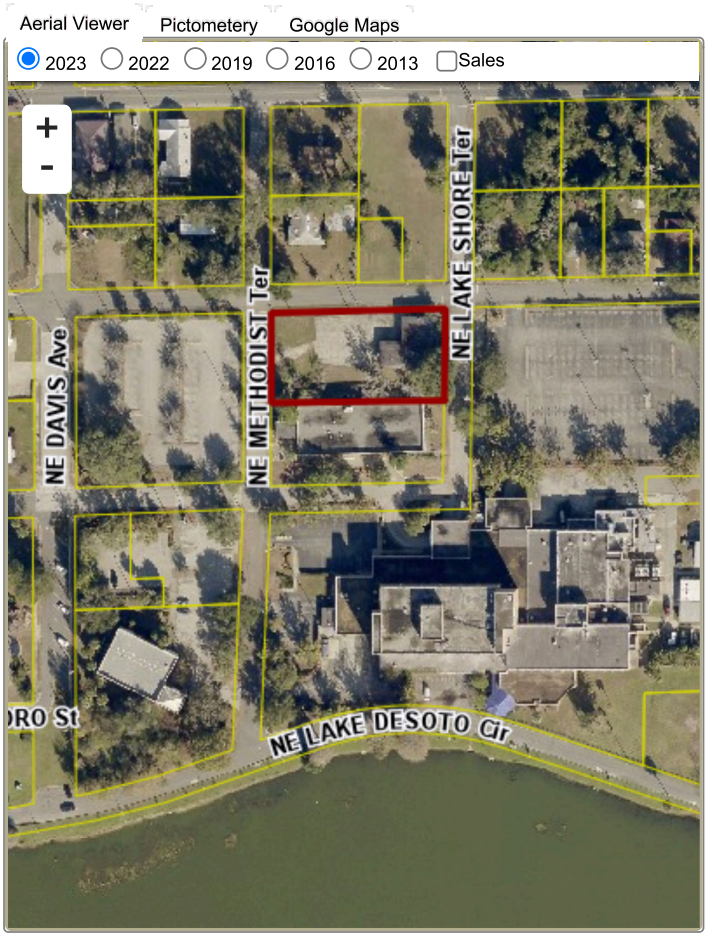
Parcel: << **00-00-00-12113-000 (40689)** >>

Owner & Property Info

Result: 1 of 0

Owner	**LAKE SHORE HOSPITAL AUTHORITY** 259 NE FRANKLIN ST LAKE CITY, FL 32055		
Site	422 NE LAKE SHORE TER, LAKE CITY		
Description*	N DIV: N1/2 OF BLOCK 104. ORB 344-174, PROB# 93-229 CA, 779-510, 779-510, 782-2057, WD 1023-163 & 1197-1009 & 1197-1031,		
Area	0.506 AC	S/T/R	29-3S-17
Use Code**	PROFESS SVC/BLD (1900)	Tax District	1

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.



Property & Assessment Values

2023 Certified Values		2024 Working Values	
Mkt Land	$33,075	Mkt Land	$33,075
Ag Land	$0	Ag Land	$0
Building	$58,137	Building	$59,751
XFOB	$8,000	XFOB	$8,000
Just	$99,212	Just	$100,826
Class	$0	Class	$0
Appraised	$99,212	Appraised	$100,826
SOH Cap [?]	$0	SOH Cap [?]	$0
Assessed	$99,212	Assessed	$100,826
Exempt	20 $99,212	Exempt	20 $100,826
Total Taxable	county:$0 city:$0 other:$0 school:$0	Total Taxable	county:$0 city:$0 other:$0 school:$0

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
8/3/2004	$240,100	1023 / 163	WD	I	U	06
11/23/1993	$0	782 / 2057	WD	I	U	02 (Multi-Parcel Sale) - show
11/22/1993	$35,000	782 / 2052	WD	I	U	10

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	OFFICE MED (5200)	1952	2779	2791	$59,751

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims
0166	CONC,PAVMT	0	$8,000.00	1.00	0 x 0

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
1910	MEDIC OFF (MKT)	22,050.000 SF (0.506 AC)	1.0000/1.0000 1.0000/1.5000000 /	$2 /SF	$33,075

Search Result: 1 of 0

Columbia County Property Appraiser

Jeff Hampton

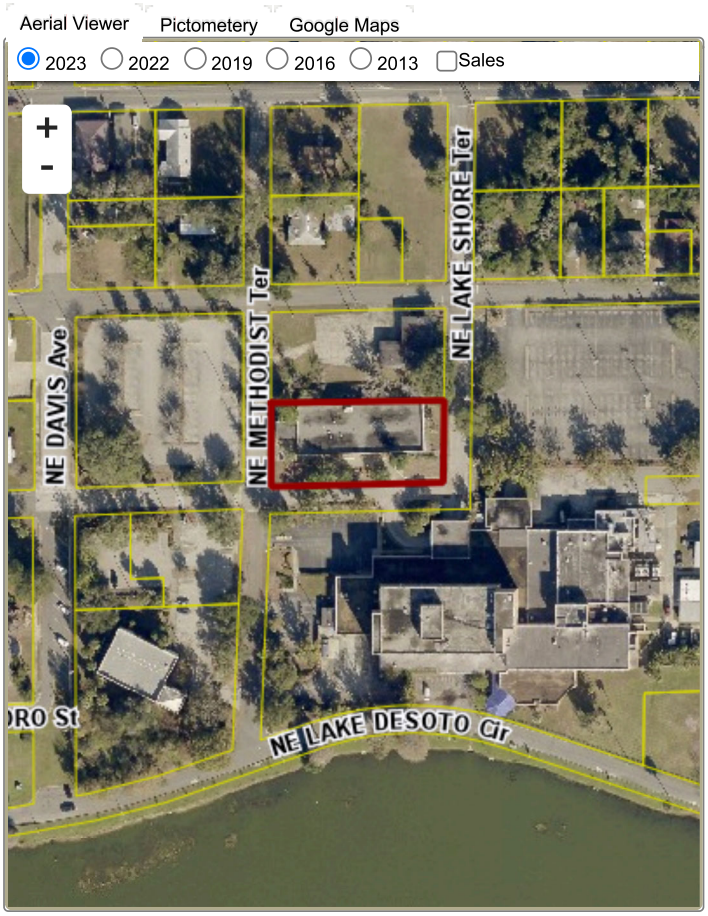
2024 Working Values
updated: 7/25/2024

Parcel: << **00-00-00-12112-001 (40688)** >>

Owner & Property Info

Owner	**LAKE SHORE HOSPITAL AUTHORITY** 259 NE FRANKLIN ST LAKE CITY, FL 32055		
Site	351 NE FRANKLIN ST, LAKE CITY		
Description*	N DIV: S1/2 OF BLOCK 104. ORB 458-684. (PHYSICIANS OFFICES & DIALYSIS CENTER) & ORB 1197-1009 & 1197-1031,		
Area	0.506 AC	S/T/R	29-3S-17
Use Code**	PROFESS SVC/BLD (1900)	Tax District	1

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.



Property & Assessment Values

2023 Certified Values		2024 Working Values	
Mkt Land	$22,050	Mkt Land	$22,050
Ag Land	$0	Ag Land	$0
Building	$343,154	Building	$352,710
XFOB	$5,957	XFOB	$5,957
Just	$371,161	Just	$380,717
Class	$0	Class	$0
Appraised	$371,161	Appraised	$380,717
SOH Cap [?]	$0	SOH Cap [?]	$0
Assessed	$371,161	Assessed	$380,717
Exempt	20 $371,161	Exempt	20 $380,717
Total Taxable	county:$0 city:$0 other:$0 school:$0	Total Taxable	county:$0 city:$0 other:$0 school:$0

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
N O N E						

Building Characteristics

Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	OFFICE MED (5200)	1981	7774	9324	$352,710

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims
0166	CONC,PAVMT	1993	$4,607.00	3071.00	0 x 0
0260	PAVEMENT-ASPHALT	1993	$1,350.00	1500.00	0 x 0

Land Breakdown

Code	Desc	Units	Adjustments	Eff Rate	Land Value
1910	MEDIC OFF (MKT)	22,050.000 SF (0.506 AC)	1.0000/1.0000 1.0000/ /	$1 /SF	$22,050

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

AGENT AUTHORIZATION FORM

I, Dale Williams, (owner name), ~~owner~~ of property parcel
Exec. Dir., Lake Shore Hospital Auth. legal representative
number 00-00-00-12113-000 & 00-00-00-12112-001 (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. Carol Chadwick, PE	1. CAROL J. CHADWICK LICENSE No. 82560 STATE OF FLORIDA PROFESSIONAL ENGINEER — Digitally signed by Carol Chadwick DN: c=US, o=Florida, dnQualifier=A01410D0000018D463B4E7500032FEE, cn=Carol Chadwick Date: 2025.12.10 19:55:54 -05'00'
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.

Dale Williams — 11/25/25

Owner Signature (Notarized) Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above person, whose name is Dale Williams, personally appeared before me and is known by me or has produced identification (type of I.D.) DL on this 25th day of November, 2025.

Christy Wells

NOTARY'S SIGNATURE (Seal/Stamp)

CHRISTY WELLS
Notary Public
State of Florida
Comm# HH489451
Expires 2/5/2028

Tax Bill Detail

Year	Due
2025	**$0.00**
2024	$0.00
2023	$0.00
2022	$0.00
2021	$0.00
2020	$0.00
2019	$0.00
2018	$0.00
2017	$0.00
2016	$0.00

Property Tax Account: R12112-001

LAKE SHORE HOSPITAL AUTHORITY

Year: 2025 **Bill Number:** 1 **Owner:** LAKE SHORE HOSPITAL AUTHORITY

Tax District: 35451 **Property Type:** Real Estate **Discount Period:** 4%

MAILING ADDRESS:
LAKE SHORE HOSPITAL AUTHORITY
259 NE FRANKLIN ST
LAKE CITY FL 32055

PROPERTY ADDRESS:
351 FRANKLIN
LAKE CITY 32055

Payment Options

This Bill:	$0.00
All Bills:	$0.00
Cart Amount:	$0.00

Bill 35451 -- No Amount Due

Pay All Bills

Print Bill / Receipt

Register for E-Billing

Property Appraiser

Taxes **Assessments** **Legal Description**
Payment History

Ad Valorem

Authority/Fund	Tax Rate	Charged	Paid	Due
CITY OF LAKE CITY	**4.9000**	**$0.00**	**$0.00**	**$0.00**
BOARD OF COUNTY COMMISSIONERS	**7.8150**	**$0.00**	**$0.00**	**$0.00**
COLUMBIA COUNTY SCHOOL BOARD				
DISCRETIONARY	0.7480	$0.00	$0.00	$0.00
LOCAL	3.1010	$0.00	$0.00	$0.00
CAPITAL OUTLAY	1.5000	$0.00	$0.00	$0.00
Subtotal	**5.3490**	**$0.00**	**$0.00**	**$0.00**
SUWANNEE RIVER WATER MGT DIST	**0.2812**	**$0.00**	**$0.00**	**$0.00**
LAKE SHORE HOSPITAL AUTHORITY	**0.0001**	**$0.00**	**$0.00**	**$0.00**
TOTAL	**18.3453**	**$0.00**	**$0.00**	**$0.00**

Non-Ad Valorem

Authority/Fund	Charged	Paid	Due
CITY FIRE ASSESSMENT	**$0.00**	**$0.00**	**$0.00**
TOTAL	**$0.00**	**$0.00**	**$0.00**

Tax Bill Detail

Year	Due
2025	**$0.00**
2024	$0.00
2023	$0.00
2022	$0.00
2021	$0.00
2020	$0.00
2019	$0.00
2018	$0.00
2017	$0.00
2016	$0.00

Property Tax Account: R12113-000

LAKE SHORE HOSPITAL AUTHORITY

Year: 2025
Tax District: 1
Bill Number: 35452
Property Type: Real Estate
Owner: LAKE SHORE HOSPITAL AUTHORITY
Discount Period: 4%

MAILING ADDRESS:
LAKE SHORE HOSPITAL AUTHORITY
259 NE FRANKLIN ST
LAKE CITY FL 32055

PROPERTY ADDRESS:
422 LAKE SHORE
LAKE CITY 32055

Payment Options

This Bill:	$0.00
All Bills:	$0.00
Cart Amount:	$0.00

Bill 35452 -- No Amount Due

Pay All Bills

Print Bill / Receipt

Register for E-Billing

Property Appraiser

Taxes **Assessments** **Legal Description**
Payment History

Ad Valorem

Authority/Fund	Tax Rate	Charged	Paid	Due
CITY OF LAKE CITY	**4.9000**	**$0.00**	**$0.00**	**$0.00**
BOARD OF COUNTY COMMISSIONERS	**7.8150**	**$0.00**	**$0.00**	**$0.00**
COLUMBIA COUNTY SCHOOL BOARD				
DISCRETIONARY	0.7480	$0.00	$0.00	$0.00
LOCAL	3.1010	$0.00	$0.00	$0.00
CAPITAL OUTLAY	1.5000	$0.00	$0.00	$0.00
Subtotal	**5.3490**	**$0.00**	**$0.00**	**$0.00**
SUWANNEE RIVER WATER MGT DIST	**0.2812**	**$0.00**	**$0.00**	**$0.00**
LAKE SHORE HOSPITAL AUTHORITY	**0.0001**	**$0.00**	**$0.00**	**$0.00**
TOTAL	**18.3453**	**$0.00**	**$0.00**	**$0.00**

Non-Ad Valorem

Authority/Fund	Charged	Paid	Due
CITY FIRE ASSESSMENT	**$0.00**	**$0.00**	**$0.00**
TOTAL	**$0.00**	**$0.00**	**$0.00**