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

For Office Use Only	Application # 5525	Date Recei	ved By _	Permit # <u>44 858</u>
	rm 🗆 Sub VF Form 🗆			r of Auth. □ F W Comp. letter d/or Letter of Auth.
		0	and the same of th	FAX
Applicant (Who will sign	/pickup the permit)	lames D	aler	Phone 352-812-2572
Address 430 Su	2 Columbia AL	se hake	City F1	
Owners Name Jam	es Baller	Part of the State	Phone	352-8/2-2572
911 Address <u>430</u>	Sw Columbia	Ave		
Contractors Name	wner		Phone	
Address				
Contractors Email <u>re</u>	Finishing JB a	.901.com	***Inc	lude to get updates for this job
Fee Simple Owner Name	e & Address			
Bonding Co. Name & Ad	ddress			
Architect/Engineer Nam	ne & Address			
Mortgage Lenders Nam				
Property ID Number 00	-00-00-12848	3-000		
Subdivision Name			Lot Bl	ock Unit Phase
Special Driving Instruction	ons (only)			
Construction of (circle)	Replacement-Tear off Ex	kisting and Replac	e Overlay with Met	al; Recover-New Material ove
Existing; Partial Roof Rep	airs or Other			
Ventilation: (circle) Ridg	e Vent; Off ridge vent; P	owered Vent; Unve	ented	
Flashing: (circle) Use Exis				ace w/step-Flashing
Drip Edge: (circle) Use Ex				
Valley Treatment: (circle	Use Existing New Meta	al; New Mineral Su	rface	
Cost of Construction		Property A	Commercial O	RResidential
Type of Structure (House		Exxon)		
Roof Area (For this Job) S			6 /12,/12	Number of Stories
Is the existing roof being	removed 903 II NO EX	piairi		