

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

For Office Use Only Application # _____ Date Received _____ By _____ Permit # 44822

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) Paul Spicer FAX _____
Address _____ Phone 386 590 1090

Owners Name Georgia CASIN Phone 292 3425

911 Address 159 NE Butler Ct Lake City FL 32055

Contractors Name Paul SPICER/SPICER Construction Phone 386 590 1040

Address 1880 SW CR 778 Fort White FL 32038

Contractors Email SPICERbuilder@gmail.com ***Include to get updates for this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Property ID Number 28-35-17-05716-000

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 8500 _____ Commercial OR _____ Residential

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

Roof Area (For this Job) SQ FT 1600 Roof Pitch 4 /12, _____ /12 Number of Stories 1

Is the existing roof being removed (circle) NO Explain metal four over

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) _____ Revised 5.20.21