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

For Office Use Only Application #D	ate ReceivedByPermit #By
Plans Examiner Date = NOC = De	eed or PA Contractor Letter of Auth. F W Comp. letter
□ Product Approval Form □ Sub VF Form □ Owner P	OA Corporation Doc's and/or Letter of Auth.
Comments	
	FAX
Applicant (Who will sign/pickup the permit) Applicant (Who will sign/pickup the permit)	ods Phone 904-305-4284
Address 250 NE Alpha Terrace Lake City FL	32055
Owners Name Southeastern Services Inc	Phone 904-305-4284
911 Address 250 NE Alpha Terrace Lake City I	TOTAL MANAGEMENT OF THE PARTY O
Contractors Name	
Address	
Contact Email m@setel.net	
FeeSimple Owner Name & Address	
Bonding Co. Name & Address	
Architect/Engineer Name & Address	
MortgageLenders Name & Address	
Property ID Number 587-169, 948-2538, 972-2020, 973-35, QC 1512-	33
Subdivision Name Carolyn Heights	
Construction of (circle) Replacement-Tear off Existing an	d Replace; Overlay with Metal; Recover-New Material ove
Existing; Partial Roof Repairs or Other	
Ventilation: (circle) Ridge Vent; Off ridge vent; Powered V	/ent;(Unvented)
Flashing: (circle) Use Existing; Repair Existing Replace All;	Replace w/L-Flashing; Replace w/step-Flashing
Orip Edge: (circle) Use Existing; Repair Existing; Replace A	All
/alley Treatment: (circle) Use Existing New Metal; New M	ineral Surface
Cost of Construction 4850.60	Commercial OR Residential
ype of Structure (House; Mobile Home; Garage; Exxon)	Residential
louse	Roof Area (For this Job) SQ FT 1220
coof Pitch $\frac{3}{2}$ /12,/12 Number of Stories $\frac{1}{2}$	Is the existing roof being removed If NO
xplain	
ype of New Roofing Product (Metal; Shingles; Asphalt Flat	Metal Revised 12/20