

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

For Office Use Only Application # 48721 Date Received 3/15 By J Permit # 41514

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) Robert Fensec FAX _____
Phone (386) 961-2774

Address 537 SW SABRE AVE L.C. FL 32024

Owners Name Dee L Hartley Phone 386-349-5222
984 DEN

911 Address 203 SE Montgomery Pl Lake City FL 32025

Contractors Name Robert Fensec Phone (386) 961-2774

Address 537 SW SABRE AVE L.C. FL 32024

Contractors Email _____ ***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 33.3s.17.06803.002

Subdivision Name OODM Heights Lot 11 Block 1 Unit _____ Phase _____

Driving Directions MARION Ave to Bay A Turn Left go to Eloise Ave
Turn Right go to Montgomery Pl Turn Left House Be
on the Left

Construction of (circle) Re-Roof - Roof repairs - Roof Overlay or Other _____

Cost of Construction 10,800.00 Commercial OR Residential

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

Roof Area (For this Job) SQ FT 3575 Roof Pitch 5/12, 5/12 Number of Stories 1

Is the existing roof being removed No If NO Explain yes new shingles w felt
TWO LAYERS OF FELT UNDERLAYMENT - comply ASTM

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.