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 _____ □ NOC □ Deed or PA □ Contractor Letter of Auth. □ F W Comp. letter

□ Product Approval Form □ Sub V F Form □ Owner POA □ Corporation Doc's and/or Letter of Auth.

Comments _____

Applicant (Who will sign/pickup the permit) Robert Holton FAX _____

Address 8975 W. Beaver St. Jax, FL 32220 Phone 904.786.5111

Owners Name Katrina Fucco Phone 904.626.2329 Trina

911 Address 241 NE Carrier Pl. Lake city FL

Contractors Name Robert Holton Phone 904.786.5111

Address 8975 W. Beaver St. Jax, FL 32220

Contractors Email holtonci@bellsouth.net ***Include to get updates for this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Property ID Number 15-3S-18-10278-000

Subdivision Name _____ Lot 1-3 Block A Unit _____ Phase _____

Special Driving Instructions (only) _____

Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material over Existing; Partial Roof Repairs or Other Metal roof over existing w/ 1/4 strip boards

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 N/A.

Cost of Construction $7800.00 _____ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 17 Sq. Roof Pitch 2 /12, _____/12 Number of Stories _____

Is the existing roof being removed _____ If NO Explain NO, Going over existing roof w/ Metal. 1/4 Strip boards

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

Revised 5.20.21