

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

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For Office Use Only Application # 08185 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 _____

FAX _____

Applicant (Who will sign/pickup the permit) RALPH LAVERDURE Phone 386 623-0178

Address 160 SW Freeman Gln, LAKE CITY FL 32024

Owners Name JOEL B. SHAHEEN Phone 386 623-5661

911 Address _____

Contractors Name RALPH LAVERDURE Phone 386-623-0178

Address 316 SW ERIN Gln, Lake City FL 32024

Contact Email rwlroofingllc@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 01-5S-16-03390-013

Subdivision Name DIST 3 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 partial replacement (front + sides)

Ventilation: (circle) Ridge Vent; Off-ridge vent; Powered Vent; Unvented (back is new)

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 5,000 Commercial OR Residential

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

15 Squares Roof Area (For this Job) SQ FT _____

Roof Pitch 5/12, _____/12 Number of Stories 1 Is the existing roof being removed _____ If NO

Explain Yes (front + sides) (back is new)

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