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

For Office Use Only Application #_____ Date Received _____ By _____ Permit # 53520

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) Vicki or ADAM POWELL Phone 249-5237

Address P.O. Box 1422 MAYO FL 32066

Owners Name DENNIS DEMING Phone 352-614-7023

911 Address 219 SW ROUND HOUSE CT FORT WHITE FL 32038

Contractors Name POWELL & SONS ROOFING INC Phone 386 209-5198

Address P.O. BOX 1422 MAYO FL 32066

Contact Email POWELLANDSONSROOFING@GMAIL.COM ***Updates will be sent here

FeeSimple Owner Name & Address_____

Bonding Co. Name & Address_____

Architect/Engineer Name & Address_____

MortgageLenders Name & Address_____

Property ID Number _____

Subdivision Name_____ Lot ____ Block ____ Unit ____ Phase

Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material ov

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 $ 16,800 ☐ Commercial OR ☒ Residential

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

_____ Roof Area (For this Job) SQ FT 1200

Roof Pitch 7 /12, ____ /12 Number of Stories 1 Is the existing roof being removed ____ If NO

Explain SHINGLES OFF S A UNDERLAYMENT SHINGLES ON

Type of New Roofing Product (Metal; Shingles; Asphalt Flat)_____ Revised 12/2(