

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

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

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) MATTHEW ANGIULLI Phone _____

Address 282 NW ABIGAIL LN LAKE CITY, FL 32055

Owners Name DANIEL & TRACI BRANDT Phone (386) 590-0541

911 Address 282 NW ABIGAIL LN LAKE CITY, FL 32055

Contractors Name MATTHEW ANGIULLI Phone 4074200201

Address 1127 SOLANA AVE WINTER PARK FL 32789

Contact Email JENNIFER@3MGROOFING.COM ***Updates will be sent here

FeeSimple Owner Name & Address NA

Bonding Co. Name & Address NA

Architect/Engineer Name & Address NA

MortgageLenders Name & Address NA

Property ID Number 22-2S-16-01718-017

Subdivision Name SUWANNEE VALLEY ESTATES S/D Lot ^{17&18} _____ Block C Unit 1 Phase _____

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 22500 ☐ Commercial OR ☒ Residential

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

SINGLE FAMILY Roof Area (For this Job) SQ FT 4514

Roof Pitch 4 /12, 1 /12 Number of Stories 1 Is the existing roof being removed YES If NO

Explain NA

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) ASPHALT SHINGLE AND BASE AND CAP Revised 12/2023