

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

4

For Office Use Only Application # 602281 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)

Derek Frey

Phone 904-312-1032

Address _____

Owners Name COBB APRIL LEVENE Phone 386.984.7449

911 Address 526 NW SAVANNAH CIR LAKE CITY, FL 32055

Contractors Name AK CERTIFIED CONTRACTING LLC Phone 386.302.9063

Address 21 N OLD KINGS RD SUITE B203 PALM COAST FL 32137

Contractors Email btracy@akccfl.com Derekf@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 34-3S-16-02462-117

Subdivision Name OAK MEADOW PLANTATION Lot 17 Block _____ Unit 1 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 22,500 _____ Commercial OR YES Residential

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

Roof Area (For this Job) SQ FT 4000 47 Sq ft Roof Pitch 7 /12, _____ /12 Number of Stories 1

Is the existing roof being removed YES If NO Explain _____

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

Revised 5.20.21

(2)