



City of Ocala
 Growth Management Department
 201 S.E. 3rd Street, 2nd Floor
 352-629-8421 | www.ocalafl.org

Case File # Q34
 COA 24-45787
 Meeting Date: 9-1-24
 Product Approval # _____

Application for a Certificate of Appropriateness (COA)

As required by [Section 94-82\(g\)](#) of the City of Ocala Code of Ordinances, Ocala Historic Preservation Advisory Board (OHPAB) decisions on the COAs will be based on the [Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings](#) the [Ocala Historic Preservation Design Guidelines](#), and the [Ocala Historic Preservation Code](#).

COA Application Procedure:

1. Arrange an informal pre-application conference with Planning staff.
2. Fill out and submit COA application and required material to Planning staff 30 days prior to OHPAB meeting. Please email application packets: historic@ocalafl.org.
3. Attend OHPAB meeting or send a representative with a letter of authorization.
4. **Meetings are held the 1st Thursday of each month at 4:00 p.m.**
5. **Meeting Location: City Council Chambers, 2nd floor of City Hall (110 SE Watula Ave.)**

If applicant fails to notify staff and does not attend the meeting, the application may be tabled for one month. If applicant fails to notify staff and does not attend the next monthly meeting, the application may be denied without prejudice.

There is no application fee; however, if work is performed without an approved COA, a fee of \$100 will be assessed.

| | | | |
|--|-------------|-------------------|----------------------|
| Parcel #: | | Property Address: | 520 SE WENONA AVE |
| Owner: | JANE CASANO | Owner Address: | 520 SE WENONA AVE |
| Owner Phone #: | 352-8047144 | Owner Email: | JANECASANO@gmail.com |
| Will there be an additional meeting representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, representative will need a letter of authorization*) | | | |
| If yes, name of representative: | | | |
| Rep. Phone #: | | Rep. Email: | |

| | | | |
|---------------|--|---|--------------------------------------|
| Project Type: | <input type="checkbox"/> Addition | <input type="checkbox"/> New Construction | <input type="checkbox"/> Site Work |
| | <input type="checkbox"/> Alteration | <input type="checkbox"/> Reroof | <input type="checkbox"/> Fence |
| | <input checked="" type="checkbox"/> Repair | <input type="checkbox"/> Relocation | <input type="checkbox"/> Other _____ |



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Describe, by list, specific changes you are requesting to do to your property. Include the types of materials to be used, as well as dimensions. A site plan must be provided for additions to buildings, new construction (including garages, sheds, other accessory buildings), fences and site work (including driveways, parking areas and other improvements). The site plan must show setbacks of the proposed new work items from property lines. Attach additional pages as necessary.

Replace columns on back porch as the wood ones I have keep rotting and I have to continually replace them. They are not original to the house as the porch was an addition.

Required additional materials for submission:

- Completed and signed COA application
- Detailed drawings and specifications for all new materials – windows, doors, siding, roofing materials, fencing etc.
- Site plan
- Copy of property deed or proof of ownership
- Authorization letter for non-property owner representative*
- For New Construction: a set of building plans, no larger than 11 x 17, for structural changes or new construction. This includes all four elevations with drawn to scale dimensions. *

Please list any additional attachments:

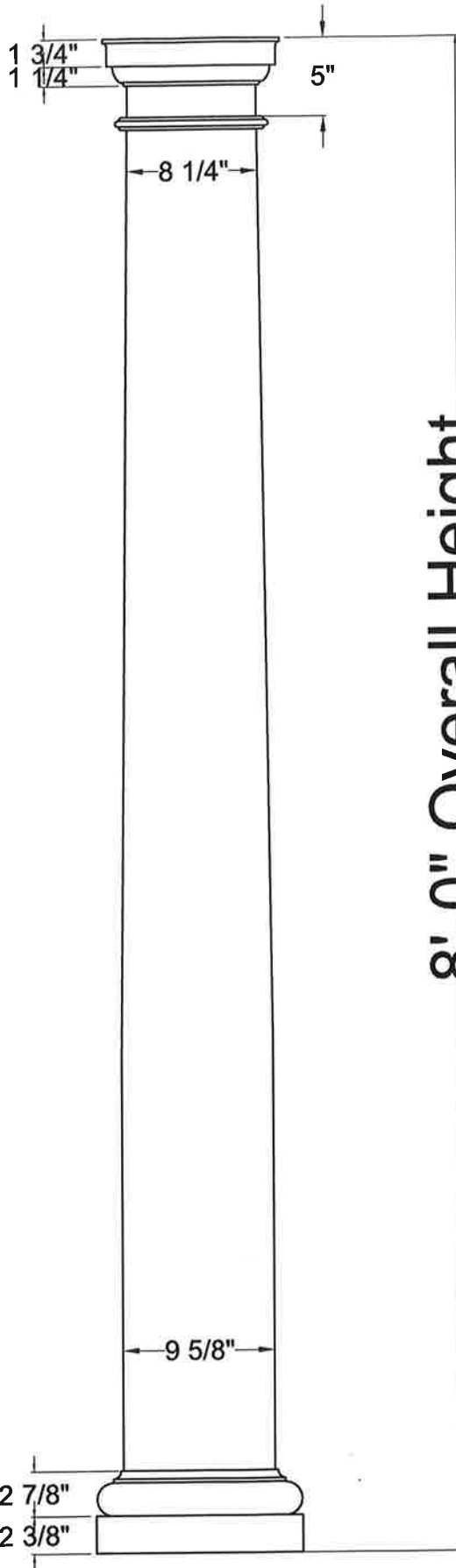
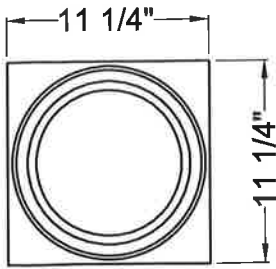
Please refer to submitted spec sheets.



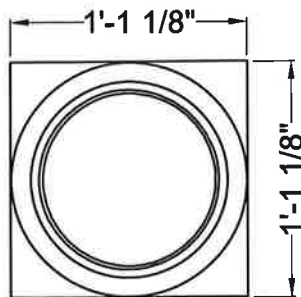
Applicant Signature



Date



8'-0" Overall Height



Chadsworth's 1.800.COLUMNNS
 420A Raleigh Street
 Wilmington, NC 28412
 P. 800.486.2118
 F. 910.763.3191
 sales@columns.com
 www.columns.com

All information contained in this drawing is property of Chadsworth Incorporated. Distribution or replication in part or as a whole without written consent is not permissible.

Design #600-5
10" x 8'-0"
FRP
Column

Customer/Project:

-

Dwg Name:

-

Quantity:

(-)

Column Material:

FRP composite

Capital Material:

polyurethane

Base Material:

polyurethane

Plan Shape:

A (Full round)

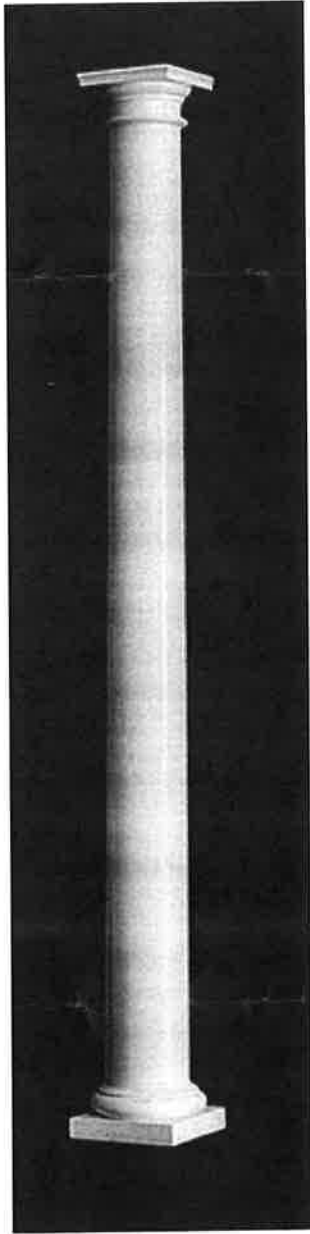
Drawing Scale:

NTS

Sheet:

1 of 1

Customer Signature _____ Date: _____





CHADSWORTH COLUMNS



MATERIAL SAFETY DATA SHEET

POLYSTONE® COLUMN DUST

Section I. General Information

Date of Issue: 05/01/00

Manufacturer's Name & Address:

Chadsworth Incorporated
420A Raleigh Street
Wilmington, NC 28412

Emergency Phone Number:
(910) 763.7600

Chemical Name:
Fiberglass Reinforced Polyester Column Dust

Trade Name:
Chadsworth Incorporated PolyStone column

Section II. Material Identification & Hazard Components

Chemical Family:
Cured Thermoset Polyester Resin
Marble Dust
Glass Fiber

NOT HAZARDOUS UNDER CURRENT REGULATIONS

Section III. Physical/Chemical Characteristics

Boiling Point:
N/A Solid

Vapor Density, Vapor Pressure:
N/A

Specific Gravity:
>1.0

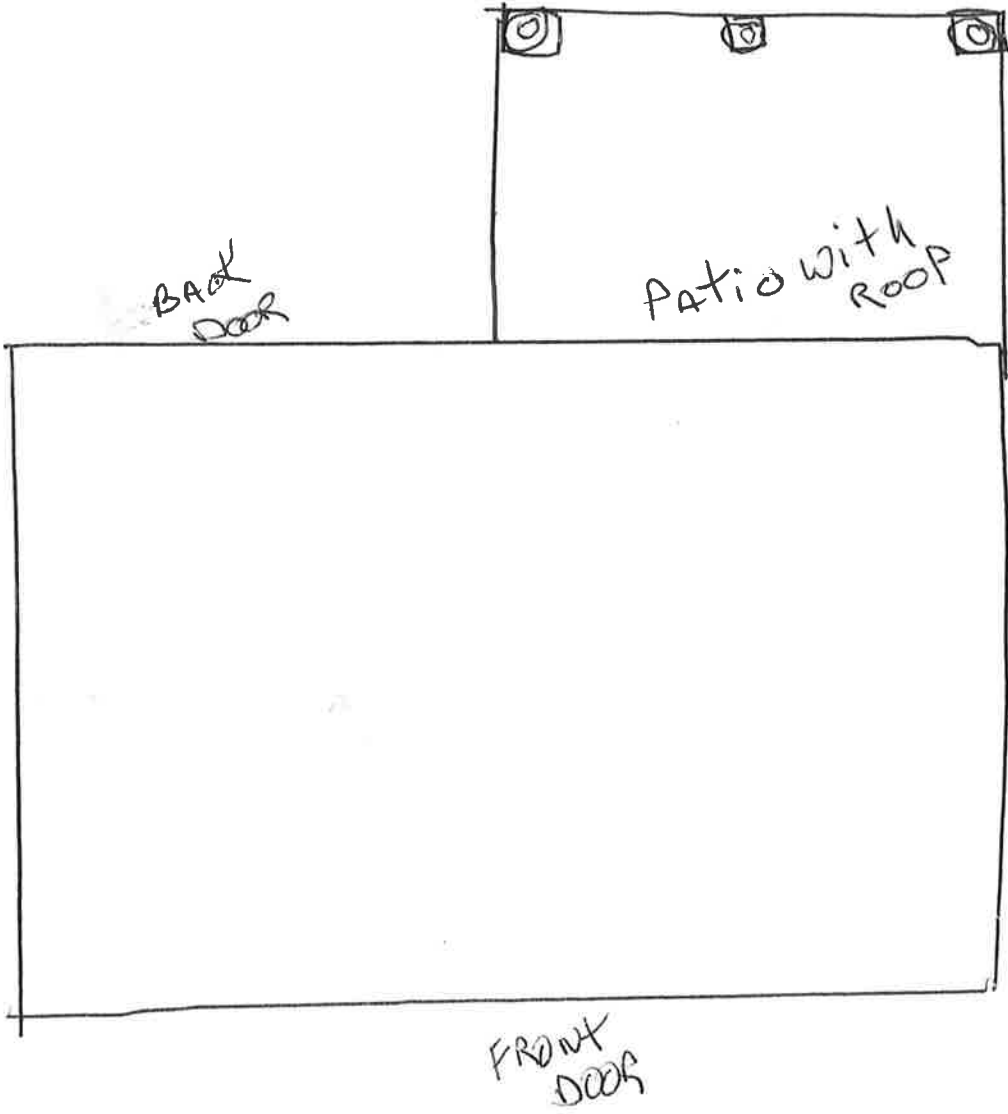
Appearance:
White Dust

Odor:
None

www.COLUMNS.com



6th STREET



520 WENONA AVE

Prepared by:
KIM PEAVY
AMERICAS TITLE CORPORATION
201 SOUTHWEST 2ND STREET # 101-A
Ocala, Florida 34471

File Number: 81-141190

General Warranty Deed

Made this February 27, 2015 A.D. By **GARY M. LEIST, INDIVIDUALLY AND AS TRUSTEE OF THE ALA H. LEIST TRUST DATED JUNE 18, 2009**, hereinafter called the grantor, to **JANE COSAND**, whose post office address is: 906 SE Fort King Street Ocala FL 34471, hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of Sixty Five Thousand dollars & no cents \$65,000.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Marion County, Florida, viz:

The East 150 feet of the South 107 feet of Lot 31, CALDWELL'S ADDITION TO OCALA, FLORIDA, otherwise described as 107 feet North and South by 150 feet East and West in the SE corner of said Lot 31, of CALDWELL'S ADDITION TO OCALA, FLORIDA, as per plat thereof recorded in Deed Book K, Page 741, and in Plat Book E, Page 4, in the Public Records of Marion County, Florida.

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside thereon.

Parcel ID Number: 2820-031-008

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2015.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature]
Witness Printed Name: Kimberly W Peavy

[Signature]
Witness Printed Name: Donna Hightower

[Signature] (Seal)
GARY M. LEIST, INDIVIDUALLY AND AS TRUSTEE OF
THE ALA H. LEIST TRUST DATED JUNE 18, 2009
Address: 4200 SE 60th St.
Ocala FL 34480

Address: _____ (Seal)

State of Florida
County of Marion

The foregoing instrument was acknowledged before me this 27th day of February, 2015, by GARY M. LEIST, INDIVIDUALLY AND AS TRUSTEE OF THE ALA H. LEIST TRUST DATED JUNE 18, 2009, who is/are personally known to me or who has produced DL as identification.



[Signature]
Notary Public
Print Name: _____
My Commission Expires: _____

DEED Individual Warranty Deed With Non-Homestead-Legal on Face