Roof Replacement or Repair Application #72901





| Checklist: | | | | | |
|--|-------------------------|---|------------------------------|--|------------------------------------|
| AddressDrive/ROWSepticSite Use Appro | | Application SZoning ReviePlans ReviewRequired InsInvoiced | w | Legal Lot of Red Flood Zone dFDEP Needed | cord |
| APPLICANT: Kathryn J | l Sheflin | | | PHONE : (352) 554-49 | 932 |
| ADDRESS : 4577 NW 6 | th St Suites A&B Gai | nesville FL 32609 | | · | |
| OWNER: WRIGHT LORI ANN, NEAL TERRI RENEE' | | | PHONE: (904) 805-5656 | | |
| ADDRESS: 947 SW CU | JMORAH HILL ST FO | ORT WHITE, FL 32038 | | | |
| PARCEL ID: 19-6S-17-09698-006 SUBDIVISION: | | | | | |
| LOT: | BLOCK: | PHASE: | | JNIT: | ACRES: 5.07 |
| CONTRACTOR | | TYPE | LIC# | BUSINESS NAME | |
| Kathryn Sheflin | | General | CCC1335501 | North Wood's Roofing I | Inc. |
| ROOFING JOB DETAILS | 3 | | | · | |
| Type Roofing Job | | | | Replacemer | nt - Tear off Existing and Replace |
| Further Job Details (Expla | ain if decking is being | replaced and or Repair | rs are being done.) | | |
| Type of structure | | | | | Mobile Home |
| Further Structure Details | | | | | |
| Total Estimated Cost 1 | | | | | |
| Commercial or Residential | | | | | |
| Roof Area (for this job) Sq Ft | | | | | |
| No. of Stories | | | | | 1 |
| Ventilation: | | | | | Off-ridge Vent |
| Flashing: | | | | | Replace All |
| Drip Edge: | | | | | Replace All |
| Valley Treatment: | | | | | New Metal |
| Roof Pitch | | | 2:12 to 4:12 | | |
| Second Roof Pitch (if app | licable) | | | | |
| Any cable and/or race-wa | y wiring located on or | within the roof assemb | oly? | | |
| Is the existing roof being r | removed? | | | | Yes |
| Explain if not removing the | e existing roofing mat | erial? | | | |
| Type of New Roofing Product Asphalt S | | | | | |
| Florida Product Approval Number 21120901 | | | | | |
| Product Manufacturer | | | | | GAF |
| Product Description HDZ Architectura | | | | | |
| Other Roofing Product Ty | pe Not Listed | | | | |

| Sealed roof decking options: (Must select an option.) | two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type III or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified. |
|---|--|
| Sealed roof decking explanation for other option. | |

Review Notes: