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

| For Office Use Only Application # 4\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | By Permit # |
|--|---|
| Plans Examiner Date □ NOC □ Deed or PA □ Cor | ntractor Letter of Auth. □ F W Comp. letter |
| □ Product Approval Form □ Sub VF Form □ Owner POA □ Corporat | tion Doc's and/or Letter of Auth. |
| Comments | |
| Applicant (Who will sign/pickup the permit) Kathy Adams Address 575W Stone hente are lake City Owners Name 1800 SD Hams & Kathy Adam 911 Address 038 RE Bailey Street | HC |
| Contractors Name | Phone |
| Address | |
| Contractors Email KGHn york GM572 DYAhdo «COM Fee Simple Owner Name & Address | ***Include to get updates for this job. |
| Bonding Co. Name & Address | |
| Architect/Engineer Name & Address | |
| Mortgage Lenders Name & Address | |
| Property ID Number | |
| Subdivision Name | _ Lot Block Unit Phase |
| Special Driving Instructions (only) | |
| Construction of (circle) Replacement-Tear off Existing and Replace; Ove | erlay 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-F | lashing; 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 7 489.43Con | nmercial OR X Residential |
| Type of Structure (House; Mobile Home; Garage; Exxon) | / |
| Type of Structure (House; Mobile Home; Garage; Exxon) Roof Area (For this Job) SQ FT | 2,/12 Number of Stories |
| Is the existing roof being removed #10 If NO Explain med at | |
| Type of New Roofing Product (Metal; Shingles; Asphalt Flat) | |