

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

For Office Use Only Application # 58506 Date Received _____ By EW Permit # _____

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 _____

FAX _____

Applicant (Who will sign/pickup the permit) Manuel I Quinde Phone _____

Address 642 SE Monroe ST lake City FL 32025

Owners Name Manuel I Quinde Espinoza Phone 914-447-1295

911 Address 642 SE Monroe ST lake City FL 32025

Contractors Name _____ Phone _____

Address N/A

Contractors Email mqcarpentryllc@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 00-00-00-13429-000, 00-00-00-13437-000

Subdivision Name Gelberg's Replat Lot 1 Block 7 Unit X Phase X

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 \$ 7,500 Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 1800 sq FT Roof Pitch 4 /12, 4 /12 Number of Stories one

Is the existing roof being removed yes If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Shingles Revised 5.20.21