Columbia County Building Permit Application Re-Roof's, Roof Repairs, Roof Over's For Office Use Only Application # 49079 Date Received 4/19 Plans Examiner_____ Date____ Doc Deed or PA Contractor Letter of Auth. Deed or PA Product Approval Form Sub VF Form Owner POA Corporation Doc's and/or Letter of Auth. Comments FAX 3867550240 Applicant (Who will sign/pickup the permit) Karen Griffis Phone 3867527578 Address PO BOX 2166, LAKE CITY, FL 32056 Owners Name NORTON HOME IMPROVEMENT Phone 3867523331 911 Address 439 SE LILLIAN LOOP, LAKE CITY, FL 32025 Contractors Name JOHN G. O'NEAL Phone 3867527578 Address PO BOX 2166, LAKE CITY, FL 32056 Contractors Email KAREN@ONEALCOMPANIES.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 17-4S-17-08440-003 (31442) Subdivision Name VERNDALE _____Lot ____ Block ____ Unit ___ Phase Special Driving Instructions (only) VERNDALE APARTMENT # 439 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 53,825.00 __Commercial OR X Residential Type of Structure (House; Mobile Home; Garage; Exxon) APARTMENTS Roof Area (For this Job) SQ FT 98 Roof Pitch 4 /12, ___/12 Number of Stories 1 Is the existing roof being removed $\frac{\mathsf{YES}}{\mathsf{If}}$ If NO Explain _____ Type of New Roofing Product (Metal; Shingles; Asphalt Flat) SHINGLES Revised 3.31.21