

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

For Office Use Only Application # _____ Date Received _____ By _____ Permit # 54219
Plans Examiner _____ Date _____ NOC Deed or PA Contractor Letter of Auth. FW 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) FREZELL ROWE FAX _____ Phone 386.438.7244
Address 140 NW OSTERHOUDT LN LAKE CITY FL 32055
Owners Name JANSON LLC Phone 386.365.8575
911 Address 370 SE CRAIG AVE LAKE CITY FL 32025
Contractors Name FREZELL ROWE Phone 386.438.7244
Address 140 NW OSTERHOUDT LN LAKE CITY FL 32055

Contact Email _____ ***Updates will be sent here
FeeSimple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address _____
MortgageLenders Name & Address _____

Property ID Number 33-35-17-06849-000
Subdivision Name ODDM ADDITION Lot 7 Block 3 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 NA

Drip Edge: (circle) Use Existing; Repair Existing; Replace All

Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface

Cost of Construction \$6000.00 Commercial OR Residential

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

Roof Area (For this Job) SQ FT 1338

Roof Pitch 5 /12, _____ /12 Number of Stories 1 Is the existing roof being removed NO If NO

Explain USING 124 PURLINS OVER EXISTING UNINGLES

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