

# HISTORIC PRESERVATION AGENCY

## CITY OF LAKE CITY

May 14, 2024 at 5:30 PM

Venue: City Hall

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## AGENDA

The meeting will be held in the City Council Chambers on the second floor of City Hall located at 205 North Marion Avenue, Lake City, FL 32055. Members of the public may also view the meeting on our YouTube channel. YouTube channel information is located at the end of this agenda.

### INVOCATION

### ROLL CALL

### MINUTES

- [i.](#) Meeting Minutes 04-09-2024

### EX PARTE COMMUNICATION

**OLD BUSINESS-** None

### NEW BUSINESS

- [ii.](#) **COA 24-11**, submitted by, Carol O'Driscoll, as owner, requesting a Certificate of Appropriateness in a Residential Single Family-3 (RSF-3) zoning district as established in section 4.5 of the Land Development Regulations and located within the Lake Isabella Historic District, established in Section 10.11.2, of the Land Development Regulations on property described as City of Lake City Parcel 12773-000

### CONSENT AGENDA

- [iii.](#) **COA 24-12**, submitted by, Tequilla Shepard, as owner, requesting a Certificate of Appropriateness in a Commercial-Central Business District (C-CBD) zoning district as established in section 4.14 of the Land Development Regulations and located within the Lake Desoto Historic District, established in Section 10.11.2, of the Land Development Regulations on property described as City of Lake City Parcel 12004-000.

**WORKSHOP-** None

### ADJOURNMENT

### **YouTube Channel Information**

Members of the public may also view the meeting on our YouTube channel at:  
<https://youtube.com/c/CityofLakeCity>

Pursuant to 286.0105, Florida Statutes, the City hereby advises the public if a person decides to appeal any decision made by the City Council with respect to any matter considered at its meeting or hearings, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

Pursuant to 286.26, Florida Statutes, persons needing special accommodations to participate in this meeting should contact the City Manager's Office at (386) 719-5768.

**File Attachments for Item:**

i. Meeting Minutes 04-09-2024

# HISTORIC PRESERVATION AGENCY

## MEETING MINUTES

Date: 04/09/2024

### ROLL CALL:

Mrs. McKellum- Present      Mr. McMahon- Present      Mr. Nelson- Present  
Mr. Lydick- Present      City Attorney- Clay Martin- Present

**MINUTES:** March 5, 2024 Historic Preservation Agency Meeting.

**Comments or Revisions:** None

**Motion to approve 03/05/2024 Meeting Minutes by Mr. Nelson and seconded by Mr. McMahon**

### Ex Parte Communications

Mr. Martin polled the Board if they had any ex parte communications for petitions COA 24-10.

Mrs. McKellum- No, Mr. McMahon- No, Mr. Nelson- No, and Mr. Lydick- Only the regular exercise of his duties on briefing of the agenda. Mr. Martin asked if it would those conversations affect your ability to render a fair decision. Mr. Lydick stated no.

**OLD BUSINESS:** None

**NEW BUSINESS:** None

### CONSENT AGENDA ITEMS:

Dave Young presented COA24-10.

**Motion to approve consent agenda as submitted by Mr. McMahon. Seconded by Mr. Nelson.**

**Mrs. McKellum:** Aye      **Mr. McMahon:** Aye      **Mr. Nelson:** Aye  
**Mr. Lydick:** Aye

**WORKSHOP:** None

### ADJOURNMENT:

**Motion to Adjourn by:** Mr. Nelson **Motion Seconded By:** Mr. McMahon

**Time:** 6:55pm

**Mr. Lydick closed the meeting.**

# HISTORIC PRESERVATION AGENCY

## MEETING MINUTES

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**Mr. Lydick, Board Chairperson**

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**Date Approved**

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**Robert Angelo, Secretary**

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**Date Approved**

**File Attachments for Item:**

ii. **COA 24-11**, submitted by, Carol O'Driscoll, as owner, requesting a Certificate of Appropriateness in a Residential Single Family-3 (RSF-3) zoning district as established in section 4.5 of the Land Development Regulations and located within the Lake Isabella Historic District, established in Section 10.11.2, of the Land Development Regulations on property described as City of Lake City Parcel 12773-000



DEPARTMENT OF GROWTH MANAGEMENT  
 205 North Marion Avenue  
 Lake City, Florida 32055  
 Telephone: (386) 752-2031  
[growthmanagement@lcfla.com](mailto:growthmanagement@lcfla.com)

COA 24-11

HISTORIC PRESERVATION AGENCY (HPA)  
 Certificate of Appropriateness (COA) Application

USE THIS FORM TO Apply for approval for projects located within historic districts. Projects may require either a Agency-level review or a Staff-level review.

Once application is submitted it will be reviewed for completeness. Once verified complete the applicant will be notified.

Type of Review	Reviewed By	Date
Certificate of Appropriateness (COA) Staff Review		
Certificate of Appropriateness (COA) HPA Review - Single Family Structure or its Accessory Structure		
Certificate of Appropriateness (COA) HPA Review - All Other Structures		
After-the-Fact Certificate of Appropriateness (COA) if work begun prior to issuance of a COA		

PROJECT TYPE

New Construction  
  Addition  
  Demolition  
  Fence  
  Paint  
 Repair  
  Relocation  
 Re-Roof/Roof-Over  
  SignShed  
 Garage  
 Classification of Work (see LDR 10.11.3)  
 Routine Maintenance  
 Minor Work  
 Major Work

APPROVAL TYPE:  
 See *Certificate of Appropriateness Matrix*

Staff Approval  
 Board Approval:  Conceptual or  Final

PROPERTY INFORMATION: *Property information can be found at the Columbia County Property Appraiser's Website*

Historic District:  Lake Isabella Historical Residential District  
 Downtown Historical District

Site Address: 1160 SE SAINT JOHNS ST  
 Parcel ID #(s): 12773-000 (41307)

OWNER OF RECORD	As recorded with the Columbia County Property Appraiser	APPLICANT OR AGENT	If other than owner. If an agent will be representing the owner, an Owner's Authorization for Agent Representation form must be included
Carol O'Driscoll	Owner(s) Name	Tyler Turner	Applicant Name
	Company (if applicable)	TMT Roofing LLC	Company (if applicable)
1160 SE SAINT JOHNS ST	Street Address	295 NW Common Ln Ste 115-315	Street Address
LAKE CITY, FL 32025	City State Zip	LAKE CITY, FL 32055	City State Zip
410-253-7947	Telephone Number	352-888-4076	Telephone Number
clod42@aol.com	E-Mail Address	tmtroofingllc@gmail.com	E-Mail Address

BASIS FOR REVIEW  
 All applications, whether Staff or HPA review, are reviewed for consistency with the City of Lake City Comprehensive Plan, Land Development Code, and applicable guidelines such as the Guidelines for the Historic Districts are based on the U.S. Secretary of the Interior's Standards for Rehabilitation.

Historic Preservation Agency Meetings are held the 1<sup>st</sup> Tuesday of the month at 5:30PM in the City Council Chambers (205 N Marion Ave.)

Application Deadline (12:30PM)	Dec 01 2022	Jan 03 2023	Feb 01 2023	Mar 01 2023	Apr 01 2023	May 01 2023	Jun 01 2023	Jul 01 2023	Aug 01 2023	Sep 01 2023	Oct 01 2023	Nov 01 2023
Meeting Date	Jan 04 2023	Feb 07 2023	Mar 07 2023	Apr 04 2023	May 02 2023	Jun 06 2023	Jul 05 2023	Aug 01 2023	Sep 06 2023	Oct 03 2023	Nov 07 2023	Dec 05 2023

**IMPORTANT  
NOTES**

**PRE-APPLICATION  
MEETING**

To guide you through the process and to ensure that your application is properly processed, you'll need to meet with the Planner prior to submitting your application. This should be done prior to your anticipated submittal date to allow time for review.

Staff approval applications are accepted on a rolling basis and are generally completed within 10 business days. Please note that projects can only begin after receiving a Certificate of Appropriateness (COA) and a building permit (if required).

**CONCEPTUAL  
APPROVALS**

Conceptual approvals are provided by the HPA as a courtesy to the applicant in an effort to allow comment from the Historic Preservation Agency during the conceptual design process. The HPA will provide the applicant with feedback and guidance relating to the proposal. In all cases, the applicant must return to the HPA to seek final approval of their projects.

**APPLICATION  
REQUIREMENTS**

- A complete/ signed application. (If all requirements are not submitted it could delay your approval);
- Proof of Ownership (copy of deed or tax statement);
- A current survey of the property, for new construction and any change to existing footprint. (no older than two years);
- 1 digital set of elevations & plans (to scale);
- Photographs;
- Any additional backup materials, as necessary;
- If applying as an agent, *Owner's Authorization for Agent Representation* form must be signed/notarized and submitted as part of the application;
- For window replacement, a *Window Survey* must be completed.

**PROJECT DESCRIPTION**

DESCRIBE THE PROPOSED PROJECT AND MATERIALS.  
Describe the proposed project in terms of size, affected architectural elements, materials, and relationship to the existing structure(s).

Metal Re-roof  
An estimated 36 roofing squares  
Tm, Roofing LLC, Roofing Contractor, would tear off existing roof to replace all decking on home. Install new 29 gauge Ash Gray tough Rib metal.

List proposed materials:

Project Scope	Manufacturer	Product Description	Color (Name/Number)
Exterior Fabric			
Doors			
Windows			
Roofing	Capital Metal Supply	29 Gauge Tough Rib Panels	Ash Gray
Fascia/Trim			
Foundation			
Shutters			
Porch/Deck			
Fencing			
Driveways/Sidewalks			
Signage			
Other			

**PLEASE SUBMIT ALL PRODUCT BROCHURES, PAINT COLOR SAMPLES, AND MATERIAL SAMPLES WITH YOUR APPLICATION.**



**DID YOU REMEMBER**

Review the Historic District Application Checklist (Article 10 LDR) to ensure you are including all required materials. If all requirements are not submitted, it will delay your approval.

Review the applicable Guidelines (Article 10 LDR)

A pre-application meeting is required before a final application for HPA Review. (Please call 386-752-2031 to schedule an appointment)

Please see the City of Lake City Land Development Regulations for detailed information.

Historic Preservation Districts maps are located on the city web site ([www.lcfla.org](http://www.lcfla.org))

Historic Preservation Agency can be found in the LDR Article 10.

Variances can be found in the LDR Article 11

The Land Development Regulations can be located on the city web site ([www.lcfla.org](http://www.lcfla.org))

**APPEALS**

Agency Decisions – Persons with standing, as listed in LDR Article 10, Section 10.11.6, may appeal a decision of the HPA, as outlined in Article 11, Section 11.1.4

Administrative Decisions – Persons with standing, as listed in LDR Article 10, Section 10.11.6, may appeal a decision of the Administrator, as outlined in Article 10, Section 10.11.5.

**DEMOLITIONS (if applicable)**

Please identify any unique qualities of historic and/or architectural significance, the prevalence of these features within the region, city, or neighborhood, and feasibility of reproducing such a building, structure, or object.

Discuss measures taken to save the building/structure/object from collapse. Also, address whether it is capable of earning a reasonable economic return on its value.

**RELOCATIONS (if applicable)**

For relocations, address the context of the proposed future site and proposed measures to protect the physical integrity of the building.

Additional criteria for relocations and demolitions: Please describe the future planned use of the subject property once vacated and its effect on the historical context.

**MODIFICATION OF EXISTING ZONING REQUIREMENTS (If Applicable)**

Any change shall be based on competent demonstration by the petitioner of Article 4 of the Land Development Code.

Modification of dimensional requirements. To facilitate new construction, redevelopment, rehabilitation, or relocation of buildings or structures in historic districts or individually listed on the local register, the Administrator or the appropriate board within the development review process may determine dimensional requirements such as front, side, and rear setbacks, building height, separation between buildings, floor area ratios, and maximum lot coverage for buildings and structures based on historic development patterns. Any change shall be based on competent demonstration by the petitioner of the following:

- a. *The proposed development will not affect the public safety, health, or welfare of abutting property owners or the district;*
- b. *The proposed change is consistent with historic development, design patterns or themes in the historic district. Such patterns may include reduced front, rear, and side yard setbacks, maximum lot coverage and large floor area ratios;*
- c. *The proposal reflects a particular theme or design pattern that will advance the development pattern of the historic district; and*
- d. *The proposed complies with utility, stormwater, access requirements, and other requirements related to site design in the Land Development Code.*

Where the proposed modification would encroach into a side or rear yard setback that adjoins an existing lot, notice shall be provided to the adjacent property owner. Staff or the appropriate reviewing board will document the basis for its decision. If staff makes the decision, it will provide a written determination on the complete modification request within 21 calendar days of receiving the request. If the adjacent property owner objects to the encroachment in writing within 16 calendar days of the date from which the notice was mailed, the request shall be referred to the Board of Adjustment, which shall review the request using the same standards in this section used by staff. If the decision is to be made by a board, the board shall hear the objection of the adjacent property owner as part of its public hearing. The remainder of the requirements, regulations and procedures set forth in this chapter shall remain applicable.

Modification of building code requirements. Structures and buildings listed individually on the local register or deemed contributing to the character of a district listed on the local register shall be deemed historic and entitled to modified enforcement of the standard codes where appropriate.

Please describe the requested zoning modification, addressing a through d above:


The requested modification will change the following zoning or building requirement in this manner:

(select only those that apply)	Required	Existing	Proposed
Front, Side, or Rear building Setback Lines			
Building Height			
Building Separation			
Floor Area Ratio (FAR)			
Maximum Lot Coverage			

# CERTIFICATION

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and have read and understand the following:

1. I/We hereby attest to the fact that the above supplied property address(es), parcel number(s) and legal description(s) is (are) the true and proper identification of the area of this petition.
2. I/We authorize staff from the Department of Growth Management to enter onto the property in question during regular city business hours in order to take photos which will be placed in the permanent file.
3. I/We understand that the COA review time period will not commence until the application is deemed complete by staff and may take up to 10 days to process. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date.
4. I/We understand that, for Agency review cases, an agenda and staff report will be available on the City's website approximately one week before the Historic Preservation Agency meeting.
5. I/We understand that the Historic Preservation Agency meetings are conducted in a quasi-judicial hearing and as such, ex parte communications are prohibited (Communication about your project with a Historic Preservation Agency member).
6. I/We understand that the approval of this application by the Historic Preservation Agency or staff in no way constitutes approval of a Building Permit for construction from the City of Lake City Growth Management.
7. I/We understand that all changes to the approved scope of work stated in a COA have to be approved by the HPA before work commences on those changes. There will be no charge for a revision to a COA. Making changes that have not been approved can result in a Stop Work Order being placed on the entire project.
8. I/We understand that any decision of the HPA may be appealed to the City Council. A person with standing, as described in LDR Article 10, Section 10.11.6, may file a petition to appeal and shall be presented within thirty (30) days after the decision of the HPA; otherwise the decision of the HPA will be final.
9. I/We understand that Certificates of Appropriateness are only valid for one (1) year from issuance.

  
 \_\_\_\_\_  
 Applicant (Signature)

3/18/2024  
 \_\_\_\_\_  
 Date

Tyler Turner  
 \_\_\_\_\_  
 Applicant (Print)

Please submit this application And all required supporting Materials via email to:  <a href="mailto:growthmanagement@lcfia.com">growthmanagement@lcfia.com</a>  Once the application is received and deemed complete, the applicant will be notified as to whether this will be a staff review or HPA review.	TO BE COMPLETED BY CITY ADMINISTRATOR	Date Received <u>3/27/24</u>	Received By: <u>Robert Ansel</u>
	COA <u>24-11</u>		<input type="checkbox"/> Staff Approval <input type="checkbox"/> Single Family Structure or its Accessory Structure <input type="checkbox"/> Multi-Family requiring HPA approval <input type="checkbox"/> After-The-Fact Certificate of Appropriateness
	Zoning: <u>R3F-3</u>		
	Contributing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Pre-Conference	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Application Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Request for Modification of Setbacks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Thursday



DEPARTMENT OF GROWTH MANAGEMENT  
205 North Marion Avenue  
Lake City, Florida 32055  
Telephone: (386) 752-2031  
[growthmanagement@lcfla.com](mailto:growthmanagement@lcfla.com)

OWNER'S AUTHORIZATION FOR AGENT REPRESENTATION

USE THIS FORM TO: Grant an agent authorization to represent you in applying for applications to the City of Lake City Department of Growth Management.

I /WE Carol O'Driscoll  
(print name of property owner(s))

hereby authorize: TMT Roofing LLC, Tyler Turner & Alyssa Miller  
(print name of agent)

to represent me/us in processing an application for: Roofing Permit  
(print type of application)

on our behalf. In authorizing the agent to represent me/us, I/we, as owner/owners, attest that the application is made in good faith and that any information contained in the application is accurate and complete.

Carol O'Driscoll  
(Signature of owner)

\_\_\_\_\_  
(Signature of owner)

CAROL O'DRISCOLL  
(Print name of owner)

\_\_\_\_\_  
(Print name of owner)

STATE OF FLORIDA }  
COUNTY OF Columbia

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization,  
this 27th day of MARCH, 2024, by

Carol O'Driscoll

Alyssa Miller  
Notary Public

Alyssa Miller  
Printed Name

9/14/2026  
My Commission Expires

Personally Known OR  
 Produced Identification

ID Produced: \_\_\_\_\_



Insurance Email: amanda.jewell-direct@kin.com



# TMT Roofing LLC Roofing Contract Agreement

Customer Carol O'Driscoll

Date: 03/13/2024

Property Location 160 SE SAINT JOHNS ST

Time 4:00 PM

City Lake City

Zip 32025

Roof Specifications: Roof Type Meta Shingle Color ~~Galvalume~~ Ash Gray <sup>cod</sup> Am

Roof material specs & warranties Price includes all labor and material for complete metal roof

Remove existing metal roof                      Install new 29 Gauge galvalume tuff rib panels

Workmanship Warranty 5yrs & Manufacturer Warranty ~~2~~ 40 year

TMT Roofing LLC Lic# CCC1330410 agrees to complete roofing project at location for the price specified on contract. General Standards upheld are as follows:

Materials ordering and delivery

Permits

Job Site Cleanup

Magnetize Jobsite upon completion

Project timeline is standard 4-5 working days unless limited by weather.

Any work that occurs additional charges will **NOT** be performed unless property owner consents to any changes in contract price

Workmanship warranty is 5 years from completion date, warranty is void if:

other persons have in any way edited roof after completion: natural distaster: due to manufacture warranty failure

Project commencement date is within 4 days of 04/22/2024 this may change due to weather and if changed property owner will be notified promptly.

50% of contract price is required once contract has been accepted, the remaining 50% will be due upon completion of project\* (unless financed). Payments can be made by cash, check, credit/debit card, cashiers check.

If payment is other than cash, appropriate identification may be required and recorded before processing payment.

Contractor will provide paper work vital for permitting and will need paperwork returned promptly to remain on schedule. Contract is contingent on 50% to start project and final balance once project has been completed.

Additional Comments or amendments

Install new plywood decking- Approx 115 plywood sheets Install new decking seam tape. Install new synthetic underlayment

For further details refer to invoice 1104

Agreed Contract Price ~~\$28,500.00~~ \$30,500.00

*AM*  
*CS*

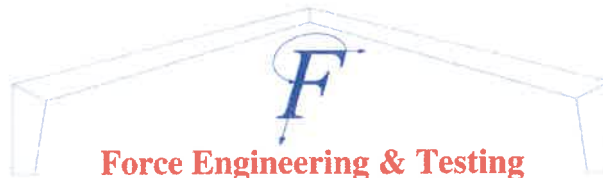
Signatures of authorized representative of TMT Roofing and property agreeing to the terms above

Contractor Tyler Turner

Date 03/13/2024

Property Owner Carol O'Donoghue

Date 3/13/2024



**Force Engineering & Testing**

19530 Ramblewood Drive  
Humble, Texas 77338  
Phone: (281) 540-6603 FAX: (281) 540-9966  
Website: [www.forceengineeringtesting.com](http://www.forceengineeringtesting.com)

**Product Evaluation Report  
CAPITAL METAL SUPPLY, INC.**

**Min. 29 Ga. Capital Rib Roof Panel over 1x4 Wood Purlins over 7/16" OSB**

**Florida Product Approval # 17992.1 R4**

Florida Building Code 2023  
Per Rule 61G20-3  
Method: 1 -D

Category: Roofing  
Subcategory: Metal Roofing  
Compliance Method: 61G20-3.005(1)(d)  
NON HVHZ

**Product Manufacturer:**

**Capital Metal Supply**  
3845 S. US HWY 441  
Lake City, Florida 32025

**Capital Metal Supply**  
629 SE Industrial Circle  
Lake City, Florida 32025

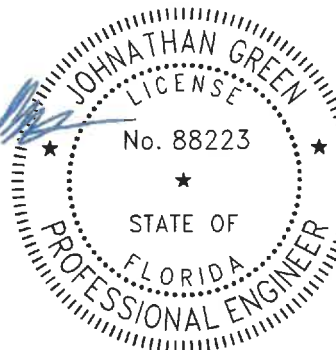
**Engineer Evaluator:**

**Johnathan Green, P.E. #88223**  
Florida Evaluation ANE ID: 12901

**Contents:**

**Evaluation Report: Page 1 - 4**  
**Installation Detail: Page 5**

  
AUG 31 2023



THIS DOCUMENT HAS BEEN DIGITALLY SIGNED AND SEALED BY JOHNATHAN GREEN 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.

**FL# 17992.1 R4**



**Compliance Statement:** The product as described in this report has demonstrated compliance with the Florida Building Code 2023, Sections 1504.3.2, 1504.7.

**Product Description:** Capital Rib Roof Panel, Min. 29 Ga. Steel, 36" Wide, through fastened roof panel over 1x4 wood purlins over minimum 7/16" OSB decking. Non-structural Application.

**Panel Material/Standards:** Material: Min. 29 Ga. Steel, ASTM A792 or ASTM A653 G90 conforming to Florida Building Code 2023 Section 1507.4.3. Paint finish optional.  
Yield Strength: Min. 80.0 ksi  
Corrosion Resistance: Panel Material shall comply with Florida Building Code 2023, Section 1507.4.3.

**Panel Dimension(s):** Thickness: 0.0140" Min.  
Width: 36" Maximum Coverage  
Rib Height: 3/4" major rib at 9" O.C.  
Panel Rollformer: MRS Metal Rollforming Systems

**Panel Fastener:** #10-15 x 1-1/2" ZAC Head dual thread with sealing washing or approved equal 3/4" minimum penetration through plywood  
Corrosion Resistance: Per Florida Building Code 2023, Section 1507.4.4.

**Substrate Description:** Min. 1x4 No. 2 SYP wood purlin over (1) layer of asphalt composition shingles (optional) over (1) layer of 30# felt paper over minimum 7/16" OSB (or 15/32" APA Rated Plywood) over Southern Yellow Pine wood rafters at 24" O.C. Panel System Type 1: 1x4 wood purlins attached to OSB with (1) 8d ring shank nail at 4" O.C. Panel System Type 2: 1x4 wood purlins attached to OSB with (1) 8d ring shank nail at 4" O.C and (2) 9x3" deck screws at 24" O.C. into wood rafters. OSB must be inspected and able to withstand the wind loading induced by the wood purlins. Substrate must be designed in accordance w/ Florida Building Code.

**Allowable Design Uplift Pressures:**

Table "A"

Panel System	Type 1	Type 2
Maximum Total Uplift Design Pressure:	41.7 psf	123.5 psf
Fastener Pattern:	9"-9"-9"-9"	6"-3"-5"-3"-6"-3"-6"
1x4 Wood Purlin Spacing:	24" O.C.	24" O.C.
1x4 Wood Purlin Nail Spacing:	(1) at 4" O.C.	(1) at 4" O.C.
1x4 Wood Purlin Screw Spacing:	NA	(2) at 24" O.C.

\*Design Pressure includes a Safety Factor = 2.0.

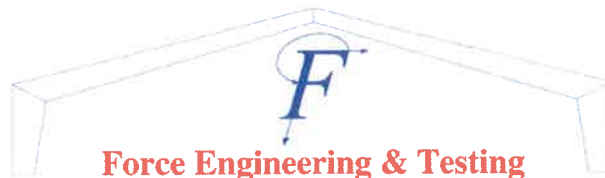




- Code Compliance:** The product described herein has demonstrated compliance with The Florida Building Code 2023, Section 1504.3.2, 1504.7.
- Evaluation Report Scope:** The product evaluation is limited to compliance with the structural wind load requirements of the Florida Building Code 2023, as relates to Rule 61G20-3.
- Performance Standards:** The product described herein has demonstrated compliance with:
- UL 580-06 - Test for Uplift Resistance of Roof Assemblies
  - UL 1897-2015 - Uplift Test for Roof Covering Systems
  - FM 4471-92 - Foot Traffic Resistance Test
- Reference Data:**
1. UL 580-06 / 1897-04 Uplift Test  
Force Engineering & Testing, Inc. (FBC Organization # TST-5328)  
Report No. 587-0169T-15A, B
  2. FM 4471-10, Section 4.4 Foot Traffic Resistance Test  
Force Engineering & Testing, Inc. (FBC Organization # TST-5328)  
Report No. 587-0169T-15C
  3. Certificate of Independence  
By Johnathan Green, P.E. (No. 88223) @ Force Engineering & Testing  
(FBC Organization # ANE ID: 12901)
- Test Standard Equivalency:**
1. The UL 1897-04 test standard is equivalent to the UL 1897-2015 test standard.
  2. The FM 4471-10, Foot Traffic Resistance test standard is equivalent to the FM 4471-92, Foot Traffic Resistance test standard.
- Quality Assurance Entity:** The manufacturer has established compliance of roof panel products in accordance with the Florida Building Code and Rule 61G20-3.005 (3) for manufacturing under a quality assurance program audited by an approved quality assurance entity.
- Minimum Slope Range:** Minimum Slope shall comply with Florida Building Code 2023, including Section 1507.4.2 and in accordance with Manufacturers recommendations. For slopes less than 3:12, lap sealant must be used in the panel side laps.



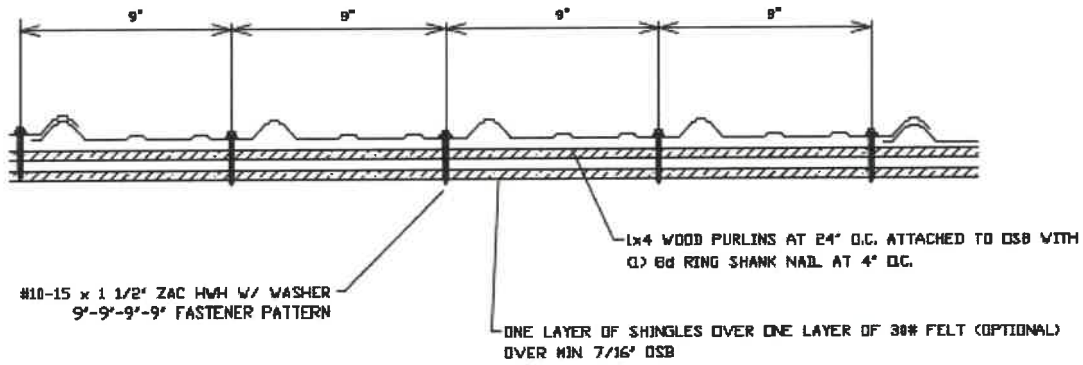
- Installation:** Install per manufacturer's recommended details.
- Underlayment:** Per Florida Building Code 2023, Section 1507.1 and manufacturer's installation guidelines.
- Roof Panel Fire Classification:** Fire classification is not part of this acceptance.
- Shear Diaphragm:** Shear diaphragm values are outside the scope of this report.
- Design Procedure:** Based on the dimensions of the structure, appropriate wind loads are determined using Chapter 16 of the Florida Building Code 2023 for roof cladding wind loads. These component wind loads for roof cladding are compared to the allowable pressure listed above. The design professional shall select the appropriate erection details to reference in his drawings for proper fastener attachment to his structure and analyze the panel fasteners for pullout and pullover. Support framing must be in compliance with Florida Building Code 2023 Chapter 22 for steel, Chapter 23 for wood and Chapter 16 for structural loading.



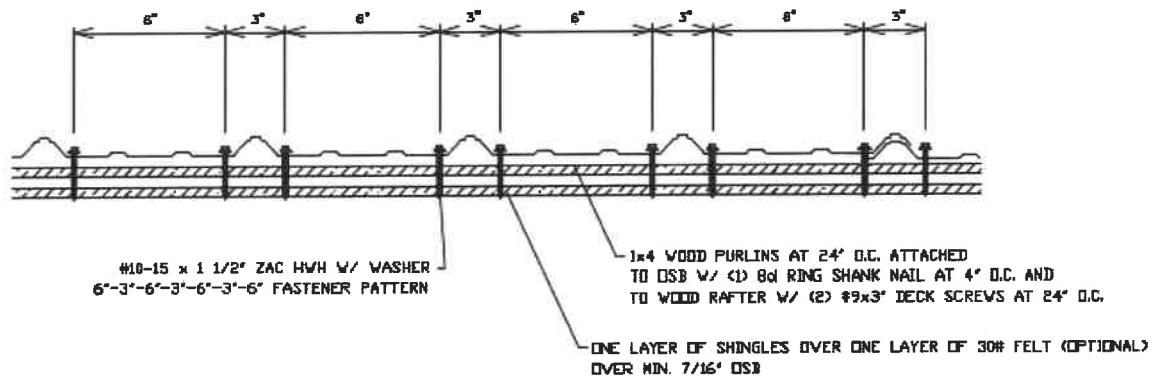
**Force Engineering & Testing**

19530 Ramblewood Drive  
 Humble, Texas 77338  
 Phone: (281) 540-6603 FAX: (281) 540-9966  
 Website: [www.forceengineeringtesting.com](http://www.forceengineeringtesting.com)

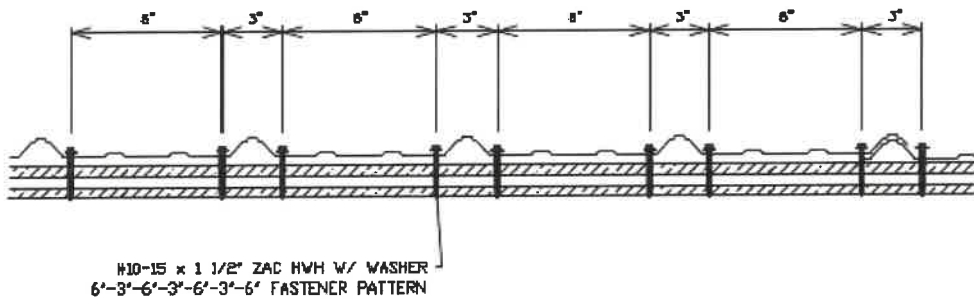
**MINIMUM 29 GA. CAPITAL RIB PANEL  
 PANEL SYSTEM TYPE 1  
 FASTENER PATTERN AT 24" O.C.**



**MINIMUM 29 GA. CAPITAL RIB PANEL  
 PANEL SYSTEM TYPE 2  
 FASTENER PATTERN AT 24" O.C.**



**PANEL ENDS**



FL# 17992.1 R4

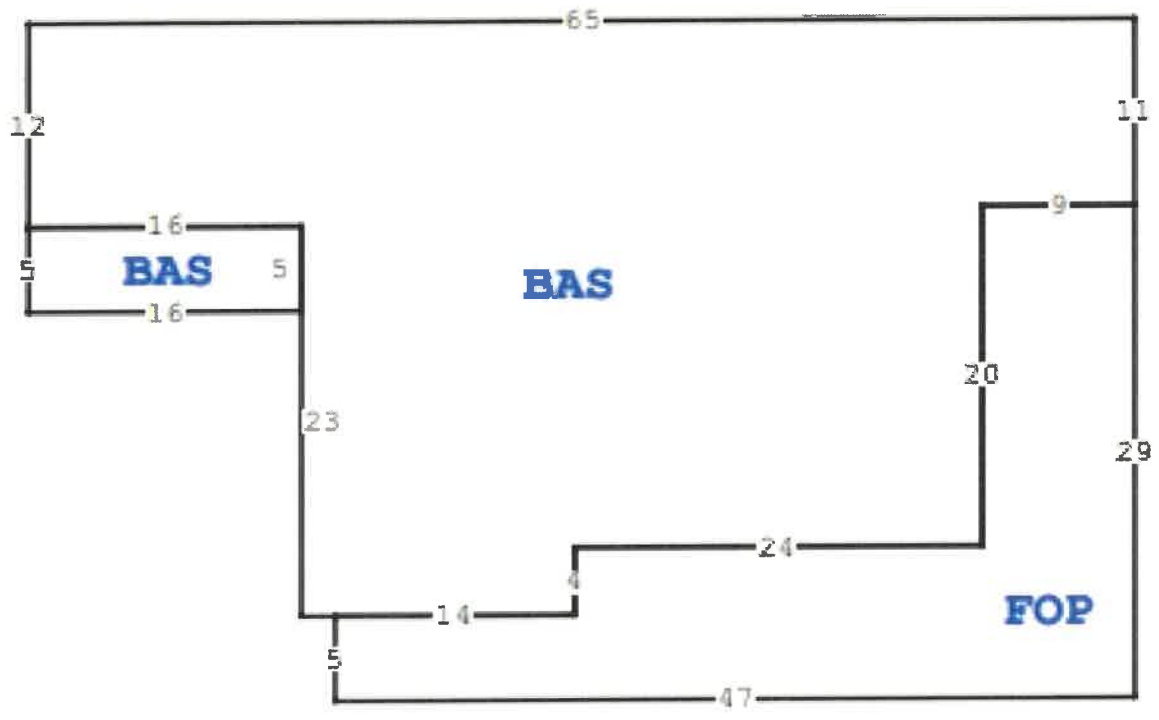
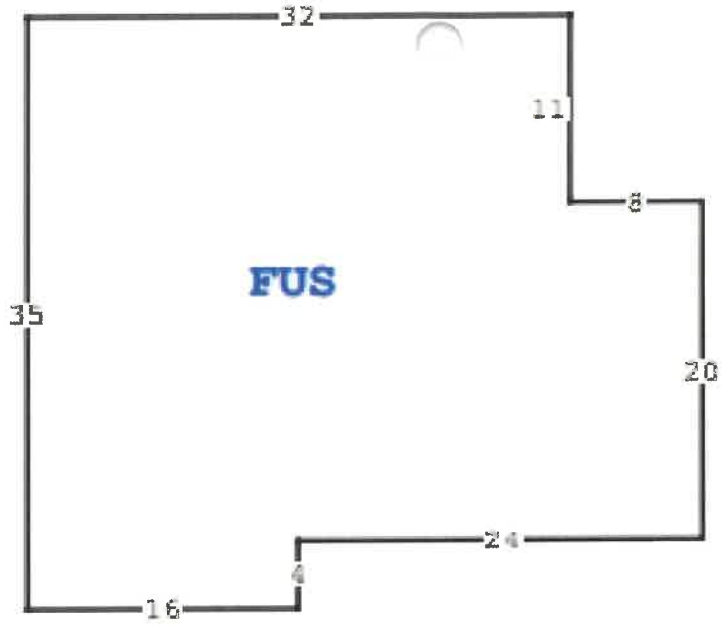
BUILDING CHARACTERISTICS		MARKET ADJUSTMENTS		VALUATION BY		STANDARD										
ELEMENT	CD	CONSTRUCTION	CD	TYPE	MDL	EFF. AREA	TOT ADJ. PTS	EFF. BASE RATE	REPL. COST NEW	AYB	EYB	ECON	FNCT	NORM	% COND	
Exterior Wall	03	BELOW AVG	100	0100	01	3,055	85,2484	81.84	250,021	1900	1980	0	0	0	35.00	65.00
Roof Structure	03	GABLE/HIP	100	1 SINGLE FAM - 0% - 2023												
Roof Cover	01	MINIMUM	100	Heated Area: 2891												
Interior Wall	03	PLASTER	100													
Interior Floor	12	HARDWOOD	100													
Air Condition	03	CENTRAL	100													
Heating Type	04	AIR DUCTED	100													
Bedrooms			3													
Bathrooms			2													
Frame	01	NONE	100													
Stories	1.5	1.5	100													
Architectural	05	CONV	100													
Units			0													
Condition Adj	02	02	100													
Kitchen Adjus	01	01	100													

QUALITY		DOR CODE		MAP NUM		NEIGHBORHOOD/LOC		SUBAREA		TOTAL		PCT OF		BASE		MARKET		VALUE							
QUALITY	05	DOR CODE	05	MAP NUM	0100	NEIGHBORHOOD/LOC	850317.00	TOT ADJ	1.00	TOTAL GROSS AREA	80	100	4,256	TOTAL GROSS AREA	1,595	100	84,848	TOTAL GROSS AREA	547	30	8,724	TOTAL GROSS AREA	1,216	100	64,686
TOTALS	3,438				3,055		162,514																		

EXTRA FEATURES		BLD CAP		L		W		UNITS		UT		ADJR		ADJ UNIT PRICE		ORIG COND		YEAR ON		YEAR ACTUAL		Q		% COND		LGL DATE		LAND DATE		AG DATE		OBX/ MKT VALUE		NOTES				
L N	CODE	DESCRIPTION	0	0	10	20	200.00	UT 5.00	ADJR	5.00	100	1993	3	100	1,000	100	2011	3	100	200	1,000	1993	3	100	1,000	2011	3	100	200	1,000	1993	3	100	200	1,000	1993	3	100
1	0296	SHED METAL	0	0	10	20	200.00	UT 5.00		5.00	100	1993	3	100	1,000	100	2011	3	100	200	1,000	1993	3	100	1,000	2011	3	100	200	1,000	1993	3	100	200	1,000	1993	3	100
2	0166	CONC, PAVMT	0	0	0	0	1.00	UT 0.00		0.00	100	2011	3	100	200	100	2011	3	100	200	200	2011	3	100	200	2011	3	100	200	200	2011	3	100	200	200	2011	3	100

LAND DESCRIPTION		LAND USE		CAP		FRONT		DEPTH		TOT LND UNITS		TOT LND VALUE		ADJ UNIT PRICE		UNIT PRICE		TOT ADJ		COND		TOT ADJ		COND		TOT ADJ		COND		TOT ADJ		COND		TOT ADJ		COND	
L N	CODE	CLS	SFR	0	0	125.00	105.00	13,125.00	SF	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
1	0100	C	SFR	0	0	125.00	105.00	13,125.00	SF	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
TOTALS																																					

BUILDING NOTES		OFF RECORD		DATE		TYPE		Q		V		RSN		SALE	
PERMIT NUM	DESCRIPTION	AMT	ISSU	OFF RECORD Number	DATE	INST	U	I	CD	PRICE	TYPE	Q	V	RSN	SALE PRICE
1510/178	GRANTOR: FEDERAL NATIONAL MORT			1510/178	3/01/2024	WD	U	I	18	132,000					
1468/469	GRANTEE: O' DRISCOLL CAROL			1468/469	5/26/2022	WD	U	I	11	100					
	GRANTOR: ROCKET MORTGAGE, LLC														
	GRANTEE: FEDERAL NATIONAL MO														





Cocoa Brown

Burgundy

Barn Red

Patriot Red

Hawaiian Blue

Evergreen

Forest Green

Black



\* Special order colors. Minimum order required.























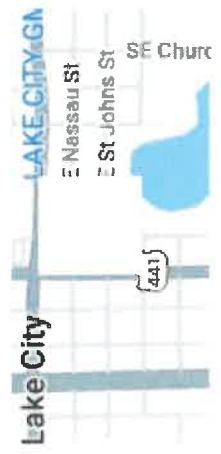


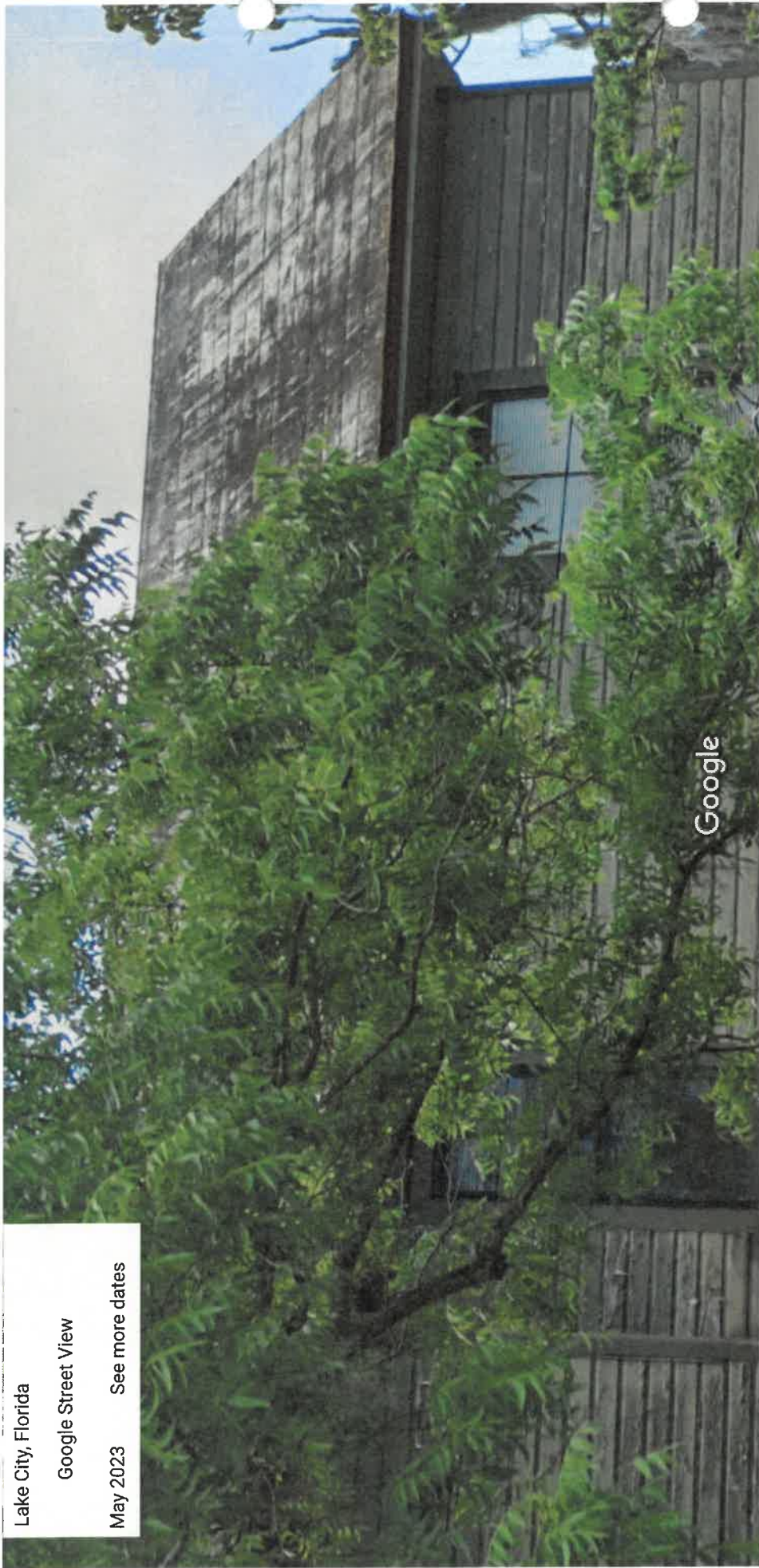




Lake City, Florida  
Google Street View  
May 2023 See more dates

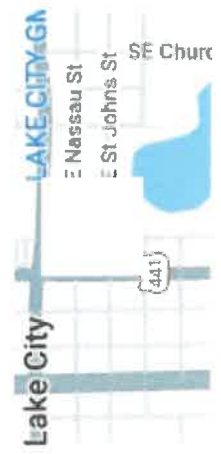
Image capture: May 2023 © 2024 Google

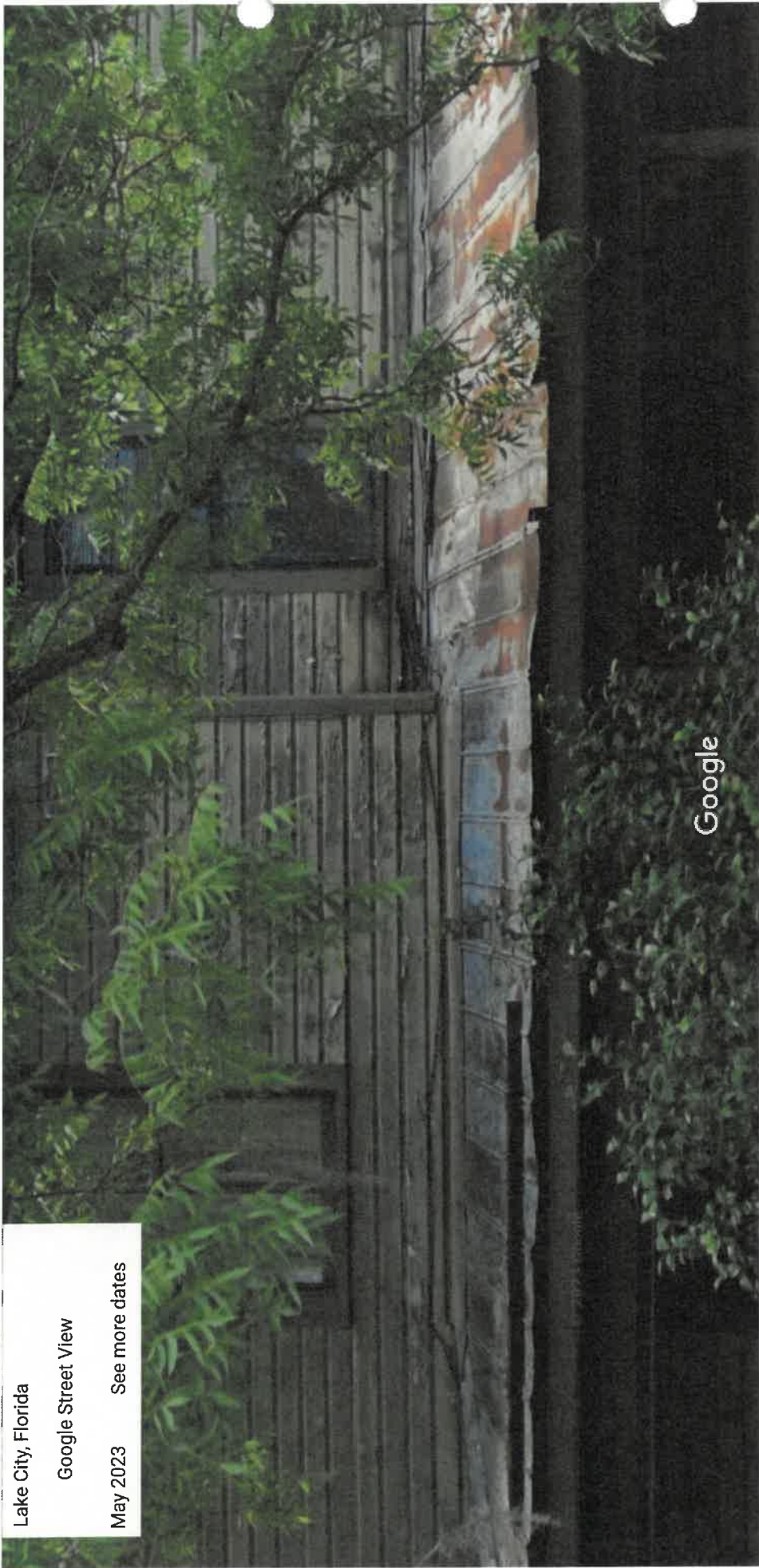




Lake City, Florida  
Google Street View  
May 2023 See more dates

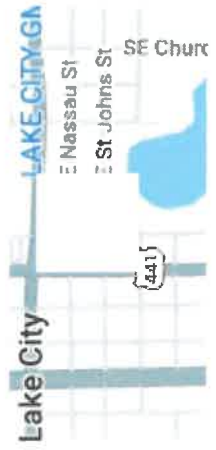
Image capture: May 2023 © 2024 Google





Lake City, Florida  
Google Street View  
May 2023 See more dates

Image capture: May 2023 © 2024 Google





**CITY OF LAKE CITY  
NOTICE  
LAND USE ACTION**

A PUBLIC HEARING IS SCHEDULED TO CONSIDER A REQUEST FOR:

COA 24-11, a petition by Carol O’Driscoll, owner, to request a Certificate of Appropriateness be granted as provided for in Section 10.11 of the Land Development Regulations, to get approval replace the roof for a property located in the Residential Single-Family 3 zoning district, in accordance with the submittal of the petition dated March 27, 2024, to be located on parcel 12773-000.

WHEN: May 14, 2024  
5:30 p.m. or as soon after

WHERE: City Council Meeting Room, Second Floor, City Hall, located at 205 North Marion Avenue, Lake City, Florida.  
Members of the public may also view the meeting on our YouTube channel at:  
<https://www.youtube.com/c/CityofLakeCity>.

Copies of the certificate of appropriateness application are available for public inspection by contacting the Office of Growth Management at [growthmanagement@lcfla.com](mailto:growthmanagement@lcfla.com) or by calling 386.719.5820.

At the aforementioned public hearing, all interested parties may be heard with respect to the Certificate of Appropriateness.

**FOR MORE INFORMATION CONTACT  
ROBERT ANGELO  
PLANNING & ZONING TECHNICIAN  
AT 386.719.5820**

# NOTICE OF PUBLIC MEETING CITY OF LAKE CITY HISTORIC PRESERVATION AGENCY

**THIS SERVES AS PUBLIC NOTICE** the Historic Preservation Agency will hold a meeting on Tuesday, May 14, 2024 at 5:30pm or as soon after.

## Agenda Items

1. COA24-11 (Carol O'Driscoll)- Parcel 12773-000- Certificate of Appropriateness petition to get approval replace the existing roof.
2. Consent Agenda- COA24-12.

Meeting Location: City Council Chambers located on the 2<sup>nd</sup> Floor of City Hall at 205 North Marion Avenue, Lake City, FL 32055.

Members of the public may also view the meeting on our YouTube channel at: <https://www.youtube.com/c/CityofLakeCity>

Pursuant to 286.0105, Florida Statutes, the City hereby advises the public if a person decides to appeal any decision made by the City with respect to any matter considered at its meetings or hearings, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

**SPECIAL REQUIREMENTS:** Pursuant to 286.26, Florida Statutes, persons needing special accommodations to participate in this meeting should contact the City Manager's Office at (386) 719-5768.

Robert Angelo  
Planning and Zoning Tech

# **NOTICE OF PUBLIC MEETING CITY OF LAKE CITY HISTORIC PRESERVATION AGENCY**

**THIS SERVES AS PUBLIC NOTICE** the Historic Preservation Agency will hold a meeting on Tuesday, May 14, 2024 at 5:30pm or as soon after.

## **Agenda Items**

1. COA24-11 (Carol O'Driscoll)- Parcel 12773-000- Certificate of Appropriateness petition to get approval replace the existing roof.
2. **Consent Agenda-** COA24-12.

Meeting Location: City Council Chambers located on the 2<sup>nd</sup> Floor of City Hall at 205 North Marion Avenue, Lake City, FL 32055.

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Robert Angelo  
Planning and Zoning Tech

## Angelo, Robert

---

**From:** LCR-Classifieds <classifieds@lakecityreporter.com>  
**Sent:** Monday, April 29, 2024 12:02 PM  
**To:** Angelo, Robert  
**Subject:** RE: 73990 73992 73991 RE: Non-Legal Ad for P&Z, BOA, and HPA for 05-14-2024

Confirmed

Thank you much,  
**Kymerlee Harrison 386-754-0401**  
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**PH 386-754-0401**

### Why Local Newsprint Advertising?

- 1 Newspaper readers are ENGAGED
- 2 Newspapers are viewed as TRUSTWORTHY

---

**From:** Angelo, Robert <AngeloR@lcfla.com>  
**Sent:** Monday, April 29, 2024 12:02 PM  
**To:** LCR-Classifieds <classifieds@lakecityreporter.com>  
**Subject:** RE: 73990 73992 73991 RE: Non-Legal Ad for P&Z, BOA, and HPA for 05-14-2024

Looks good.

Thank You  
Robert Angelo  
City of Lake City  
Growth Management  
[growthmanagement@lcfla.com](mailto:growthmanagement@lcfla.com)  
386-719-5820



*PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from City officials regarding City business are public records available to the public and media upon request. Your email communications may be subject to public disclosure.*

**From:** LCR-Classifieds <[classifieds@lakecityreporter.com](mailto:classifieds@lakecityreporter.com)>  
**Sent:** Monday, April 29, 2024 11:20 AM  
**To:** Angelo, Robert <[AngeloR@lcfla.com](mailto:AngeloR@lcfla.com)>  
**Subject:** 73990 73992 73991 RE: Non-Legal Ad for P&Z, BOA, and HPA for 05-14-2024

Robert, all are scheduled to publish on May 2. Approval due by tomorrow please  
P&Z: 3 col x 5.5 \$272.25



Historic: 3 col x 4.5 \$222.75

BOA: 3 col x 4 \$198

Thank you much,

**Kymerlee Harrison 386-754-0401**

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1086 SW Main Blvd. Ste 103, Lake City, FL 32055

**PH 386-754-0401**

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---

**From:** Angelo, Robert <[AngeloR@lcfla.com](mailto:AngeloR@lcfla.com)>

**Sent:** Monday, April 29, 2024 8:57 AM

**To:** LCR-Classifieds <[classifieds@lakecityreporter.com](mailto:classifieds@lakecityreporter.com)>

**Subject:** Non-Legal Ad for P&Z, BOA, and HPA for 05-14-2024

Kym

Please publish this ad in the body of the paper as a display ad in the **May 2, 2024** paper.

Thank You

Robert Angelo

City of Lake City

Growth Management

[growthmanagement@lcfla.com](mailto:growthmanagement@lcfla.com)

386-719-5820



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# **NOTICE OF PUBLIC MEETING CITY OF LAKE CITY HISTORIC PRESERVATION AGENCY**

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## **Agenda Items**

1. COA24-11 (Carol O'Driscoll)- Parcel 12773-000- Certificate of Appropriateness petition to get approval replace the existing roof.
2. **Consent Agenda-** COA24-12.

Meeting Location: City Council Chambers located on the 2<sup>nd</sup> Floor of City Hall at 205 North Marion Avenue, Lake City, FL 32055.

Members of the public may also view the meeting on our YouTube channel at: <https://www.youtube.com/c/CityofLakeCity>

**Pursuant to 286.0105, Florida Statutes, the City hereby advises the public if a person decides to appeal any decision made by the City with respect to any matter considered at its meetings or hearings, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.**

**SPECIAL REQUIREMENTS: Pursuant to 286.26, Florida Statutes, persons needing special accommodations to participate in this meeting should contact the City Manager's Office at (386) 719-5768.**

Robert Angelo  
Planning and Zoning Tech



April 10, 2024

To Whom it May Concern

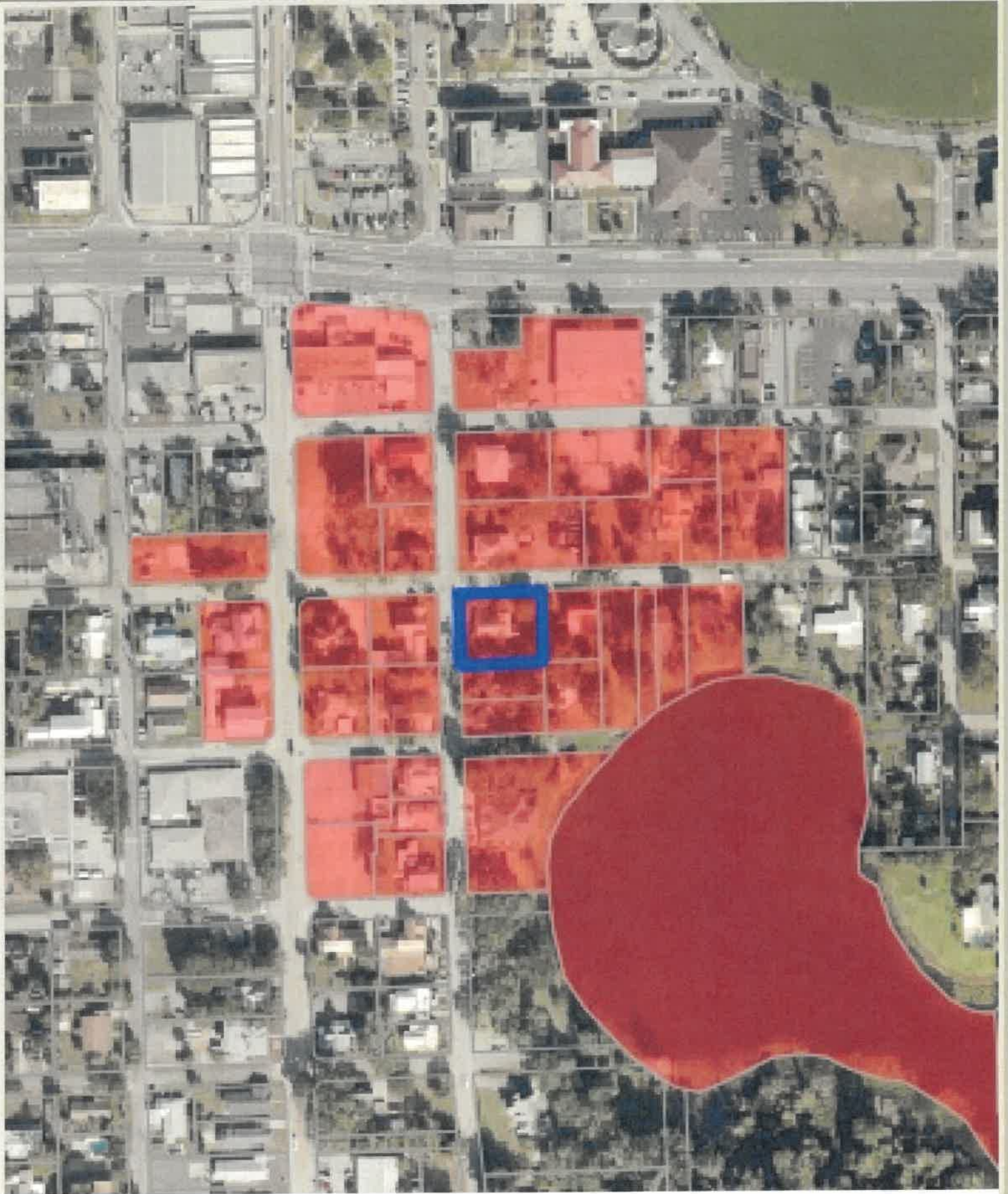
On May 14, 2024 the Historic Preservation Agency will be having a meeting at 6 pm, at 205 N. Marion. At this meeting we will be hearing a petition, COA 24-11 to get approval to replace the roof on the home located at 160 SE St Johns, Lake City, FL 32055.

If you have any questions or concerns please call 386-752-2031 ext. 820 or email [growthmanagement@lcfla.com](mailto:growthmanagement@lcfla.com).

Robert Angelo

Planning and Zoning Tech  
City of Lake City

# GIS Buffer



0

330

660

990

1320

## Columbia County Property Appraiser - Sales Report

Name	Address1	Address2	Address3	City	State	ZIP
HARDIN ELEANOR T REVOCABLE LIVING TRUST	806 LAKESIDE DR		LAKE WORTH	FL	33460-5032	
<del>CITY OF LAKE CITY</del>	205 N MARION AVE		LAKE CITY	FL	32055	
COLUMBIA COUNTY, FLORIDA	PO BOX 1529		LAKE CITY	FL	32056	
TROPICAL MILE LLC	4865 SW PINEMOUNT RD		LAKE CITY	FL	32024	
GILES WILLIAM D III	P O BOX 1299		LAKE CITY	FL	32056	
THE LAW OFFICES OF DUANE E THOMAS PLLC	206 S MARION AVE		LAKE CITY	FL	32025	
COOL CHICKS 4 CHIRST LLC	6834 NW 44TH STREET		JENNINGS	FL	32053	
TWENTYEIGHT FOURTEEN LLC	930 NE JOE CONEY TER		LAKE CITY	FL	32055	
ROBARTS MARTHAJEAN M	237 SW COLLINS LN	C/O MARRAE MACDONALD	FORT WHITE	FL	32038	
<del>TWENTYEIGHT FOURTEEN LLC</del>	930 NE JOE CONEY TER		LAKE CITY	FL	32055	
<del>TWENTYEIGHT FOURTEEN, LLC</del>	930 NE JOE CONEY AVE		LAKE CITY	FL	32055	
HOPPER DISPATCH INC	P O BOX 2697		LAKE CITY	FL	32056	
COLUMBIA COUNTY HISTORICAL MUSEUM INC	P O BOX 3276		LAKE CITY	FL	32056-3276	
SAMSON CHRISTOPHER M	181 SE HERNANDO AVE		LAKE CITY	FL	32025	
SANCHEZ-BIANCHI JOHN	219 SE HERNANDO AVE		LAKE CITY	FL	32025	
PROPERTY OPERATIONS MANAGEMENT SPECIALTIES LLC	224 SE HERNANDO AVE		LAKE CITY	FL	32025	
THE LAW OFFICE OF RALPH R DEAS P.A.	108 CENTRAL AVE NW		JASPER	FL	32052	
CURTIS KENNETH	256 SE HERNANDO AVE		LAKE CITY	FL	32025	
<del>CITY OF LAKE CITY</del>	205 N MARION AVE		LAKE CITY	FL	32055	
BAUD JOSHUA	983 NW MOORE RD		LAKE CITY	FL	32055	
SERENITYBLOCK 32, LLC	27822 23RD PL		BRANFORD	FL	32008	
PIERCE TERESA NICOLE	209 SW SAINT JOHNS ST		LAKE CITY	FL	32025	
BROWN AFTON M	136 SE SAINT JOHNS ST	C/O CHARLES BROWN	LAKE CITY	FL	32025	
O'DRISCOLL CAROL	160 SE SAINT JOHNS ST		LAKE CITY	FL	32025	
REESE DONNA MCMULLEN	184 SE ST JOHNS STREET		LAKE CITY	FL	32025	
PRIEST RICKIE L	194 SE SAINT JOHNS ST		LAKE CITY	FL	32025	
HARDIN JAMES A	806 S LAKESIDE DR		LAKE WORTH	FL	33460	
<del>PIERCE TERESA NICOLE</del>	209 SE SAINT JOHNS ST		LAKE CITY	FL	32025	
BROWN DEETTE F	220 SE SAINT JOHNS ST		LAKE CITY	FL	32025	
CHAPMAN ANDREA	174 NW HARRIS LAKE DR		LAKE CITY	FL	32024	
COUEY KEITH E JR	138 SE TUCKER ST		LAKE CITY	FL	32025	
GENSER SUSAN	175 SE TUCKER STREET		LAKE CITY	FL	32025	

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Certified Mail Fee	\$4.40	0570
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	
Total Postage	\$5.08	

Postmark Here  
04/15/2024

Sent To: 00-00-00-12767-000  
 BROWN AFTON M  
 Street and: 136 SE SAINT JOHNS ST  
 City, State: C/O CHARLES BROWN  
 LAKE CITY, FL 32025

PS Form 3800, January 2023

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<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	
Total Postage	\$5.08	

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04/15/2024

Sent To: 00-00-00-12772-000  
 REESE DONNA MCMULLEN  
 Street and: 184 SE ST JOHNS STREET  
 City, State: LAKE CITY, FL 32025

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Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	
Total Postage	\$5.08	

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04/15/2024

Sent To: 00-00-00-13282-000  
 HARDIN JAMES A  
 Street and: 806 S LAKESIDE DR  
 City, State: LAKE WORTH, FL 33460

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Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	
Total Postage	\$5.08	

Postmark Here  
04/15/2024

Sent To: 00-00-00-13240-000  
 PIERCE TERESA NICOLE  
 Street and: 209 SW SAINT JOHNS ST  
 City, State: LAKE CITY, FL 32025

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Certified Mail Fee	\$4.40	0570
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	
Total Postage	\$5.08	

Postmark Here  
04/15/2024

Sent To: 00-00-00-12733-000  
 SERENITYBLOCK 32, LLC  
 Street and: 27822 23RD PL  
 City, State: BRANFORD, FL 32008

PS Form 3800, January 2023

9589 0710 5270 1427 8387 16

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<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	
Total Postage	\$5.08	

Postmark Here  
04/15/2024

Sent To: 00-00-00-12776-000  
 PRIEST RICKIE L  
 Street and: 194 SE SAINT JOHNS ST  
 City, State: LAKE CITY, FL 32025

PS Form 3800, January 2023

9589 0710 5270 1427 8387 54

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Certified Mail Fee	\$4.40	0570
\$	\$0.00	17
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<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	
\$	\$5.08	04/15/2024
Total Postage	\$5.08	
Sent To	00-00-00-13239-000	
Street and Apt.	CHAPMAN ANDREA	
City, State, ZIP	174 NW HARRIS LAKE DR LAKE CITY, FL 32024	

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\$	\$0.00	17
Extra Services & Fees (check box, add fee as appropriate)		Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	
\$	\$5.08	04/15/2024
Total Postage	\$5.08	
Sent To	00-00-00-12780-000	
Street and Apt.	CURTIS KENNETH	
City, State, ZIP	256 SE HERNANDO AVE LAKE CITY, FL 32025	

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Extra Services & Fees (check box, add fee as appropriate)		Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
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<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	
\$	\$5.08	04/15/2024
Total Postage	\$5.08	
Sent To	00-00-00-12770-000	
Street and Apt.	PROPERTY OPERATIONS MANAGEMENT	
City, State, ZIP	224 SE HERNANDO AVE LAKE CITY, FL 32025	

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\$	\$0.00	17
Extra Services & Fees (check box, add fee as appropriate)		Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
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Postage	\$0.68	
\$	\$5.08	04/15/2024
Total Postage	\$5.08	
Sent To	00-00-00-13281-000	
Street and Apt.	BROWN DEETTE F	
City, State, ZIP	220 SE SAINT JOHNS ST LAKE CITY, FL 32025	

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Lake City, FL 32055

Certified Mail Fee	\$4.40	0570
\$	\$0.00	17
Extra Services & Fees (check box, add fee as appropriate)		Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
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Postage	\$0.68	
\$	\$5.08	04/15/2024
Total Postage	\$5.08	
Sent To	00-00-00-12783-000	
Street and Apt.	BAUD JOSHUA	
City, State, ZIP	983 NW MOORE RD LAKE CITY, FL 32055	

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Jasper, FL 32052

Certified Mail Fee	\$4.40	0570
\$	\$0.00	17
Extra Services & Fees (check box, add fee as appropriate)		Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
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Postage	\$0.68	
\$	\$5.08	04/15/2024
Total Postage	\$5.08	
Sent To	00-00-00-12775-000	
Street and Apt.	THE LAW OFFICE OF RALPH R DEAS	
City, State, ZIP	108 CENTRAL AVE NW JASPER, FL 32052	

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Lake City, FL 32025

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Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
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Postage	\$0.68	
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Total Postage	\$5.08	04/15/2024
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Sent To	00-00-00-12738-001	
Street and Ap	SAMSON CHRISTOPHER M	
	181 SE HERNANDO AVE	
City, State, Zi	LAKE CITY, FL 32025	

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Lake City, FL 32056

Certified Mail Fee	\$4.40	0570
\$		17
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
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Postage	\$0.68	
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Total P	\$5.08	04/15/2024
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Sent To	00-00-00-12739-000	
Street	COLUMBIA COUNTY HISTORICAL	
	MUS	
City, S	P O BOX 3276	
	LAKE CITY, FL 32056-327	

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Lake City, FL 32055

Certified Mail Fee	\$4.40	0570
\$		17
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
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Postage	\$0.68	
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Total P	\$5.08	04/15/2024
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Sent To	00-00-00-12766-000	
Street	TWENTYEIGHT FOURTEEN LLC	
	930 NE JOE CONEY TER	
City, S	LAKE CITY, FL 32055	

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Certified Mail Fee	\$4.40	0570
\$		17
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
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Postage	\$0.68	
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Sent To	00-00-00-12774-000	
Street and	SANCHEZ-BIANCHI JOHN	
	219 SE HERNANDO AVE	
City, State	LAKE CITY, FL 32025	

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\$		17
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
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Street	HOPPER DISPATCH INC	
	P O BOX 2697	
City, S	LAKE CITY, FL 32056	

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Fort White, FL 32038

Certified Mail Fee	\$4.40	0570
\$		17
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
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Postage	\$0.68	
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Total P	\$5.08	04/15/2024
\$		
Sent To	00-00-00-12769-000	
Street	ROBERTS MARTHAJEAN M	
	237 SW COLLINS LN	
City, S	C/O MARRAE MACDONALD	
	FORT WHITE, FL 32038	

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Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	04/15/2024
Total Price	\$5.08	
Sent To	00-00-00-12762-000	
Street	THE LAW OFFICES OF DUANE E THO	
City, St	206 S MARION AVE LAKE CITY, FL 32025	

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Lake City, FL 32056

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Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	04/15/2024
Total Price	\$5.08	
Sent To	00-00-00-12736-000	
Street	COLUMBIA COUNTY, FLORIDA	
City	PO BOX 1529 LAKE CITY, FL 32056	

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Lake Worth Beach, FL 33460

Certified Mail Fee	\$4.40	0570
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
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<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	04/15/2024
Total Price	\$5.08	
Sent To	00-00-00-12777-000	
Street	HARDIN ELEANOR T REVOCABLE LIV	
City, St	806 LAKESIDE DR LAKE WORTH, FL 33460-503	

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Jennings, FL 32053

Certified Mail Fee	\$4.40	0570
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	04/15/2024
Total Price	\$5.08	
Sent To	00-00-00-12768-000	
Street	COOL CHICKS 4 CHIRST LLC	
City	6834 NW 44TH STREET JENNINGS, FL 32053	

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Certified Mail Fee	\$4.40	0570
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	04/15/2024
Total Price	\$5.08	
Sent To	00-00-00-12744-000	
Street	GILES WILLIAM D III	
City	P O BOX 1299 LAKE CITY, FL 32056	

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Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
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<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	04/15/2024
Total Price	\$5.08	
Sent To	00-00-00-12748-000	
Street	TROPICAL MILE LLC	
City	4865 SW PINEMOUNT RD LAKE CITY, FL 32024	

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Certified Mail Fee	\$4.40	0570
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
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Postage	\$0.68	04/15/2024
Total Postage	\$5.08	
Sent To	00-00-00-12779-000	
Street and Apt.	COUEY KEITH E JR	
City, State, ZIP+4	138 SE TUCKER ST LAKE CITY, FL 32025	

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Extra Services & Fees (check box, add fee as appropriate)	\$0.00	17
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.68	04/15/2024
Total Postage	\$5.08	
Sent To	00-00-00-12771-000	
Street and Apt.	GENSER SUSAN	
City, State, ZIP+4	175 SE TUCKER STREET LAKE CITY, FL 32025	

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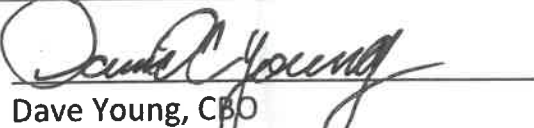
**File Attachments for Item:**

**iii. COA 24-12**, submitted by, Tequilla Shepard, as owner, requesting a Certificate of Appropriateness in a Commercial-Central Business District (C-CBD) zoning district as established in section 4.14 of the Land Development Regulations and located within the Lake Desoto Historic District, established in Section 10.11.2, of the Land Development Regulations on property described as City of Lake City Parcel 12004-000.



## CERTIFICATE OF APPROPRIATENESS

### MINOR OR MAINTENANCE ONLY

<b>Date</b> 4/17/24	COA 24-12
<b>Address:</b> 556 N Marion Ave	
<b>Parcel Number:</b> 12004-000	
<b>Owner:</b> Tequilla Shepard	
<b>Address of Owner:</b> 556 N Marion	
<b>Description of Structure:</b> Two story commercial building	
The described structure or portion of the structure has been reviewed for compliance with the requirements of the City Historic Preservation Land Development Regulations for the exterior construction as submitted by the applicant per Ordinance Number 2020-2176	
 Dave Young, CBO Director of Growth Management	
<b>Code Edition:</b> 2020 (7 <sup>th</sup> ) Edition of the Florida Building Codes, 2020 (7 <sup>th</sup> ) Edition of the Florida Fire Prevention Code and the 2017 U.S. Secretary of the Interior's Standards for Rehabilitation	
<b>Description of Approved Construction:</b>	
Paint exterior building gray with black trim.	
<b>Special Conditions:</b>	

The City of Lake City's Growth Management Department and the City Historic Preservation Committee

205 N Marion Avenue

Lake City, Florida 32055

(386) 719-5750



DEPARTMENT OF GROWTH MANAGEMENT  
 205 North Marion Avenue  
 Lake City, Florida 32055  
 Telephone: (386) 752-2031  
[growthmanagement@lcfla.com](mailto:growthmanagement@lcfla.com)

COA 24-17

HISTORIC PRESERVATION AGENCY (HPA)  
 Certificate of Appropriateness (COA) Application

USE THIS FORM TO

Apply for approval for projects located within historic districts. Projects may require either a Agency-level review or a Staff-level review.

Once application is submitted it will be reviewed for completeness. Once verified complete the applicant will be notified.

Type of Review	Reviewed By	Date
Certificate of Appropriateness (COA): Staff Review		
Certificate of Appropriateness (COA): HPA Review - Single Family Structure or its Accessory Structure		
Certificate of Appropriateness (COA): HPA Review - All Other Structures		
After-the-Fact Certificate of Appropriateness (COA): if work begun prior to issuance of a COA		

**PROJECT TYPE**

New Construction     Addition     Demolition     Fence  
 Repair     Relocation     Re-Roof/Roof-Over     Sign     Shed/Garage

Classification of Work (see LDR 10.11.3)

Routine Maintenance     Minor Work     Major Work

**APPROVAL TYPE:**

See [Certificate of Appropriateness Matrix](#)

Staff Approval  
 Board Approval:  Conceptual or  Final

**PROPERTY INFORMATION:** Property information can be found at the Columbia County Property Appraiser's Website

Historic District:  Lake Isabella Historical Residential District  
 Downtown Historical District

Site Address: 556 N Marion St Lake City 32055

Parcel ID #(s) 12004-600

OWNER OF RECORD	As recorded with the Columbia County Property Appraiser	APPLICANT OR AGENT	If other than owner. If an agent will be representing the owner, an Owner's Authorization for Agent Representation form must be included
	Owner(s) Name	Applicant Name	
	Company (if applicable)	Company (if applicable)	
	Street Address	Street Address	
	City State Zip	City State Zip	
	Telephone Number	Telephone Number	
	E-Mail Address	E-Mail Address	

<u>Tequilla Sheppard</u>	<u>Tequilla Sheppard</u>
<u>228 SW Pilots Way</u>	
<u>Lake City FLA, 32024</u>	
<u>(386) 438-4316</u>	
<u>tequilla528@gmail.com</u>	

BASIS FOR REVIEW

All applications, whether Staff or HPA review, are reviewed for consistency with the City of Lake City Comprehensive Plan, Land Development Code, and applicable guidelines such as the Guidelines for the Historic Districts are based on the U.S. Secretary of the Interior's Standards for Rehabilitation.

Historic Preservation Agency Meetings are held the 1<sup>st</sup> Tuesday of the month at 5:30PM in the City Council Chambers (205 N...

Application Deadline (12:30PM)	Dec 01 2022	Jan 03 2023	Feb 01 2023	Mar 01 2023	Apr 01 2023	May 01 2023	Jun 01 2023	Jul 01 2023	Aug 01 2023	Sep 01 2023
Meeting Date	Jan 04 2023	Feb 07 2023	Mar 07 2023	Apr 04 2023	May 02 2023	Jun 06 2023	Jul 05 2023	Aug 01 2023	Sep 06 2023	Oct 03 2023

## IMPORTANT NOTES

### PRE-APPLICATION MEETING

To guide you through the process and to ensure that your application is properly processed, you'll need to meet with the Planner prior to submitting your application. This should be done prior to your anticipated submittal date to allow time for review.

Staff approval applications are accepted on a rolling basis and are generally completed within 10 business days. Please note that projects can only begin after receiving a Certificate of Appropriateness (COA) and a building permit (if required).

### CONCEPTUAL APPROVALS

Conceptual approvals are provided by the HPA as a courtesy to the applicant in an effort to allow comment from the Historic Preservation Agency during the conceptual design process. The HPA will provide the applicant with feedback and guidance relating to the proposal. In all cases, the applicant must return to the HPA to seek final approval of their projects.

### APPLICATION REQUIREMENTS

- A complete/ signed application. (If all requirements are not submitted it could delay your approval);
- Proof of Ownership (copy of deed or tax statement);
- A current survey of the property, for new construction and any change to existing footprint. (no older than two years);
- 1 digital set of elevations & plans (to scale);
- Photographs;
- Any additional backup materials, as necessary;
- If applying as an agent, *Owner's Authorization for Agent Representation* form must be signed/ notarized and submitted as part of the application;
- For window replacement, a *Window Survey* must be completed.

## PROJECT DESCRIPTION

DESCRIBE THE PROPOSED PROJECT AND MATERIALS.  
Describe the proposed project in terms of size, affected architectural elements, materials, and relationship to the existing structure(s).

Paint the Exterior of Building  
and ~~soon to replace Awnings.~~

List proposed materials:

Project Scope	Manufacturer	Product Description	Color (Name/Number)
Exterior Fabric			
Doors			
Windows			
Roofing			
Fascia/Trim			
Foundation			
Shutters			
Porch/Deck			
Fencing			
Driveways/Sidewalks			
Signage			
Other			

**PLEASE SUBMIT ALL PRODUCT BROCHURES, PAINT COLOR SAMPLES, AND MATERIAL SAMPLES WITH YOUR APPLICATION.**

**DID YOU REMEMBER**

Review the Historic District Application Checklist (Article 10 LDR) to ensure you are including all required materials. If all requirements are not submitted, it will delay your approval.

Review the applicable Guidelines (Article 10 LDR)

A pre-application meeting is required before a final application for HPA Review. (Please call 386-752-2031 to schedule an appointment)

Please see the City of Lake City Land Development Regulations for detailed information.

Historic Preservation Districts maps are located on the city web site ([www.lcfla.org](http://www.lcfla.org))

Historic Preservation Agency can be found in the LDR Article 10.

Variances can be found in the LDR Article 11

The Land Development Regulations can be located on the city web site ([www.lcfla.org](http://www.lcfla.org))

**APPEALS**

Agency Decisions – Persons with standing, as listed in LDR Article 10, Section 10.11.6, may appeal a decision of the HPA, as outlined in Article 11, Section 11.1.4

Administrative Decisions – Persons with standing, as listed in LDR Article 10, Section 10.11.6, may appeal a decision of the Administrator, as outlined in Article 10, Section 10.11.5.

**DEMOLITIONS (if applicable)**

Please identify any unique qualities of historic and/or architectural significance, the prevalence of these features within the region, city, or neighborhood, and feasibility of reproducing such a building, structure, or object.

Discuss measures taken to save the building/structure/object from collapse. Also, address whether it is capable of earning a reasonable economic return on its value.

**RELOCATIONS (if applicable)**

For relocations, address the context of the proposed future site and proposed measures to protect the physical integrity of the building.

Additional criteria for relocations and demolitions: Please describe the future planned use of the subject property once vacated and its effect on the historical context.

**MODIFICATION OF EXISTING ZONING REQUIREMENTS (If Applicable)**

Any change shall be based on competent demonstration by the petitioner of Article 4 of the Land Development Code.

Modification of dimensional requirements. To facilitate new construction, redevelopment, rehabilitation, or relocation of buildings or structures in historic districts or individually listed on the local register, the Administrator or the appropriate board within the development review process may determine dimensional requirements such as front, side, and rear setbacks, building height, separation between buildings, floor area ratios, and maximum lot coverage for buildings and structures based on historic development patterns. Any change shall be based on competent demonstration by the petitioner of the following:

- a. *The proposed development will not affect the public safety, health, or welfare of abutting property owners or the district;*
- b. *The proposed change is consistent with historic development, design patterns or themes in the historic district. Such patterns may include reduced front, rear, and side yard setbacks, maximum lot coverage and large floor area ratios;*
- c. *The proposal reflects a particular theme or design pattern that will advance the development pattern of the historic district; and*
- d. *The proposed complies with utility, stormwater, access requirements, and other requirements related to site design in the Land Development Code.*

Where the proposed modification would encroach into a side or rear yard setback that adjoins an existing lot, notice shall be provided to the adjacent property owner. Staff or the appropriate reviewing board will document the basis for its decision. If staff makes the decision, it will provide a written determination on the complete modification request within 21 calendar days of receiving the request. If the adjacent property owner objects to the encroachment in writing within 16 calendar days of the date from which the notice was mailed, the request shall be referred to the Board of Adjustment, which shall review the request using the same standards in this section used by staff. If the decision is to be made by a board, the board shall hear the objection of the adjacent property owner as part of its public hearing. The remainder of the requirements, regulations and procedures set forth in this chapter shall remain applicable.

Modification of building code requirements. Structures and buildings listed individually on the local register or deemed contributing to the character of a district listed on the local register shall be deemed historic and entitled to modified enforcement of the standard codes where appropriate.

Please describe the requested zoning modification, addressing a through d above:

The requested modification will change the following zoning or building requirement in this manner:

(select only those that apply)	Required	Existing	Proposed
Front, Side, or Rear building Setback Lines			
Building Height			
Building Separation			
Floor Area Ratio (FAR)			
Maximum Lot Coverage			



## CERTIFICATION

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and have read and understand the following:

1. I/We hereby attest to the fact that the above supplied property address(es), parcel number(s) and legal description(s) is (are) the true and proper identification of the area of this petition.
2. I/We authorize staff from the Department of Growth Management to enter onto the property in question during regular city business hours in order to take photos which will be placed in the permanent file.
3. I/We understand that the COA review time period will not commence until the application is deemed complete by staff and may take up to 10 days to process. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date.
4. I/We understand that, for Agency review cases, an agenda and staff report will be available on the City's website approximately one week before the Historic Preservation Agency meeting.
5. I/We understand that the Historic Preservation Agency meetings are conducted in a quasi-judicial hearing and as such, ex parte communications are prohibited (Communication about your project with a Historic Preservation Agency member).
6. I/We understand that the approval of this application by the Historic Preservation Agency or staff in no way constitutes approval of a Building Permit for construction from the City of Lake City Growth Management.
7. I/We understand that all changes to the approved scope of work stated in a COA have to be approved by the HPA before work commences on those changes. There will be no charge for a revision to a COA. Making changes that have not been approved can result in a Stop Work Order being placed on the entire project.
8. I/We understand that any decision of the HPA may be appealed to the City Council. A person with standing, as described in LDR Article 10, Section 10.11.6, may file a petition to appeal and shall be presented within thirty (30) days after the decision of the HPA; otherwise the decision of the HPA will be final.
9. I/We understand that Certificates of Appropriateness are only valid for one (1) year from issuance.

Tequilla Sheppard  
Applicant (Signature)

4/17/23  
Date

Tequilla Sheppard  
Applicant (Print)

Please submit this application And all required supporting Materials via email to:  
[growthmanagement@lcfla.com](mailto:growthmanagement@lcfla.com)

Once the application is received and deemed complete, the applicant will be notified as to whether this will be a staff review or HPA review.

TO BE COMPLETED BY CITY ADMINISTRATOR		Date Received	Received By:
COA <u>    </u> - <u>    </u>		<input type="checkbox"/> Staff Approval <input type="checkbox"/> Single Family Structure or its Accessory Structure <input type="checkbox"/> Multi-Family requiring HPA approval <input type="checkbox"/> After-The-Fact Certificate of Appropriateness	
Zoning:			
Contributing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pre-Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Application Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Request for Modification of Setbacks	<input type="checkbox"/> Yes <input type="checkbox"/> No		



DEPARTMENT OF GROWTH MANAGEMENT  
205 North Marion Avenue  
Lake City, Florida 32055  
Telephone: (386) 752-2031  
[growthmanagement@lcfla.com](mailto:growthmanagement@lcfla.com)

OWNER'S AUTHORIZATION FOR AGENT REPRESENTATION

USE THIS FORM TO: Grant an agent authorization to represent you in applying for applications to the City of Lake City Department of Growth Management.

I /WE \_\_\_\_\_  
(print name of property owner(s))

hereby authorize: \_\_\_\_\_  
(print name of agent)

to represent me/us in processing an application for: \_\_\_\_\_  
(print type of application)

on our behalf. In authorizing the agent to represent me/us, I/we, as owner/owners, attest that the application is made in good faith and that any information contained in the application is accurate and complete.

\_\_\_\_\_  
(Signature of owner)

\_\_\_\_\_  
(Signature of owner)

\_\_\_\_\_  
(Print name of owner)

\_\_\_\_\_  
(Print name of owner)

STATE OF FLORIDA }  
COUNTY OF }

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

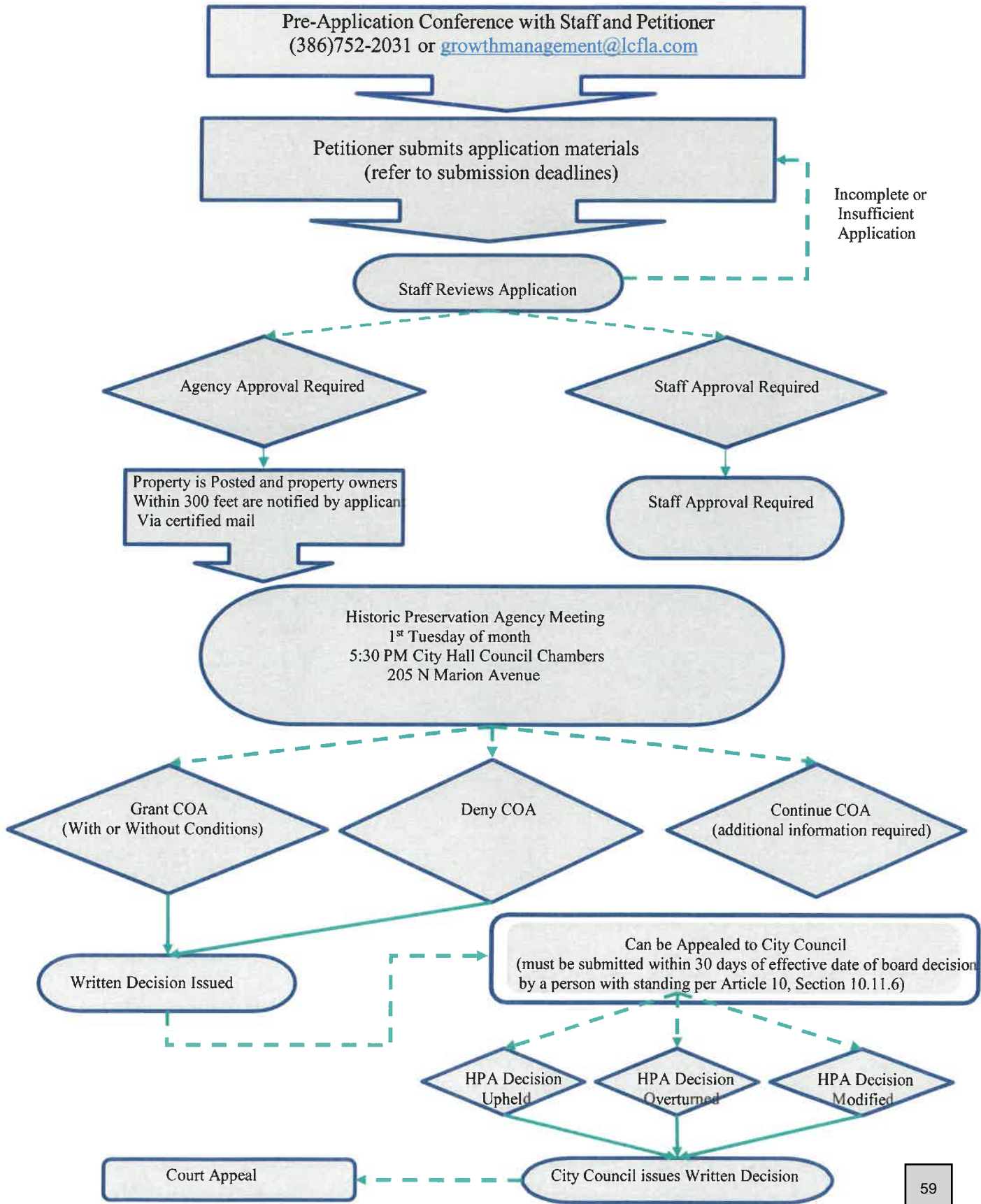
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
My Commission Expires

Personally  
Known OR

Produced Identification ID Produced: \_\_\_\_\_

# CERTIFICATE OF APPROPRIATENESS PROCESS FLOWCHART



Lake City, Florida

Google Street View

May 2023

See more dates



Image capture: May 2023 © 2024 Google



Google Maps 156 Co Hwy 250

Lake City, Florida

Google Street View

May 2023

See more dates



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