




CERTIFICATE OF APPROPRIATENESS

MINOR OR MAINTENANCE ONLY

Date: 03/27/23	COA23-14
Address: 322 SE Camp St, Lake City, FL 32055	
Parcel Number: 13728-000	
Owner: Yolanda Sanchez	
Address of Owner: 322 SE Camp St, Lake City, FL 32055	
Description of Structure: Single Family Home	
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	
 Steve Brown Interim Director of Growth Management	
Code Edition: 2020 (7th) Edition of the Florida Building Codes, 2020 (7th) Edition of the Florida Fire Prevention Code and the 2017 U.S. Secretary of the Interior's Standards for Rehabilitation	
Description of Approved Construction:	
Replace existing black shingle roof with new charcoal shingles	
Special Conditions:	

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



CITY OF LAKE CITY
HISTORIC PRESERVATION
CERTIFICATE OF APPROPRIATENESS

FOR OFFICIAL USE ONLY

Date Received: 3/27/23

Case #: COA 23-14

APPLICANT INFORMATION

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

Applicant: Paul McDaniel

Contact: 386-752-4072

Address: 2230 SE Bay St. Dr.
Lake City FL 32025

Phone: 386-752-4072

Cell: _____

Email: rmcrr.office@gmail.com

Property Owner: Yoland Sanchez

Contact: _____

Address: 322 SE Camp Street
Lake City FL 32025

Phone: _____

Cell: _____

Email: _____

PROPERTY INFORMATION

Site Location/Address: 322 SE Camp Street

Current Use: Residential

Year Built: _____

Proposed Use: Residential
Projected Cost of Work: \$ 18,853.00

NARRATIVE

Please provide a detailed summary of proposed work. Note affected features and changes in external structure design or materials. (Note: May be submitted as an attachment).

Replace old Black Shingles w/ new GAF Timberline
H102 charcoal shingles

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

APPLICANT/AGENT SIGNATURE

Contractor

APPLICANT/AGENT NAME and TITLE

3/28/23

DATE

FOR OFFICIAL USE ONLY

Parcel ID Number:	<u>13728-000</u>		
Future Land Use:	<u>Residential Medium</u>	Zoning District:	<u>RSF-3</u>
Review (circle one):	Ordinary Maintenance	<u>Minor Work</u>	Major Work
National Register of Historic Places Designation?	Yes	No, but eligible	No, not eligible

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

AGENT AUTHORIZATION FORM

1. Yolanda Sanchez (owner name), owner of property parcel
number 06-00-00-13722-006 (42243) (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. <u>Christy Gehr</u>	1. <u>[Signature]</u>
2.	2.
3.	3.
4.	4.
5.	5.

I, the owner, realize that I am responsible for all agreements my duly authorized agent agrees with, and I am fully responsible for compliance with all Florida Statutes, City Codes, and Land Development Regulations pertaining to this parcel.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

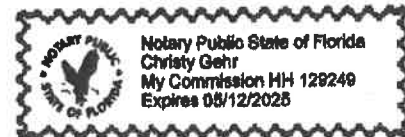
Owner Signature (Notarized) Yolanda Sanchez Date 3/28/23

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above person, whose name is _____, personally
appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 28 day of March, 20 23.

NOTARY'S SIGNATURE [Signature]

(Seal/Stamp)



Angelo, Robert

From: RMC Reed Roofing <rmcrr.office@gmail.com>
Sent: Tuesday, March 28, 2023 1:50 PM
To: Angelo, Robert
Subject: Re: Historic Application for 322 SE Camp St

Hello Mr. Robert,

Thanks so much for calling earlier!

As discussed, please find the COA attached along with the color selection.



Timberline HDZ® Shingles

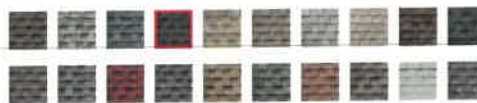
The look people love, now with LayerLock® Technology and the StainGuard Plus™ Algae Protection Limited Warranty¹

★★★★★ 4.8 (16531) [WRITE A REVIEW](#)

[ALL COLORS](#)

[IN YOUR AREA](#)

Color/Finish: **Charcoal**



Harvest Blend Color/Finish:



Please let me know if anything else is needed.

On Tue, Mar 28, 2023 at 10:59 AM Angelo, Robert <AngeloR@lcfla.com> wrote:

To Whom it May Concern

The property located at 322 SE Camp St is located in the historic district. Attached is an application for the historic district. Please fill out the application and send it along with a picture of the material to be used.

Thank You

Robert Angelo

City of Lake City

Growth Management

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.

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Reed McDaniel Construction, Inc

Reed Roofing

(386)752-4072

(386)755-7272 fax

2230 SE Baya Drive Ste 101

Lake City, FL 32025

rmcrr.office@gmail.com

CBC1255787

CCC1330719

