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

<b>For Office Use Only</b>	Application # <u>54269</u>	Date Received _____	By _____	Permit # <u>44247</u>
Plans Examiner _____ Date _____ <input type="checkbox"/> NOC <input type="checkbox"/> Deed or PA <input type="checkbox"/> Contractor Letter of Auth. <input type="checkbox"/> F W Comp. letter				
<input type="checkbox"/> Product Approval Form <input type="checkbox"/> Sub VF Form <input type="checkbox"/> Owner POA <input type="checkbox"/> Corporation Doc's and/or Letter of Auth.				
Comments _____				

FAX \_\_\_\_\_

Applicant (Who will sign/pickup the permit) Lourdes Valido Phone 386.446.7028

Address 212 SW Wilshire Dr. Lake City FL 32024

Owners Name Lourdes Valido Phone 386.446.7028

911 Address \_\_\_\_\_

Contractors Name owner Phone 386.446.7028

Address 212 SW Wilshire Dr.

Contractors Email Karyna 890 @ yahoo.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 15-45-16-03023-381

Subdivision Name Callaway Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Special Driving Instructions (only) NONE

Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material over Existing; Partial Roof Repairs or Other Metal over Shingle

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 8995 \_\_\_\_\_ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 3000 Roof Pitch 1/12, 12/12 Number of Stories 1

Is the existing roof being removed \_\_\_\_\_ If NO Explain metal over shingles

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) \_\_\_\_\_