

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

For Office Use Only Application # 70455 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) Lamont Lipscomb Phone 305-389-8550

Address 333 SE Lofton GLN

Owners Name Lamont Lipscomb + Bertha Lipscomb Phone 305-389-8550

911 Address 24 NW 2nd Ave Homestead FL 33030

Contractors Name _____ Phone _____

Address _____

Contact Email Lamont70@aol.com ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

MortgageLenders Name & Address _____

Property ID Number 04-45-17-07595-001

Subdivision Name _____ 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 _____

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 4500 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 3636

Roof Pitch 4/12, ____/12 Number of Stories 1 Is the existing roof being removed ____ If NO

Explain Overlay With Metal

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