Roof Replacement or Repair Application #77064

Friday, July 10, 2026 1:12 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: Amberly Schmidt **PHONE:** (352) 472-3228

ADDRESS: 17810 NW US HWY 441, High Springs, FL 32643

OWNER: MCDOWELL DOUGLAS, MCDOWELL MARSHA A **PHONE:** (864) 991-6073

ADDRESS: 266 SE JAMES AVE LAKE CITY, FL 32025

PARCEL ID: 33-3S-17-06860-000 **SUBDIVISION:** ODOM'S SPRING BROOK ADD

LOT: 1 **BLOCK:** 5 **PHASE:** **UNIT:** **ACRES:** 0.29

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
GRADY M STEPHENS	General	CCC1336120	WORTHMANN ROOFING AND GUTTERS

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	9312.00
Commercial or Residential	Residential
Roof Area (for this job) Sq Ft	2100
No. of Stories	1
Ventilation:	Ridge Vent
Flashing:	Use Existing
Drip Edge:	Replace All
Valley Treatment:	New Mineral Surface
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?	
Is the existing roof being removed?	Yes
Explain if not removing the existing roofing material?	
Type of New Roofing Product	Asphalt Shingles
Florida Product Approval Number	1.124.2
Product Manufacturer	GAF
Product Description	Timberline HDZ
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: