OFF.		Re-Roof's,	Roof Repairs, Roof Over's	111255
or Office Use Only	Application #_	48499	Date Received 2/18	
Plans Examiner	Date	1/van	1/0	FW.Comp. letter
. roduct Whblonsi	Form Sub VF	Form Ow	ner POA Corporation D	oc's and/or Letter of Auth.
omments				
				FAX
pplicant (Who will s	sian/nickup the n	Rah	ert Ogles I	Phone 386-590-4611
Address 6547	agri/pickop me p	L L	1 to 505 boldk	st Blud Live Oak Fl
0.	1 1 an	II CA	70,0000	Phone 386-751-1056
Owners Name Ric				Phone 3 06 10 2 10 7 6
911 Address 691	4 SW Ston	eridse P	r Lake City F1	
Contractors Name	Robert Och	UF		Phone 386-590-4611
Address 505 G	ald Kist B	Ird Live	Oak f1 32064	
Contractors Email _	CONTRACTOR OF THE PROPERTY OF			***Include to get updates for this job.
Fee Simple Owner N	and the second s	1/10	THE PARTY OF THE	
Bonding Co. Name		NIF		
Architect/Engineer		0/10		
Mortgage Lenders N		11/1		
Property ID Number	12-55-16-	03406-13	20	
Subdivision Name_				20 Block Unit Phase
		And the second second second second		reer st go to SH
Walter are	: make lel	fr go to	SW Stoneridge o	dr to address on rt
Construction of (cir	cle) Re-Roof) - R	oof repairs - 1	Roof Overlay or Other	
Cost of Constructio	- 415 000			ercial OR / Residential
	Committee of the Commit			ercial OR V Residential
Type of Structure				
Roof Area (For this	Job) SQ FT 30	00	Roof Pitch 7 /12, _	/12 Number of Stories
Is the existing roof	being removed No	If NO Expl	ain Yes	
Type of New Roofir	ng Product (Metal;	Chingles, Aspl	halt Flat)	
Application is here	by made to obtain	a permit to d	o work and installations as	indicated. I certify that no work or
			of a permit and that all wor CODE: 2014 Florida Buil	
		Page	1 of 2 (Both Pages must be	Submitted together
				Revised 7-1-

Columbia County Building Permit Application