

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

4

For Office Use Only Application # 63170 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 _____

129.60

Applicant (Who will sign/pickup the permit) WALTER POWELL FAX 386-294-3769
Phone 386-209-5198

Address P.O. Box 1422 MAYO FL 32066

Owners Name ROBBIE CESTRAL Phone 850-843-3187

911 Address 1210 SW LEGION DR LAKE CITY FL 32024

Contractors Name POWELL & SONS ROOFING INC Phone 386-209-5198

Address P.O. Box 1422 MAYO FL 32066

Contractors Email WCP63@icloud.com ***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 17-45-16-03051-123

Subdivision Name SOUTH POINTE Lot 23 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 _____

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 15,700.00 Commercial OR Residential

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

Roof Area (For this Job) SQ FT 4200 Roof Pitch 5 /12, _____ /12 Number of Stories 1

Is the existing roof being removed YES If NO Explain _____

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