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

For Office Use Only Application # 68839 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) Jimmie D. Adams **Phone** (386)752-2864

Address 219 SW Nasdaq Gln

Owners Name Jimmie D. Adams **Phone** (386) 752-2804

911 Address 219 SW Nasdaq Gln Lake City, FL. 32024

Contractors Name _____ **Phone** _____

Address _____

Contact Email adamsjimmie226@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 $11,000.00 ☐ Commercial OR ☑ Residential

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

_____ **Roof Area** (For this Job) SQ FT 2323

Roof Pitch 5 /12, ____/12 **Number of Stories** 1 **Is the existing roof being removed** No **If NO**

Explain reroof over shingles

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

Revised 12/2023