

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

For Office Use Only Application # 49004 Date Received 4/12/21 By UH Permit # 41722
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 _____
Address 537 SW SABRE AVE L.C. FL. 32024 Phone (386) 961-2774
Owners Name Howard Thomas Phone 252-5593
911 Address 318 W Register LN L.C. FL. 32055
Contractors Name Robert Fensel Phone (386) 961-2774
Address 537 SW SABRE 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 28.15-17-04579-001

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____
Driving Directions 441 North to Register LN Turn Right Driveway to the House is on the Right

Construction of (circle) Re-Roof - Roof repairs - Roof Overlay or Other Tear off
Cost of Construction 10,400.00 Commercial OR Residential
Type of Structure (House; Mobile Home; Garage; Exxon) House
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 No Yes If NO Explain yes new shingles on House

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

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. CODE: 2014 Florida Building Code.