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

For Office Use Only Application # 58736 Date Received By Permit # 46291
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) DAU TO SHEARS Phone 386-297-293
Address 362 SW THORNE LN FORT WHITE, FL 32038
Owners Name DAVID SHEARD Phone 386-297-2937
911 Address 362 Sw THORNE LN FORT WHITE FL 32038
Contractors Name Phone
Address
Contractors Email
Fee Simple Owner Name & Address
Bonding Co. Name & Address
Architect/Engineer Name & Address
Mortgage Lenders Name & Address
Property ID Number
Subdivision NameLot 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
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 \$ 9000.00Commercial ORResidential
Type of Structure (House; Mobile Home; Garage; Exxon) HOUSE
Roof Area (For this Job) SQ FT 2760 Roof Pitch 4.5 /12, 4.5 /12 Number of Stories 1
Is the existing roof being removed <u>NO</u> If NO Explain <u>PUTTING METAL ROOF</u> OUER ONE
ORIGINAL LAYER OF EXISTING SHINGLES
Type of New Roofing Product (Metal; Shingles; Asphalt Flat) METAL Revised 5.20.2