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

For Office Use Only Application # 48666 Date Received 3/8 By ↓ Permit # 41477

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 Traci Kirkland Phone 386. 288. 4826

911 Address 162 NW Scott Glen Lake City FL 32055

Contractors Name ~~Reed~~ PAUL McDaniel Construction 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 28-3S-16-02374-053

Subdivision Name Country Dale Estates Lot 3 Block ____ Unit ____ Phase ____

Driving Directions Take US-90 west to Brown Rd., Right on Brown Rd; Left onto Scott Glen., Destination on left

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

Cost of Construction 7499.00 ____Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 1612 Roof Pitch 4 /12, ____/12 Number of Stories 1

Is the existing roof being removed ~~No~~ 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.**