

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

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For Office Use Only Application # 54750 Date Received 5/10 By EW Permit # 44393

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) WALLACE POWEN FAX 386 294-3769
Address P.O. Box 1422 MAYO FLA 32061 Phone 386 209-519

Owners Name CAROL JOHNSON Phone 697-2169

911 Address 1809 NW FRONTIER DR LAKE CITY FLA 32055

Contractors Name POWEN & SONS ROOFING INC Phone 386 209-5198

Address P.O. Box 1422 MAYO FLA 32066

Contractors Email VCP 63 @ icloud.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 27-35-16-02310-103

Subdivision Name VILLAGE ON THE GREEN Lot 3 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 _____

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 15,000 Commercial OR Residential

Type of Structure (House; Mobile Home; Garage; Exxon) SINGLE FAMILY

Roof Area (For this Job) SQ FT 4300 Roof Pitch 6 /12, _____ /12 Number of Stories _____

Is the existing roof being removed yes If NO Explain _____

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