

Roof Replacement or Repair Application #77081



Monday, July 13, 2026 2:24 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: TANESHA BOUTHNER

PHONE: (386) 389-0632

ADDRESS: 12421 US 41 WHITE SPRINGS FL 32096

OWNER: BRESHEARS ROBERT D, BRESHEARS DEBORAH A

PHONE: (904) 339-8644

ADDRESS: 372 SW BLUFF DR FORT WHITE, FL 32038

PARCEL ID: 18-7S-16-04236-013

SUBDIVISION: CEDAR SPRING SHORES

LOT: 33

BLOCK:

PHASE:

UNIT:

ACRES: 1.05

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
TANESHA BOUTHNER	General	CCC1337067	ROSS ROOFING & RESTORATION LLC

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 17200

Commercial or Residential Residential

Roof Area (for this job) Sq Ft 2900

No. of Stories 1

Ventilation: Ridge Vent

Flashing: Repair 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? No

Is the existing roof being removed?

Explain if not removing the existing roofing material?

Type of New Roofing Product Asphalt Shingles

Florida Product Approval Number NOA No.: 22-1221.04

Product Manufacturer GAF

Product Description ASPHALT SHINGLES

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 III 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: