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

For Office Use Only Application # 68020 Date Received _____ By _____ Permit # _____

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_____

FAX _____

Applicant (Who will sign/pickup the permit) Mike Todd Phone 386-867-0477

Address 171 NE Colburn Ave Lake City FL 32055

Owners Name Norman McRae Phone 352-318-4310

911 Address 966 NW Scenic Lake Dr. Lake City FL 32055

Contractors Name Mike Todd Phone 386-867-0477

Address 171 NE Colburn Ave Lake City FL 32055

Contact Email mike@miketoddconstruction.com ***Updates will be sent here

FeeSimple Owner Name & Address Norman

Bonding Co. Name & Address_____

Architect/Engineer Name & Address_____

MortgageLenders Name & Address_____

Property ID Number [redacted] 22-3S-16-02268-225

Subdivision Name Woodborough 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 $36,000.00 ☐ Commercial OR ☑ Residential

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

_____ Roof Area (For this Job) SQ FT _____

Roof Pitch 5/12, _____/12 Number of Stories 2 Is the existing roof being removed Yes If NO Explain _____

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

Revised 12/2023