

Roof Replacement or Repair Application #72055

Monday, July 14, 2025 3:22 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: Daniel Byrd

PHONE: (386) 935-6559

ADDRESS: 118 Suwannee Ave Branford FI 32008

OWNER: LEE STEVEN, LUCAS ASHLEY

PHONE: (386) 965-2202

ADDRESS: 118 NW LANGFORD CT LAKE CITY, FL 32055

PARCEL ID: 35-2S-16-01873-001

SUBDIVISION:

LOT: BLOCK: PHASE: UNIT: ACRES:

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
Daniel Byrd	General	CCC1332899	Byrd's Eye Roofing

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.)	Tear off and reroof with shingles
Type of structure	House
Further Structure Details (if needed)	single family
Total Estimated Cost	15000
Commercial or Residential	Residential
Roof Area (for this job) Sq Ft	2994
No. of Stories	1
Ventilation:	Off-ridge Vent
Flashing:	Replace All
Drip Edge:	Replace All
Valley Treatment:	New Metal
Roof Pitch	4:12 or Greater
Second Roof Pitch (if applicable)	
Any cable and/or race-way wiring located on or within the roof assembly?	No
Is the existing roof being removed?	Yes
Explain if not removing the existing roofing material?	
Type of New Roofing Product	Asphalt Shingles
Florida Product Approval Number	FL10124-R35
Product Manufacturer	GAF
Product Description	Asphalts shingles
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 III 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: