

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

For Office Use Only Application # 70066 Date Received _____ By _____ Permit # 52674
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) Shannon Parrish (Bullard) FAX _____ Phone 386-292-3279
Address 1504 SW Dekle RD. Lake City FL. 32024
Owners Name Shannon Parrish (Bullard) Phone 386-292-3279
911 Address Same address
Contractors Name Shannon Parrish (Bullard) Phone 386 292 3279
Address 1504 SW Dekle Rd Lake City, FL. 32024
Contact Email sm.parrish@yahoo.com ***Updates will be sent here
FeeSimple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address _____
MortgageLenders Name & Address _____

Property ID Number _____
Subdivision Name _____ 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 _____
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 \$ 15,200 Commercial OR Residential
Type of Structure (House); Mobile Home; Garage; Exxon)

Roof Area (For this Job) SQ FT _____
Roof Pitch 3 /12, _____ /12 Number of Stories 1 Is the existing roof being removed If NO
Explain Partial and new metal
Type of New Roofing Product (Metal); Shingles; Asphalt Flat) _____ Revised 12/2023