

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

For Office Use Only	Application #	Date Received	By Permit # _	
Plans Examiner	Date □ I	NOC □ Deed or PA □ Cont	ractor Letter of Auth. 🛭 F N	N Comp. letter
□ Product Approval Fo	orm 🛮 Sub VF Form 🕏	Owner POA 🗆 Corporation	on Doc's and/or Letter of Au	ıth.
Comments				
	1	11CKIE POWA!	FAX	
Applicant (Who will sign		tewart Powell	Phone	
Address	_			
Owners Name Pet	fer Nichols		Phone	
		an GIN Lake		
		Powelland Sons Roof		
	1422 Mayo		<u> </u>	
Contact Email Pow	ellandsonsroofu	og @ gmail.com	***Updates will be sent	here
FeeSimple Owner Name		<i>'</i>		
Bonding Co. Name & A	Address	L		
Architect/Engineer Nar	ne & Address <i>NA</i>			
MortgageLenders Nam	e & Address <u>NA</u>			
Property ID Number	015516033	88002		
Subdivision Name			_Lot <u>6/</u> _ Block <u>55</u> Unit	16 Phase
Construction of (circle)	Replacement-Tear off I	existing and Replace Overl	ay with Metal; Recover-Ne	w Material over
Existing; Partial Roof Rep	pairs or Other	THE PARTY OF THE P		
Ventilation: (circl€) Ridge Vent; Off ridge vent; Powered Vent; Unvented				
Flashing: (circle) Use Ex	isting; Repair Existing; R	eplace All; Replace w/L-Flo	ashing; Replace w/step-Fla	shing
Drip Edge: (circle) Use	Existing; Repair Existing	Replace All)		
		tal New Mineral Surface		,,
Cost of Construction	18,100	Con	nmercial OR Res	idential
Type of Structure (Hous			ر در وساد ا	
		1	For this Job) SQ FT <u> </u>	
Roof Pitch/12,	/12 Number	of Stories Is the ex	isting roof being removed	If NO
Explain				Name of the same o
Type of New Roofing Pro	oduct (Metal; Shingles;	Asphalt Flat) Shingled		_ Revised 12/2023