

Roof Replacement or Repair Application #76846



Wednesday, June 24, 2026 4:04 PM

Checklist:

___ Address	___ Application Submitted	
___ Drive/ROW	___ Zoning Review	___ Legal Lot of Record
___ Septic	___ Plans Reviewed	___ Flood Zone
___ Site Use Approved	___ Required Inspections Assigned	___ FDEP Needed
___ Docs Reviewed/Accepted	___ Invoiced	

APPLICANT: FREDRICK PERRY

PHONE: (386) 984-9586

ADDRESS: 699 SW SABRE AVE LAKE CITY, FL 32024

OWNER: SMITH BOBBY T, SMITH BARBARA F

PHONE: 904-334-4280

ADDRESS: 4884 SW ELIM CHURCH RD FORT WHITE, FL 32038

PARCEL ID: 21-6S-16-03899-105

SUBDIVISION: ICHETUCKNEE OAKS

LOT: 5 BLOCK: PHASE: UNIT: ACRES: 5.00

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
FREDRICK PERRY	General	CCC1333355	FRED PERRYS QUALITY CONSTRUCTION

ROOFING JOB DETAILS

Type Roofing Job	Replacement - Tear off Existing and Replace
Further Job Details (Explain if decking is being replaced and or Repairs are being done.)	
Type of structure	House
Further Structure Details (if needed)	
Total Estimated Cost	19000
Commercial or Residential	Residential
Roof Area (for this job) Sq Ft	6000
No. of Stories	1
Ventilation:	Off-ridge Vent
Flashing:	Use Existing
Drip Edge:	Repair Existing
Valley Treatment:	Use Existing
Roof Pitch	4:12 or Greater
Second Roof Pitch (if applicable)	
Any cable and/or race-way wiring located on or within the roof assembly?	
Is the existing roof being removed?	
Explain if not removing the existing roofing material?	
Type of New Roofing Product	Asphalt Shingles
Florida Product Approval Number	FL10124.R27
Product Manufacturer	GAF
Product Description	ASPHALT SHINGLES
Other Roofing Product Type Not Listed	

Sealed roof decking options: (Must select an option.)

two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type III or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.

Sealed roof decking explanation for other option.

Review Notes: