

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

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For Office Use Only Application # 61905 Date Received _____ By EW Permit # 47691

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) Ralph Laverdure FAX _____
Phone 386-623-0178

Address 1723 SW Packard St., Lake City, FL 32024 PO box 652

Owners Name SPARKS CONSTRUCTION + DESIGN Phone 386-

911 Address 426 SW Commerce Dr. ST. 130-J, Lake City FL 32056

Contractors Name Ralph Laverdure Phone 386-623-0178

Address PO BOX 652 Lake City, FL 32056

Contractors Email rw@roofingllc@gmail.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 19-45-17-08540-207(31781)

Subdivision Name Azalea Park Lot 7-9 Block E 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 5,000 _____ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 18 sqs Roof Pitch 3.5 /12, _____ /12 Number of Stories 1

Is the existing roof being removed NO If NO Explain N Purlins over existing
w/ New metal

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