

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

For Office Use Only	Application # <u>49479</u>	Date Received <u>6/1</u>	By <u>[Signature]</u>	Permit # <u>42050</u>
Plans Examiner _____ Date _____ <input type="checkbox"/> NOC <input type="checkbox"/> Deed or PA <input type="checkbox"/> Contractor Letter of Auth. <input type="checkbox"/> F W Comp. letter				
<input checked="" type="checkbox"/> Product Approval Form <input checked="" type="checkbox"/> Sub VF Form <input type="checkbox"/> Owner POA <input type="checkbox"/> Corporation Doc's and/or Letter of Auth.				
Comments _____				

Applicant (Who will sign/pickup the permit) Wally Power FAX 386 294-3769
Address P.O. BOX 1422 MAYO FLA 32066 Phone 386-209-5198
Owners Name WILLIAM BACON Phone 904-624-5630
911 Address 185 SW STARY PL LAKE CITY FLA 32024
Contractors Name Power & Hall Phone 386-209-5198
Address P.O. BOX 1422 MAYO FLA 32066
Contractors Email VCP632@cloud.com ***Include to get updates for this job.
Fee Simple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address _____
Mortgage Lenders Name & Address _____
Property ID Number 11-45-16-02905-404
Subdivision Name CREST POINTE S/D Lot 4 Block _____ Unit _____ Phase _____
Driving Directions _____



Construction of (circle) Re-Roof - Roof repairs Roof Overlay or Other _____
Cost of Construction \$8,300 Commercial OR ☒ Residential
Type of Structure (House; Mobile Home; Garage; Exxon) House
Roof Area (For this Job) SQ FT 3300 Roof Pitch 4 /12, _____ /12 Number of Stories 1
Is the existing roof being removed No If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) SHINGLES

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. **CODE: 2014 Florida Building Code.**

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OBSCURE!!