

Roof Replacement or Repair Application #74140



Tuesday, November 4, 2025 3:39 PM

Checklist:

___Address	___Application Submitted	
___Drive/ROW	___Zoning Review	___Legal Lot of Record
___Septic	___Plans Reviewed	___Flood Zone
___Site Use Approved	___Required Inspections Assigned	___FDEP Needed
___Docs Reviewed/Accepted	___Invoiced	

APPLICANT: Nicholas Tyre

PHONE: (386) 365-8690

ADDRESS: 5813 NW Lake Jeffery rd, Lake City, FL, 32055.

OWNER: HOLLIDAY ARTHUR L, HOLLIDAY JANE E

PHONE: (386) 406-4840

ADDRESS: 235 SW SMITH LN LAKE CITY, FL 32024

PARCEL ID: 36-4S-16-03300-003

SUBDIVISION:

LOT: **BLOCK:** **PHASE:** **UNIT:** **ACRES:** 29.62

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
Nicholas Tyre	General		Creative Concepts

ROOFING JOB DETAILS

Type Roofing Job Replacement - Tear off Existing and Replace

Further Job Details (Explain if decking is being replaced and or Repairs are being done.)

Type of structure Mobile Home

Further Structure Details (if needed)

Total Estimated Cost 15000

Commercial or Residential Residential

Roof Area (for this job) Sq Ft 1500

No. of Stories 1

Ventilation: Ridge Vent

Flashing: Replace All

Drip Edge: Replace All

Valley Treatment: New Mineral Surface

Roof Pitch 2:12 to 4:12

Second Roof Pitch (if applicable)

Any cable and/or race-way wiring located on or within the roof assembly?

Is the existing roof being removed? Yes

Explain if not removing the existing roofing material?

Type of New Roofing Product Asphalt Shingles

Florida Product Approval Number 10124.1 GAF

Product Manufacturer gaf

Product Description shingles

Other Roofing Product Type Not Listed

Sealed roof decking options: (Must select an option.)

two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type III or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.

Sealed roof decking explanation for other option.

Review Notes: