

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

For Office Use Only Application # 53547 Date Received _____ By _____ Permit # 43726
Plans Examiner _____ Date _____ ☒ NOC ☒ Deed or PA ☐ Contractor Letter of Auth. ☐ FW Comp. letter
☒ Product Approval Form ☒ Sub VF Form ☐ Owner POA ☐ Corporation Doc's and/or Letter of Auth.
Comments _____

Applicant (Who will sign/pickup the permit) MaryCarol Johnson FAX _____
Address 8499 NW Lake Jeffery Rd., Lake City FL 32055 Phone 386-397-4851
Owners Name Sylvia McNamara Phone _____
911 Address 294 NW Mallard PL, Lake City FL 32055
Contractors Name RCRA Johnson Roofing, Inc. Phone 386-755-2377
Address 8499 NW LK Jeffery Rd, Lake City, FL 32055
Contractors Email Johnsonlakecity@aol.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 RO 2308-128

Subdivision Name Country Club Lot _____ Block _____ 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; 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 12680 _____ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 26 Roof Pitch 5 /12, _____ /12 Number of Stories 1

Is the existing roof being removed ☒ If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Shingles Revised 5.20.21