

Roof Replacement or Repair Application #78483



Wednesday, August 12, 2026 8:17 AM

Checklist:

___Address	___Application Submitted	
___Drive/ROW	___Zoning Review	___Legal Lot of Record
___Septic	___Plans Reviewed	___Flood Zone
___Site Use Approved	___Required Inspections Assigned	___FDEP Needed
___Docs Reviewed/Accepted	___Invoiced	

APPLICANT: Amberly Schmidt

PHONE: (352) 472-3228

ADDRESS: 17810 NW US HWY 441, High Springs, FL 32643

OWNER: BONANZA ELIZABETH, BONANZA RALPH JR

PHONE: (951) 285-4720

ADDRESS: 647 SW KENTUCKY ST FORT WHITE, FL 32038

PARCEL ID: 00-00-00-01438-060

SUBDIVISION: THREE RIVERS ESTATES UNIT 23

LOT: 60

BLOCK: 4

PHASE:

UNIT:

ACRES: 0.91

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
GRADY M STEPHENS	General	CCC1336120	WORTHMANN ROOFING AND GUTTERS

ROOFING JOB DETAILS

Type Roofing Job Replacement - Tear off Existing and Replace

Further Job Details (Explain if decking is being replaced and or Repairs are being done.)

Type of structure Mobile Home

Further Structure Details (if needed)

Total Estimated Cost 10499.00

Commercial or Residential Residential

Roof Area (for this job) Sq Ft 1800

No. of Stories 1

Ventilation: Ridge Vent

Flashing: Use Existing

Drip Edge: Replace All

Valley Treatment: New Mineral Surface

Roof Pitch 2:12 to 4:12

Second Roof Pitch (if applicable)

Any cable and/or race-way wiring located on or within the roof assembly? No

Is the existing roof being removed? Yes

Explain if not removing the existing roofing material?

Type of New Roofing Product Metal

Florida Product Approval Number FL30343.4

Product Manufacturer Premier

Product Description 26 GA

Other Roofing Product Type Not Listed

Sealed roof decking options: (Must select an option.)

two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type III or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.

Sealed roof decking explanation for other option.

Review Notes: