

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

For Office Use Only Application # 64338 Date Received _____ By _____ Permit # _____
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) Contractor Michael Martin FAX _____
Address 8120 SW County Road 307, Trenton, FL 32693 Phone 352-949-6593
Owners Name Reginald E. Goree Phone (305) 769-1445
911 Address 238 SW Grizzly Way, Lake City, FL 32024
Contractors Name Strickland Roofing & Home Services Phone 352-949-6593
Address 8120 SW County Road 307, Trenton, FL 32693

Contact Email Builder61@bellsouth.net ***Updates will be sent here
FeeSimple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address _____
MortgageLenders Name & Address _____

Property ID Number 25-4S-15-00385-203 (1503)
Subdivision Name MIMOSA ACRES Lot 3 Block _____ Unit _____ Phase _____

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 \$10,400⁰⁰ ☐ Commercial OR ☒ Residential

Type of Structure (House; Mobile Home; Garage; Exxon)
Mobile Home Roof Area (For this Job) SQ FT 2600

Roof Pitch 4 /12, _____ /12 Number of Stories 1 Is the existing roof being removed No If NO

Explain Installing Architectural Shingles over 8yr old 3TAB shingles

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Architectural Shingles Revised 12/2023