

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

For Office Use Only Application # 56997 Date Received 11/1 By EW Permit # 45823

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) George Lomax FAX _____
Address 626 SW Bluff drive Ft White FL 32038 Phone 904-687-4599

Owners Name George Lomax Phone 904-687-4599

911 Address 626 SW Bluff drive

Contractors Name Owner Phone _____

Address _____

Email gloma@1215@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 04236-030

Subdivision Name CEDAR Springs Shores Unit 2 Lot 24 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 N/A

Cost of Construction \$4,800. _____ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 2700.56 Roof Pitch 4 /12, _____ /12 Number of Stories on Stairs

Is the existing roof being removed YES If NO Explain _____

Shingles, GAF Timberline 3-tab

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