

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

For Office Use Only Application # 58608 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) Robert Feasel Phone (386) 961-2774
Address 537 SW SA3rc Ave L.C. FL 32024

Owners Name Gwendolyn P. Hawkins Phone 386-288-3801
911 Address 6855 SW Elim Church Rd, Ft White FL

Contractors Name Robert Feasel Phone (386) 961-2774
Address 537 SW SA3rc Ave L.C. FL 32024

Contractors Email RobFeasel@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 07-65-16-03794-000

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 20,600.00 Commercial OR Residential

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

Roof Area (For this Job) SQ FT 4700 Roof Pitch 4/12, 4/12 Number of Stories 1

Is the existing roof being removed yes If NO Explain _____

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