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

**For Office Use Only** Application # \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # 49129

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) Mary Carol Johnson Phone 386-397-4851

Address 8499 NW LK Jeffery Rd., Lake City, FL 32055

Owners Name Tina & Darrel Wolfe Phone 386-466-9445

911 Address 803 SW Spruce Rd., Fort White, FL

Contractors Name RCRA Johnson Roofing, Inc Phone 386-755-2377

Address 8499 NW LK Jeffery Rd., Lake City, FL 32055

Contact Email Johnsonlakecity@aol.com \*\*\*Updates will be sent here

FeeSimple Owner Name & Address \_\_\_\_\_

Bonding Co. Name & Address \_\_\_\_\_

Architect/Engineer Name & Address \_\_\_\_\_

MortgageLenders Name & Address \_\_\_\_\_

Property ID Number 01-65-15-00495-005

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 N/A

Cost of Construction 8300.00 ☐ Commercial OR ☒ Residential

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

mobile home Roof Area (For this Job) SQ FT 16

Roof Pitch 4 /12, \_\_\_\_\_ /12 Number of Stories 1 Is the existing roof being removed X If NO

Explain \_\_\_\_\_

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