

Columbia County Building Permit Application

Re-Roof's, Roof Repairs, Roof Over's

For Office Use Only Application # 64434 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) Desek figy Phone _____Address 256 SW MELBA GLN LAKE CITY, FL 32024Owners Name GUETHERMAN REGINA R Phone 386.628.6977

911 Address _____

Contractors Name AK CERTIFIED CONTRACTING LLC Andrew Phone 386.302.9063Address 21 N OLD KINGS RD SUITE B203, PALM COAST FL 32137Contractors Email BTRACY@AKCCFL.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 24-4S-16-03113-153Subdivision Name _____ Lot 23 Block C 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; UnventedFlashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-FlashingDrip Edge: (circle) Use Existing; Repair Existing; Replace AllValley Treatment: (circle) Use Existing; New Metal; New Mineral SurfaceCost of Construction \$20,297 Commercial OR ☒ ResidentialType of Structure (House; Mobile Home; Garage; Exxon) HOUSERoof Area (For this Job) SQ FT 38 Roof Pitch 6 /12, _____ /12 Number of Stories 1Is the existing roof being removed YES If NO Explain _____Type of New Roofing Product (Metal; Shingles; Asphalt Flat) SHINGLES Revised 5.20.21