

4

Columbia County Building Permit Application
Re-Roof's, Roof Repairs, Roof Over's

For Office Use Only Application # 61644 Date Received _____ By FW Permit # 47513

Plans Examiner _____ Date _____ NOC Deed or PA Contractor Letter of Auth. F W Comp. letter

Product Approval Form Sub VF Form Owner POA Corporation Doc's and/or Letter of Auth.

Comments _____

Applicant (Who will sign/pickup the permit) Duane Griffis FAX _____ Phone 386-438-4582

Address 112 SW Skinner Gln Lake City Fl 32024

Owners Name Duane Griffis Phone 386-438-4582

911 Address 112 SW Skinner Gln

Contractors Name _____ Phone _____

Address _____

Contractors Email griffisduane@gmail.com ***Include to get updates for this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Property ID Number _____

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Special Driving Instructions (only) _____

Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material over Existing; Partial Roof Repairs or Other _____

Ventilation: (circle) Ridge Vent; Off ridge vent; Powered Vent; Unvented

Flashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing

Drip Edge: (circle) Use Existing; Repair Existing; Replace All

Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface

Cost of Construction 6000.00 _____ Commercial OR Residential

Type of Structure (House; Mobile Home; Garage; Exxon) _____

Roof Area (For this Job) SQ FT 2100 Roof Pitch 8/12, 12/12 Number of Stories _____

Is the existing roof being removed no If NO Explain going over with metal

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) _____