

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

4

For Office Use Only Application # 61832 Date Received _____ By _____ Permit # _____
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) Martin L Feagle FAX _____
Address 209 SW Gent Glyn Lake City Florida Phone _____
Owners Name Martin L Feagle Phone 904-708-8478
911 Address 209 SW Gent Glyn Lake City Florida
Contractors Name _____ Phone _____
Address _____

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 03059-018
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 Overlay with Metal

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 \$ 3352.85 Commercial OR Residential

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

Roof Area (For this Job) SQ FT 1664 Roof Pitch 4/12, _____/12 Number of Stories 1

Is the existing roof being removed If NO Explain Repair all Bad spots and stripping 1x4s

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