

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

**For Office Use Only** Application # 64092 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 \_\_\_\_\_

FAX \_\_\_\_\_

Applicant (Who will sign/pickup the permit) Tom Crowley Phone 407-484-2140

Address 214 NW ARGONAUT WAY, White Springs, FL 32096

Owners Name Tom CROWLEY Phone 407-484-2140

911 Address 214 NW ARGONAUT WAY, WHITE SPRINGS, FL 32096

Contractors Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact Email Tom.Crowley42@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 19-25-16-01654-026 (5183)

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 - Soffit

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 ~~110,000~~ ~~12,000~~ 11,000 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 2,400

Roof Pitch 3 1/2 /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) TAMKO ROOF SHINGLES Revised 12/2023