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

For Office Use Only Application # 73878 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) Tim Petersen **Phone** 386-623-3899

Address 6915 SW SR 47 Lake City FL 32024

Owners Name Tim Petersen **Phone** 386-623-3899

911 Address 6915 SW SR 47 Lake City FL 32024

Contractors Name _____ **Phone** _____

Address _____

Contact Email tim854381@gmail.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 _____ ☐ Commercial OR ☐ Residential

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

_____ **Roof Area** (For this Job) SQ FT 4500

Roof Pitch 8 /12, 3 /12 **Number of Stories** 1½ **Is the existing roof being removed** ____ If NO

Explain Existing shingles to be removed

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

Revised 12/2023