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

For Office Use Only Application # 52703 Date Received 1130 By/16 Permit # 43772
Plans Examiner Date NOC Deed of PA Gontractor Letter of Auth. FW Comp. letter
Product Approval Form Sub VF Form Owner POA Corporation Doc's and/or Letter of Auth.
Comments
, FAX
Applicant (Who will sign/pickup the permit) Laura Lanson Phone 904/1672-0560
Address 287 SEfontana Glenn lake it fl 32025
Owners Name Linda Stewart Phone 386-341-8841
911 Address 2875 E Fontang Flann
Contractors Name Steven Tyrrel Phone 904477-0916
Address 2055 liberty st Sav FL32206
Contractors Email 5 tyrce Ta yahoo . 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 09-45-17-08302-165
Subdivision Name Decrwood Forest Lot _S_ 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 14,000 Commercial OR X Residential
Type of Structure (House; Mobile Home; Garage; Exxon) House-Block Brick
Roof Area (For this Job) SQ FT 45 Roof Pitch 4/12,/12 Number of Stories
Is the existing roof being removed Y If NO Explain Romane existing Roof + Replace
Type of New Roofing Product (Metal; Shingles: Asphalt Flat) Shingles Revised 5.20.21