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

For Office Use Only Application # 55848 Date Received _____ By _____ Permit # 45044

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) Mary Carol Johnson Phone 386-397-4851

Address 8499 NWLK Jeffery Rd., Lake City, FL 32055

Owners Name Sharon Booz Phone _____

911 Address 2333 SE CR 245, Lake City, FL 32024

Contractors Name RCRA Johnson Roofing, Inc. Phone 386-755-2377

Address 8499 NW Lake Jeffery Rd, Lake City, FL 32055

Contractors Email Johnsonlakecity@aol.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 _____

Subdivision Name_____ Lot ____ 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 N/A

Cost of Construction 6720.00 ____Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 15 Roof Pitch 5/12, ____/12 Number of Stories 1

Is the existing roof being removed N If NO Explain metal roof over

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Metal 26 gauge

Revised 5.20.21