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

For Office Use Only Application # 54430 Date Received 4/18 By EW 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 _____

Applicant (Who will sign/pickup the permit) Robert Fensel FAX _____
Address 537 SW Sable Ave L.C. FL 32024 Phone (386) 961-2774

Owners Name SUSAN L. TUELL Phone 386-961-5190

911 Address 284 SW Jaguar Dr Lake City FL 32025-0404

Contractors Name Robert Fensel Phone (386) 961-2774

Address 537 SW Sable Ave L.C. FL 32024

Contractors Email RobFensel@gmail.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 06-45-17-08028-141(29344)

Subdivision Name _____ 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 12,500.00 Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 2700 SQ FT Roof Pitch 6/12, 6/12 Number of Stories 1

Is the existing roof being removed yes If NO Explain _____

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