

(4)

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

For Office Use Only Application # 56135 Date Received 8/17 By EW Permit # _____

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) TSPARK ENTERPRISES, LLC TYLER ASBELL FAX _____
Address 1134 W ORANGE AVE TALLAHASSEE, FL 32310 Phone 850-766-1340

Owners Name LAKE CITY RV RESORT LLC Phone 850-566-0036

911 Address 3864 US 441 LAKE CITY, FL 32055

Contractors Name TRAVIS SPARKMAN Phone 850-766-1340

Address 1134 W ORANGE AVE TALLAHASSEE, FL 32310

Contractors Email for: TRAVIS@TSPARKCONSTRUCTION.COM ***Include to get updates for this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Property ID Number 08-35-17-04905-000

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Special Driving Instructions (only) N/A

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 13,000 ☒ Commercial OR ☐ Residential

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

Roof Area (For this Job) SQ FT 3000 SQ FT Roof Pitch 8 /12, _____ /12 Number of Stories 2

Is the existing roof being removed YES If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) IKO CAMBRIDGE SHINGLES FL7006-R10 Revised 5.20.21