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

**For Office Use Only** Application # 62847 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) \_\_\_\_\_ Phone 386-406-4744

Address 462 Dign Terrace Lake city Fl

Owners Name Michael Morrison Phone \_\_\_\_\_

911 Address 462 Dign Terrace Lake city Fl

Contractors Name Michael Morrison Phone \_\_\_\_\_

Address 462 Dign Terrace

Contractors Email Robert morrison 386 @ G.Mail . 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 17-35-17-04967-009

Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ 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 4000 \_\_\_\_\_ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 12 Roof Pitch 3/12, \_\_\_\_/12 Number of Stories \_\_\_\_\_

Is the existing roof being removed \_\_\_\_\_ If NO Explain \_\_\_\_\_

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) \_\_\_\_\_ Revised 5.20.21