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

For Office Use Only Application # 48678 Date Received 3/9 By LW Permit # 41487

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 386-755-7272

Applicant (Who will sign/pickup the permit) Paul McDaniel Phone 386-752-4072

Address 2230 SE Baya Dr. Ste. 101 Lake City, FL 32025

Owners Name Don Reed ~ Beverly Reed Phone 386-365-4286

911 Address 385 Nature Dr. Lake City FL. 32025

Contractors Name Paul McDaniel Phone 386-752-4072

Address 2230 SE Baya Dr. Ste 101 Lake City, FL 32025

Contractors Email paulM.rmc@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 11-4S-17-08320-107

Subdivision Name Eagle's View Unit 1 Lot 7 Block ____ Unit ____ Phase ____

Driving Directions N on NE Hernando Ave. (L) NE Hernando. (L) toward NE Hernando, (R) on NE Hernando. (L) at 1st Cross Street US-90 E/E Duval Sight (R) FL-100 E. (R) SE CR 245 L onto Nature Dr.

Construction of (circle) Re-Roof - Roof repairs - Roof Overlay or Other _____

Cost of Construction 50,000. _____ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 11569 Roof Pitch 10 /12, ____ /12 Number of Stories 2

Is the existing roof being removed Yes If NO Explain _____

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

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. **CODE: 2014 Florida Building Code.**