

Roof Replacement or Repair Application #78928

Monday, September 21, 2026 11:41 AM



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: KATHRYN SHEFLIN

PHONE: (727) 729-2754

ADDRESS: 4577 NW 6TH ST SUITES A&B GAINESVILLE FL 32609

OWNER: COPELAND PAULINE,

PHONE: (386) 287-8970

ADDRESS: 843 SE BALD EAGLE LOOP LAKE CITY, FL 32025

PARCEL ID: 02-6S-17-09533-237

SUBDIVISION: OLUSTEE CREEK ESTATES UNIT 2

LOT: 7 BLOCK: B PHASE: UNIT: ACRES: 5.07

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
KATHRYN SHEFLIN	General	CCC1335501	NORTH WOOD'S ROOFING INC

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 Mobile Home

Further Structure Details (if needed)

Total Estimated Cost 9100

Commercial or Residential Residential

Roof Area (for this job) Sq Ft 2000

No. of Stories 1

Ventilation: Off-ridge Vent

Flashing: Replace All

Drip Edge: Replace All

Valley Treatment: New Metal

Roof Pitch 2:12 to 4:12

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 Metal

Florida Product Approval Number FL30343.09-R3

Product Manufacturer Premier

Product Description 29G Galvalume rib

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: