

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

For Office Use Only Application # 50301 Date Received 8/19 By [Signature] Permit # 42585

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) VINCE ROBINSON Phone 352-339-5280
Address 27605 NW CR 239, ALACHUA, FL 32615 FAX _____

Owners Name William & Nancy Royals Phone 386.754.6737

911 Address 550 SW Gabriel Place Lake City FL 32024 32611

Contractors Name VINCE ROBINSON Phone 352-339 5280
Address 27605 NW CR 239 Alachua FL 32615

Contractors Email vsrccontracting@windstream.net ***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 05-45-16-02781-000 (11891)

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 16,500.00 Commercial OR Residential

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

Roof Area (For this Job) SQ FT 60 sq ft Roof Pitch 7 /12, 3 /12 Number of Stories 1

Is the existing roof being removed _____ If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Metal Revised 5.20.21