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

For Office Use Only Application # 3938	Date Received By Permit # <u>6430/</u>
	□ Deed or PA □ Contractor Letter of Auth. □ F W Comp. letter oner POA □ Corporation Doc's and/or Letter of Auth.
Applicant (Who will sign/pickup the permit)	/LE FLESHER 352-553-8204 Phone
AddressNANCY ROESSEL	Phone
Owners Name	rnone
Contractors Name DARYLE FLESHER Address 4221-B SE 53RD AVE OCALA FL 344	Phone 352-553-8204
Bonding Co. Name & Address NA Architect/Engineer Name & Address NA	
Property ID Number 30-7S-17-10058-948	
Subdivision Name SANTA FE RIVER PLANTAT	IONS Lot 48 Block Unit Phase
Construction of (circle) Replacement-Tear off Existi	ing 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; Rep	place All
Valley Treatment: (circle) Use Existing; New Metal; I Cost of Construction 14,000.00	Commercial ORResidential
Type of Structure (House; Mobile Home; Garage; E	xxon)
	Roof Area (For this Job) SQ FT ories Is the existing roof being removed If NO
Explain Type of New Roofing Product (Metal; Shingles; Aspt	SHING! ES