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

For Office Use Only Application # 9609 Date	Received By Permit # <u>50 422</u>
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 Fe	nsce Phone (386) 961-2774
Address 537 SWSABGE AVE L.C. Fl.	32024
Owners Name NINA Sellers	Phone (386) 623-1488
911 Address 365 SW Whitetail Circle L.C. Fl. 32024	
Contractors Name Robert Feaser	Phone (386) 961-2774
Address 537 SW SABre Ave L.C. Fl. 32024	
Contact Email Robfenser @ ymnil. Com	***Updates will be sent here
FeeSimple Owner Name & Address	
Bonding Co. Name & Address	4/1
Architect/Engineer Name & Address	
MortgageLenders Name & Address	V .
Property ID Number <u>03-45-16-62732-558</u>	
Subdivision Name Deer Creek	Lot <u>58</u> Block Unit Phase 3
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 7600. 63	Commercial ORResidential
Type of Structure (House; Mobile Home; Garage; Exxon)	
	Roof Area (For this Job) SQ FT
Roof Pitch 4 /12, 4/12 Number of Stories	
Explain New metry Roofing over shingles	
Type of New Poofing Product (Metal: Shingles: Asphalt Elat)	Paying d 10/0003