

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

For Office Use Only	Application # <u>52669</u>	Date Received <u>11/24</u>	By <u>MG</u>	Permit # <u>43248</u>
Plans Examiner _____ Date _____ <input checked="" type="checkbox"/> NOC <input checked="" type="checkbox"/> Deed or PA <input type="checkbox"/> Contractor Letter of Auth. <input type="checkbox"/> F-W Comp. letter <input checked="" type="checkbox"/> Product Approval Form <input type="checkbox"/> Sub-VF Form <input type="checkbox"/> Owner POA <input type="checkbox"/> Corporation Doc's and/or Letter of Auth.				
Comments _____				

FAX _____

Applicant (Who will sign/pickup the permit) MELVIN DAVIS Phone 386 755 6976

Address 3420 SW. ST. RD 247 Lake City, FL 32024

Owners Name MELVIN DAVIS Phone 386-755-6976

911 Address 3420 SW. ST. RD 247 Lake City, FL 32024

Contractors Name _____ **Phone** _____

Address _____

Contractors Email davismelvin6882@gmail.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 15-45-16-03007-000

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

Cost of Construction 8,000 _____ **Commercial** OR **Residential**

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

Roof Area (For this Job) SQ FT 2570 sq ft **Roof Pitch** 7 /12, _____ /12 **Number of Stories** 1

Is the existing roof being removed NO If NO Explain _____

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