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

For Office Use Only Application # 63520 Date Received _____ By _____ 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 _____

FAX _____

Applicant (Who will sign/pickup the permit) Doug Byrd Phone 352-359-7616

Address 424 SW Bonifay Glen Fort White FL 32038

Owners Name Doug Byrd Phone 352-359-7616

911 Address 424 SW Bonifay Glen Fort White FL 32038

Contractors Name _____ Phone _____

Address _____

Contractors Email Doug Byrd@windstream.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 _____

Subdivision Name _____ Lot _____ Block _____ 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 1x4 Perls and 2x6 Gable Vltra Ribs Panel New Material over existing shingles

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 no valleys

Cost of Construction 6500.00 Commercial ☐ OR ☒ Residential

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

Roof Area (For this Job) SQ FT 2600 SQ FT Roof Pitch 4/12, 4/12 Number of Stories 1

Is the existing roof being removed ☐ If NO Explain no Roof is still in good shape

First Time Replacing no Damage 1x4 Perls over shingles

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