

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

For Office Use Only Application # 61083 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 _____

Applicant (Who will sign/pickup the permit) Veronica Dixon FAX _____
Address 938 NW Dyson Terrace, Lake City, FL 32055 Phone 386-867-1021
Owners Name Veronica Dixon Phone 386-867-1021
911 Address 938 NW Dyson Terrace, Lake City, FL 32055
Contractors Name N/A Phone _____
Address _____
Contractors Email laquashadixon@gmail.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 _____
Subdivision Name Alline Thompson Lot 7 Block 6 Unit _____ Phase _____
Special Driving Instructions (only) N/A

Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material over Existing; Partial Roof Repairs or Other Metal roof over existing shingles
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 \$3,000.00 Commercial OR X Residential
Type of Structure (House; Mobile Home; Garage; Exxon) House
Roof Area (For this Job) SQ FT 1632 Roof Pitch 3 /12, _____ /12 Number of Stories 1
Is the existing roof being removed No If NO Explain Metal roof being placed over existing shingles
Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Metal