√ ±	1275 215.25
Columbia County Building Permit Application	
Re-Roof's, Roof Repairs, Roof Over's   For Office Use Only Application #48775_ Date Received 3/19 ByP Permit #41557   Black For Office Use Only Application #48775_ Date Received 3/19 ByP Permit #41557	
Plans Examiner Date 0 NOC 0 Deed or PA □ Contractor Letter of Auth. □ F W Comp. letter Product Approval Form □ Sub VF Form □ Owner POA □-Gorporation Doc's and/or Letter of Auth. Comments	
	FAX 386-755-7272
Applicant (Who will sign/pickup the permit)   Paul McDaniel     Address   2230 SE Baya Dr. Ste. 101 Lake City, FL 32025	Phone <u>386-752-4072</u>
Owners Name William Wright	Phone 386-365-6181
911 Address 604 NW Spring Hollow Blvd., Lake (	Lity, FL 32055
Contractors Name Reed McDaniel Construction	Phone
Contractors Email IMCT. OFGU agmail. LOM***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 24-35-16-02273-027	
Subdivision Name_Spring Hollow Lot 33/34 Block Unit Phase	
Driving Directions US 90 West to NW Lake Jeffery Rd; Right on NW Lake	
Jeffery Rd; right on NW Spring Hollow Bird, destination near	
back on left	
Construction of (circle) Re-Roof - Roof repairs - Roof Overlay or Other	
Cost of Construction # 42,000Con	nmercial OR <u>X</u> Residential
Type of Structure (House; Mobile Home; Garage; Exxon)	
Roof Area (For this Job) SQ FT_8800 Roof Pitch_8_/12,/12 Number of Stories_2 Is the existing roof being removed IF YIS Explain	

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

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. **CODE: 2014 Florida Building Code.** 

Page 1 of 2 (Both Pages must be submitted together.)

Revised 7-1-15

4