

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

For Office Use Only Application # 52815 Date Received 12/10 By MG Permit # 43357

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) WALLACE POWELL FAX _____
Address P.O. BOX 1422 MAYO FLA 32066 Phone 386-209-5198

Owners Name THOMAS REEVEAN CHIN Phone 365-4804

911 Address 215 SE ELM CT LAKE CITY, FL 32025

Contractors Name POWELL & SONS ROOFING INC Phone 386-209-5198

Address P.O. BOX 1422 MAYO FLA 32066

Contractors Email VCP63@icloud.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 03-45-17-07592-613

Subdivision Name EASTSIDE VILLAGE Lot 13 Block F 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 7460 _____ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 2400 Roof Pitch 5 /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) _____