

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

For Office Use Only Application # 55212 Date Received _____ By _____ Permit # 44739
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) Victoria Godbolt FAX _____
Address 947 SE Monroe St. Lake City FL 32085 Phone 386 466 2782
Owners Name Victoria Godbolt Phone 386 466 2782
911 Address 185 NE Laguna Dr. Lake city fl 32055

Contractors Name _____ Phone _____
Address _____
Contractors Email HKG-trucking@hotmail.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 20,000 _____ Commercial OR Residential

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

Roof Area (For this Job) SQ FT 23.5 square Roof Pitch 6 /12, 11 /12 Number of Stories 1

Is the existing roof being removed _____ If NO Explain NO covering with new Metal

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