

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

For Office Use Only Application # 49553 Date Received 6/18 By MG Permit # 42100

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) Robert Fensel FAX \_\_\_\_\_  
Phone (386) 961-2774

Address 537 SW Sable Ave L.C. FL 32024

Owners Name Barbara M Kurtz Phone 386-984-0165

911 Address 410 SE peacock Terrace L.C. FL 32025

Contractors Name Robert Fensel Phone (386) 961-2774

Address 537 SW Sable Ave L.C. FL 32024

Contractors Email \_\_\_\_\_ \*\*\*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 23-45-17-0100/01002.00 23-45-17-08715-001

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 11,800.00 \_\_\_\_\_ Commercial OR \_\_\_\_\_ Residential

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

Roof Area (For this Job) SQ FT 3400 SQ FT Roof Pitch 4 /12, 4 /12 Number of Stories 1

Is the existing roof being removed yes If NO Explain \_\_\_\_\_

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