## 1

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

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	
0	FAX
Applicant (Who will sign/pickup the permit) Robert 09165	
Address 305 gold Kist BIVA LIVE OOK FL	
Owners Name Lindy Witt	
911 Address 17/5 w angela for locke CityFL	
Contractors Name Robert 09125	Phone 384-590-4611
Address 505 goldwist BIVD live ook	
Contractors Email 09145 (00 fing p 9 Maj). Con	***Include to get updates for this job
Fee Simple Owner Name & Address	
Bonding Co. Name & Address	
Architect/Engineer Name & Address	
Property ID Number 25 - 45 - 16 - 03 153 - 003	
Subdivision Name PICCOLILY POLK Lot	2 Block A 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 Venti Off ridge vent; Powered Vent; Unvented	
Flashing: (circle) Use Existing; Repair Existing; Replace Alf; Replace w/L-Flashi	ng; Replace w/step-Flashing
Drip Edge: (circle) Use Existing; Repair Existing; Replace All	
Valley Treatment: (circle) Use Existing New Metal; New Mineral Surface	
10 00	orcial OR Residential
Type of Structure (House; Mobile Home; Garage; Exxon) house	
Roof Area (For this Job) SQ FT 3, 2005 9 Ft Roof Pitch 6 /12,	/12 Number of Stories
is the existing roof being removed If NO Explain _ X 4 10Th C 0	