

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

For Office Use Only Application # 53043 Date Received 1/7/22 By mg Permit # 43492

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) Robert Fensel Phone (386) 961-2774

Address 537 SW SABRE AVE L.C. FL 32024

Owners Name Carol Cohrs Phone (386) 755-0001

911 Address 176 SE OSCEOLA PL L.C. FL 32025

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 03-45-17-07556-00

Subdivision Name OAK HILL ESTATE Lot 4 Block 7 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 9000.00 _____ Commercial OR Residential

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

Roof Area (For this Job) SQ FT 2334 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) _____ Revised 5.20.21