Roof Replacement or Repair Application #73957

Thursday, October 23, 2025 2:43 PM

Checklist:

____Address	____Application Submitted	
____Drive/ROW	____Zoning Review	____Legal Lot of Record
____Septic	____Plans Reviewed	____Flood Zone
____Site Use Approved	____Required Inspections Assigned	____FDEP Needed
____Docs Reviewed/Accepted	____Invoiced	

APPLICANT: Kathryn Sheflin **PHONE:** (352) 554-4932

ADDRESS: 4577 NW 6th St Suites A&B Gainesville FL 32609

OWNER: FOSTER RICHARD LEE SR, FOSTER RICHARD LEE JR **PHONE:** (386) 288-7664

ADDRESS: 190 SE COUNTY ROAD 241 LULU, FL 32061

PARCEL ID: 00-00-00-10482-000 **SUBDIVISION:** LULU

LOT: 4 **BLOCK:** 17 **PHASE:** **UNIT:** **ACRES:** 0.17

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
Kathryn Sheflin	General	CCC1335501	North Wood's Roofing Inc.

ROOFING JOB DETAILS	
Type Roofing Job	Replacement - Tear off Existing and Replace
Further Job Details (Explain if decking is being replaced and or Repairs are being done.)	
Type of structure	House
Further Structure Details (if needed)	
Total Estimated Cost	15300
Commercial or Residential	Residential
Roof Area (for this job) Sq Ft	2700
No. of Stories	1
Ventilation:	Ridge Vent
Flashing:	Replace All
Drip Edge:	Replace All
Valley Treatment:	New Metal
Roof Pitch	2:12 to 4:12
Second Roof Pitch (if applicable)	
Any cable and/or race-way wiring located on or within the roof assembly?	
Is the existing roof being removed?	Yes
Explain if not removing the existing roofing material?	
Type of New Roofing Product	Metal
Florida Product Approval Number	FL36904
Product Manufacturer	Tri County Metal
Product Description	29g UltraRib Exposed Fastener Galvalume Metal Roofing System
Other Roofing Product Type Not Listed	

Sealed roof decking options: (Must select an option.)	two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type Ill or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.
Sealed roof decking explanation for other option.	

Review Notes: