Roof Replacement or Repair Application #75123

Wednesday, February 11, 2026 12:15 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: DEVEN ROSS **PHONE:** 352-317-1607

ADDRESS: 7746 SE 70TH AVE TRENTON, FL 32693

OWNER: KELLEY MICHAEL SHAWN, KELLEY MELANIE LORRAINE **PHONE:** 352-213-2812

ADDRESS: 711 SW CALIFORNIA TER FORT WHITE, FL 32038

PARCEL ID: 00-00-00-00909-000 **SUBDIVISION:** THREE RIVERS ESTATES UNIT 14

LOT: 31 **BLOCK:** **PHASE:** **UNIT:** **ACRES:** 1.98

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
DEVEN J ROSS	General	CCC1335701	LEGACY BUILDING SERVICES

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	24000
Commercial or Residential	Residential
Roof Area (for this job) Sq Ft	4100
No. of Stories	1
Ventilation:	Ridge Vent
Flashing:	Replace All
Drip Edge:	Replace All
Valley Treatment:	New Metal
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?	No
Is the existing roof being removed?	Yes
Explain if not removing the existing roofing material?	
Type of New Roofing Product	Metal
Florida Product Approval Number	36904
Product Manufacturer	tri county
Product Description	metal
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 Ill 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: