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

For Office Use Only Application # 54760 Date Received 5/10 By EW Permit # 44398

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) Mary Carol Johnson FAX _____
Address 8499 NW LK Jeffery Rd, Lake City FL 32055 Phone 386-397-4851

Owners Name Karen Swift Phone 386-755-5702
911 Address 3197 NW Nash Rd, Lake City FL 32055

Contractors Name RCRA Johnson Roofing INC Phone 386-755-2377
Address 8499 NW LK Jeffery Rd Lake City FL 32055

Contractors Email Johnson lake city@aol.com ***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 _____

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 10735 _____ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 25 Roof Pitch 4/12, ____/12 Number of Stories _____

Is the existing roof being removed Y If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) shingle Revised 5.20.21