Jeremy Segall

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

For Office Use Only Application # 54952 Date Received _____ By _____ Permit # 44514

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) Troy Ascherdorf Phone 352 777 6566
Address 247 29 NE SR 26 Melrose 32666

Owners Name Rebecca Montgomery Phone _____
911 Address 1589 SE October rd. 32025

Contractors Name ~~Florida Roofing Co.~~ Shawn Baba Phone 352-304-3405
Address 22300 NW 91st Street Alachua 32615

Contractors Email Shawn@FlRoofingCo.com ***Include to get updates for this job.
Fee Simple Owner Name & Address ~~Rebecca Montgomery~~
Bonding Co. Name & Address_____
Architect/Engineer Name & Address_____
Mortgage Lenders Name & Address_____

Property ID Number _____

Subdivision Name_____ Lot ____ 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 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 11,000 ____ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 2500 Roof Pitch 4 /12, 12 /12 Number of Stories _____

Is the existing roof being removed ✓ If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat)_____ Revised 5.20.21