

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

For Office Use Only Application # 65184 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 _____

Applicant (Who will sign/pickup the permit) Ray P. Barcia FAX _____
Address 498 SW Manatee Ave Ft White FL Phone 386 365 1537
Owners Name Bar Limited Access Prop Phone 386 365-1537
911 Address SAME

Contractors Name _____ Phone _____
Address SAME
Contact Email R.P. Barcia@windstream.net ***Updates will be sent here

FeeSimple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address _____
MortgageLenders Name & Address _____

Property ID Number 2865-16-03967-002
Subdivision Name _____ Lot _____ Block _____ Unit _____ 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 New

Cost of Construction \$ 900.00 ☒ Commercial OR ☐ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) Office Building Roof Area (For this Job) SQ FT 600 SF

Roof Pitch 3 /12, _____ /12 Number of Stories 1 Is the existing roof being removed Yes If NO

Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Shingles Revised 12/2023