

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

For Office Use Only Application # 68506 Date Received _____ By _____ Permit # 51750

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) Mike Todd Phone 386-867-0477

Address 171 NE Colburn Ave Lake City FL 32055

Owners Name Randy King, Sarah King Phone _____

911 Address 1685 SW King Rd Lake City FL 32024

Contractors Name Mike Todd Phone 386-867-0477

Address 171 NE Colburn Ave Lake City FL 32055

Contact Email mike@miketoddconstruction.com ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

MortgageLenders Name & Address _____

Property ID Number 26-45-16-03192-003

Subdivision Name N/A 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 complete

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 \$5,800.00 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT _____

Roof Pitch 3 /12, _____ /12 Number of Stories ONE Is the existing roof being removed if NO

Explain 1x4 pine shipping

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) _____ Revised 12/2023