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

For Office Use Only	Application #	Date Received	Ву	Permit #
Plans Examiner	Date	□ NOC □ Deed or PA □ Cont	ractor Letter of	f Auth. □ F W Comp. letter
□ Product Approval	Form $\ \square$ Sub VF Form	□ Owner POA □ Corporation	on Doc's and/o	r Letter of Auth.
Comments				
			FA	X
Applicant (Who will si	ign/pickup the permit)	Many Carol John	150n Pho	one <u>386-397-485</u>
Address 8499	NW Lake	Jeffery Rd., La	alle cita	1, FL32055
Owners Name _Sk	neila M. Ren.	nie	Phone $\frac{9}{2}$	04-514-8172
911 Address 4le	4 SE Benni	elane		
Contractors Name	2CRA Johns	on Roofing	Phone	86-755-2377
Address 8499 NW LIC JEFFEN, Rd., Lake City, FL 3 2055				
		city@aol.com	,	
FeeSimple Owner Na	ıme & Address			
Bonding Co. Name 8	& Address			
Architect/Engineer N	ame & Address			
MortgageLenders Na				
Property ID Number	15-45-17-8	388.336		
Subdivision Name			_Lot Bloc	ck Unit Phase
Construction of (circle	e) Replacement-Tear o	off Existing and Replace; <u>Over</u>	lay with Metal;	Recover-New Material over
Existing; Partial Roof R	Repairs or Other			
Ventilation: (circle) Ridge Vent; Off ridge vent; Powered Ventrunvented				
Flashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing				
Drip Edge: (circle) Us	e Existing; Repair Existii	ng; Replace All		
Valley Treatment: (cir	cle) Use Existing; New	Metal; New Mineral Surface		
Cost of Construction	66670	Con	nmercial OR	Residential
Type of Structure (Ho	use; Mobile Home; Gai	age; Exxon)		
_ mobil	. e	Roof Area (I	For this Job) SG	FT 1600
Roof Pitch	.,/12 Numb	er of Stories Is the ex	isting roof beir	ng removed N If NO
Explain Med	tal root	s; Asphalt Flat) 268.		
m			00/100	1 5 m 0 Barriage 10 (000)