

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

For Office Use Only Application # 71538 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 _____

Applicant (Who will sign/pickup the permit) Vickie Power FAX _____
Phone 386-209-5198

Address P.O. Box 1422 Mayo FL 32066

Owners Name PAUL WILLIAMS Phone 352-359-6712

911 Address 567 SW LEVY WAY & WHITE FL 32038

Contractors Name POWER SONS ROOFING INC Phone _____

Address P.O. Box 1422 Mayo FL 32066

Contact Email power and sons roofing@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 6000 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT _____

Roof Pitch 6 /12, _____ /12 Number of Stories 1 Is the existing roof being removed _____ If NO

Explain _____

Type of New Roofing Product (Metal), Shingles; Asphalt Flat) _____ Revised 12/2020