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

For Office Use Only Application # Date	Received	_By Permit # <u>56007</u>
Plans Examiner Date □ NOC □ Deed		
□ Product Approval Form □ Sub VF Form □ Owner POA		
Comments		
	5	FAX
Applicant (Who will sign/pickup the permit)	d JElixson	Phone 386 955 6819
Address 515 regiment Place	1 cke city, Fl	32024
Owners Name Clifford J. Elitson		Phone 286-755-6879
911 Address 515 regint Place Lake	ech, Fl	
Contractors Name		Phone
Address		
Contact Email elix Pun Lumber @ gmal. con	**	*Updates will be sent here
FeeSimple Owner Name & Address		
Bonding Co. Name & Address		
Architect/Engineer Name & Address		
MortgageLenders Name & Address		
Property ID Number 31-55-17-09467-	-102	
Subdivision Name	Lot _	Block Unit Phase
Construction of (circle) Replacement-Tear off Existing and I		
Existing; Partial Roof Repairs or Other		
Ventilation: (circle) Ridge Vent; Off ridge vent; Powered Ver		
Flashing: (circle) Use Existing: Repair Existing: Replace All; Re	eplace w/L-Flashing	; Replace w/step-Flashing
Drip Edge: (circle) Use Existing Repair Existing Replace All		
Valley Treatment: (circle) Use Existing; (New Metal; New Mine	eral Surface	
Cost of Construction \$2,000.00	Commerc	ial ORResidential
Type of Structure (House; Mobile Home; Garage; Exxon)		
mobile Hone	_ Roof Area (For this	Job) SQ FT
Roof Pitch/12,/12 Number of Stories		oof being removed IfNO
Explain rerout / Layer Shingle	r. Metal	going over existing
Type of New Roofing Product (Metal; Shingles; Asphalt Flat)_	Metal	Revised 12/202