

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

For Office Use Only Application # 56029 Date Received 8/11 By EW Permit # 45157

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) Laurie Brown Phone 352-494-5713

Address 18815 NW 206 AVE. HIGH SPRINGS FL 32643

Owners Name DANIEL SCOTT Phone 305-992-9100

911 Address 595 SW TRENTON TERRACE FT. WHITE, FL

Contractors Name JIM BROWN SIGNATURE ROOFING Phone 352-494-5713

Address 18815 NW 206 AVE, HIGH SPRINGS FL 32643

Contractors Email jimbrownroofing@windstream.net Include to get updates for this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Property ID Number 00-00-00-01356-000 (3979)

Subdivision Name THREE RIVERS ESTATE Lot 95 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 SHINGLE RE-ROOF

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 \$3400 - _____ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 25 Roof Pitch 3 /12, _____ /12 Number of Stories 1

Is the existing roof being removed X If NO Explain _____

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