

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

For Office Use Only Application # 69785 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) Mary Carol Johnson Phone 386-397-4851

Address 8499 NW LK Jeffery Rd., Lake City, FL 32055

Owners Name Johnny Mack Wright Phone 386-397-4859

911 Address 2657 SW Newark Dr. Fort White 32038

Contractors Name RCRA Johnson Roofing Phone 386-755-2377

Address 8499 NW LK Jeffery Rd., Lake City, 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 31-65-16-04006-021

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 6970 ☐ Commercial OR ☒ Residential

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

mobile home Roof Area (For this Job) SQ FT 1450

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) metal Revised 12/2023