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

For Office Use Only Application # 67819 Date Received _____ By _____ Permit # 51300

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 _____

FAX _____

Applicant (Who will sign/pickup the permit) Jeffrey Harkins Phone 386 292 1439

Address 683 SW Troy St

Owners Name Jeffrey Harkins Phone 386-292-1439

911 Address 683 SW Troy St

Contractors Name _____ Phone _____

Address _____

Contact Email JeffHarkins23@gmail.com ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

MortgageLenders Name & Address _____

Property ID Number _____

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

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 5555.66 Commercial OR Residential

Type of Structure (House; Mobile Home; Garage; Exxon) mobile home Roof Area (For this Job) SQ FT _____

Roof Pitch _____/12, _____/12 Number of Stories 1 Is the existing roof being removed _____ If NO

Explain overlay with metal

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) metal Revised 12/2023