Roof Replacement or Repair Application #75228

Wednesday, February 18, 2026 1:20 PM

Checklist:

____Address
____Drive/ROW
____Septic
____Site Use Approved
____Docs Reviewed/Accepted
____Application Submitted
____Zoning Review
____Plans Reviewed
____Required Inspections Assigned
____Invoiced
____Legal Lot of Record
____Flood Zone
____FDEP Needed

APPLICANT: Paul McDaniel **PHONE:** (386) 752-4072

ADDRESS: 2230 SE BAYA DR Lake City Florida 32025

OWNER: KISIEL JAN F, **PHONE:** (386) 292-9620

ADDRESS: 402 SW ADOBE POINTE LN LAKE CITY, FL 32024

PARCEL ID: 17-4S-16-03051-112 **SUBDIVISION:** SOUTH POINTE

LOT: 12 **BLOCK:** **PHASE:** **UNIT:** **ACRES:** 5.01

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
Paul McDaniel	General	CCC1330719	Reed Roofing

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	Storage or Garage Building
Further Structure Details (if needed)	
Total Estimated Cost	7267.68
Commercial or Residential	Residential
Roof Area (for this job) Sq Ft	1640
No. of Stories	1
Ventilation:	Ridge Vent
Flashing:	Replace All
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?	
Is the existing roof being removed?	Yes
Explain if not removing the existing roofing material?	
Type of New Roofing Product	Asphalt Shingles
Florida Product Approval Number	FL10124.R25
Product Manufacturer	GAF
Product Description	Shingle
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 Ill 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: