

\$104.00

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

For Office Use Only Application # 70537 Date Received _____ By _____ Permit # 58945
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 _____

FAX _____
Applicant (Who will sign/pickup the permit) EDWARD SAMBEY Phone 386-628-7833
Address 113 NW Green Ln Lake City FL 32055
Owners Name Edward Sambey / Kristy Sambey Phone 386-628-7833
911 Address 701 SW Stoneridge Dr Lake City FL 32024
Contractors Name _____ Phone _____
Address _____

Contact Email beaverbabies@hotmail.com ***Updates will be sent here
FeeSimple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address _____
MortgageLenders Name & Address _____

Property ID Number 27-39-16-02346-039
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 \$12,500.00 ☐ Commercial OR ☒ Residential
Type of Structure (House; Mobile Home; Garage; Exxon)
House Roof Area (For this Job) SQ FT 3121.5
Roof Pitch 3/12, ____/12 Number of Stories 2 Is the existing roof being removed NO

Explain _____
Type of New Roofing Product (Metal; Shingles; Asphalt Flat) metal Revised 12/2023