Roof Replacement or Repair Application #75614

Thursday, March 19, 2026 10:32 AM

Checklist:

____Address	____Application Submitted	
____Drive/ROW	____Zoning Review	____Legal Lot of Record
____Septic	____Plans Reviewed	____Flood Zone
____Site Use Approved	____Required Inspections Assigned	____FDEP Needed
____Docs Reviewed/Accepted	____Invoiced	

APPLICANT: LAMANDA MOTE **PHONE:** (386) 288-9673

ADDRESS: 301 SW FAUL COURT LAKE CITY FL 32024

OWNER: SCHMIDT DEAN ALAN **PHONE:**

ADDRESS: 9231 SW STATE ROAD 47 LAKE CITY, FL 32024

PARCEL ID: 15-5S-16-03622-058 **SUBDIVISION:** TIMBERLANE

LOT: 8 **BLOCK:** **PHASE:** **UNIT:** **ACRES:** 1.00

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
HARRY D ANDERSON JR	General	CCC1326114	SOUTHEASTERN COATINGS & WATERPROOFING, INC.

ROOFING JOB DETAILS

Type Roofing Job	Replacement - Tear off Existing and Replace
Further Job Details (Explain if decking is being replaced and or Repairs are being done.)	
Type of structure	Storage or Garage Building
Further Structure Details (if needed)	
Total Estimated Cost	17000
Commercial or Residential	Residential
Roof Area (for this job) Sq Ft	2496
No. of Stories	1
Ventilation:	Off-ridge Vent
Flashing:	Replace All
Drip Edge:	Replace All
Valley Treatment:	New Metal
Roof Pitch	4:12 or Greater
Second Roof Pitch (if applicable)	
Any cable and/or race-way wiring located on or within the roof assembly?	
Is the existing roof being removed?	
Explain if not removing the existing roofing material?	
Type of New Roofing Product	Asphalt Shingles
Florida Product Approval Number	FL10124.1
Product Manufacturer	GAF TIMBERLINE
Product Description	SHINGLES
Other Roofing Product Type Not Listed	

Sealed roof decking options: (Must select an option.)   two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type Ill or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.

Sealed roof decking explanation for other option.

Review Notes: