

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

For Office Use Only Application # 72046 Date Received _____ By _____ Permit # 23582

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 _____

Applicant (Who will sign/pickup the permit) Vickie Powell FAX _____ Phone 386 249 5237

Address P.O. Box 1422 Mayo FL 32066

Owners Name DR JUAN SANTIAGO

Phone _____

911 Address 421 SOUTHWEST ROSEMARY DR LAKE CITY FL

Contractors Name POWELL & SONS ROOFING INC

Phone 386-209-5198

Address P.O. Box 1422 Mayo FL 32066

Contact Email powellandsonsroofing@gmail.com ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

MortgageLenders Name & Address _____

Property ID Number _____

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material over Existing; Partial Roof Repairs or Other _____

Ventilation: (circle) Ridge Vent; Off ridge vent; Powered Vent; Unvented

Flashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing

Drip Edge: (circle) Use Existing; Repair Existing; Replace All

Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface

Cost of Construction 24,665.00



Commercial

OR



Residential

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

Roof Area (For this Job) SQ FT 2800

Roof Pitch 9 /12, _____ /12

Number of Stories 1

Is the existing roof being removed _____ If NO

Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) _____

Revised 12/2020