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

For Office Use Only **Application #**_____ **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) MaryCarol Johnson **Phone** 386-397-4851
Address 8499 NW LK Jeffery Rd.
Owners Name Paul Terrell **Phone** 386-
911 Address 9193 NW Hwy 441 Lake City, FL
Contractors Name RCRA Johnson Roofing, Inc **Phone** 386-755-2377
Address 8499 NW LK Jeffery Rd, LC FL 32055
Contact Email johnsonlakecity@aol.com ***Updates will be sent here**
FeeSimple Owner Name & Address_____
Bonding Co. Name & Address_____
Architect/Engineer Name & Address_____
MortgageLenders Name & Address_____
Property ID Number 17-25-17-04722-008
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
Cost of Construction 16,000 ☐ **Commercial OR** ☒ **Residential**
Type of Structure (House; Mobile Home; Garage; Exxon)
Home **Roof Area (For this Job) SQ FT** 36
Roof Pitch 4/12, ____/12 **Number of Stories** _____ **Is the existing roof being removed** Y **If NO**
Explain _____
Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Architect Shingles Revised 12/2023