

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

Cash

For Office Use Only Application # 50097 Date Received 7/28/21 By U4 Permit # 42438

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) Robert Fensel FAX _____
Phone (386) 961-2774

Address 537 SW SABLE AVE Lake City FL 32024

Owners Name Wendy Long Phone (386) 365-7843

911 Address 756 SE Defender Dr

Contractors Name Robert Fensel Phone (386) 961-2774

Address 537 SW SABLE AVE L.C. FL 32024

Contractors Email _____ ***Include to get updates for this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Property ID Number 34-35-17-07001-001

Subdivision Name Bellaire Lot 20 Block C 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 NA

Drip Edge: (circle) Use Existing; Repair Existing; Replace All

Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface NA

Cost of Construction 6800.00 Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 2182 Roof Pitch 4/12, 4/12 Number of Stories 1

Is the existing roof being removed NO If NO Explain metal over shingles

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

Revised 3.31.21