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

For Office Use Only Application # 63545 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) Candace Guerry

Phone 386-965-8314

Address 5248 SE CR 245 LC FL 32025

Owners Name Candace Guerry

Phone 386-965-8314

911 Address 5248 SE CR 245 LC FL 32025

Contractors Name _____ **Phone** _____

Address _____

Contractors Email guerry7@aol.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 _____

Subdivision Name _____ **Lot** _____ **Block** _____ **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 \$ 6800.00 _____ **Commercial** ☐ **OR** ☒ **Residential**

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

Roof Area (For this Job) SQ FT 1700 sq ft **Roof Pitch** 3 /12, _____ /12 **Number of Stories** Single

Is the existing roof being removed ☐ **If NO Explain** only the bad/rotten parts of

existing roof

Type of New Roofing Product Metal Shingles; Asphalt Flat) _____

Revised 5.20.21