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

<b>For Office Use Only</b>	Application # <u>54720</u>	Date Received _____	By <u>EW</u>	Permit # _____
Plans Examiner _____ Date _____ <input type="checkbox"/> NOC <input type="checkbox"/> Deed or PA <input type="checkbox"/> Contractor Letter of Auth. <input type="checkbox"/> F W Comp. letter				
<input type="checkbox"/> Product Approval Form <input type="checkbox"/> Sub VF Form <input type="checkbox"/> Owner POA <input type="checkbox"/> Corporation Doc's and/or Letter of Auth.				
Comments _____				

Applicant (Who will sign/pickup the permit) Robert Fensel FAX \_\_\_\_\_  
Phone (386) 961-2774

Address 537 SW SAGE AVE L.L. FL. 32024

Owners Name Forrest Rossborough Phone (386) 697-6606

911 Address 1046 SW Rossborough Ct unit 101

Contractors Name Robert Fensel Phone (386) 961-2774

Address 537 SW SAGE AVE L.L. FL. 32024

Contractors Email RobFensel@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 06-45-17-08020-113

Subdivision Name CROSSCREEK ESTATE Lot 13 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 NO VALLEY

Cost of Construction 6000.00 Commercial OR Residential

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

Roof Area (For this Job) SQ FT 1400 SQ FT Roof Pitch 5/12, 5/12 Number of Stories 1

Is the existing roof being removed yes If NO Explain \_\_\_\_\_

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