

4

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

For Office Use Only Application # 62205 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) Thomas Earl Jordan FAX _____
Address 185 SE Cedar Loop Lake City FL 32025 Phone 386-867-3725
Owners Name Thomas Earl Jordan Phone 386-867-3725
911 Address 185 SE Cedar Loop Lake City FL 32025

Contractors Name _____ Phone _____
Address _____

Contractors Email N/A ***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 _____

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 \$6,500 _____ Commercial ☒ OR ☐ Residential

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

Roof Area (For this Job) SQ FT 1650 Roof Pitch 3 /12, _____ /12 Number of Stories 1

Is the existing roof being removed ☒ If NO Explain Single layer Shingles / Metal over
1x4 Baton Strips

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