

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

For Office Use Only Application # 69560 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) DENNIS L. REGISTER **Phone** 386-515-5518

Address 8909 N. US HWY 441 LAKE CITY FL 32055

Owners Name DENNIS L. REGISTER **Phone** 386-515-5518

911 Address 8909 N. US HWY 441 LAKE CITY FL 32055

Contractors Name _____ **Phone** _____

Address _____

Contact Email buildmore61@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 17-25-17-04720-001

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 10,000.00 ☐ Commercial OR ☒ Residential

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

MOBILE HOME **Roof Area (For this Job) SQ FT** 1118

Roof Pitch _____/12, _____/12 **Number of Stories** 1 **Is the existing roof being removed** YES If NO

Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) SHINGLES Revised 12/2023