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

For Office Use Only Application #	Date Received By Permit # 500 33
	□ NOC □ Deed or PA □ Contractor Letter of Auth. □ F W Comp. letter
□ Product Approval Form □ Sub VF Fo	rm Owner POA Corporation Doc's and/or Letter of Auth.
Comments	
	FAX
	Mary Carol Johnson Phone 397-4851
Address 8499 NW LK	
Owners Name Tammy ASpe	nwall Phone 386 788-0325
911 Address 3486 NW N	loore 14
	son Roofing, DIC Phone 386-755-2377
Address 8499 NW LK-Je-	Fleny Rd, Lake City A 32055
Contact Email Johnson lake	e C. Ty Qaol. Com *** Updates will be sent here
FeeSimple Owner Name & Address	
Bonding Co. Name & Address	
Architect/Engineer Name & Address	
MortgageLenders Name & Address	
Property ID Number	2 128-000
Subdivision Name	Lot Block Unit Phase
Construction of (circle) Replacement-Tea	r off Existing and Replace; Overlay with Metal; Recover-New Material over
Existing; Partial Roof Repairs or Other	
Ventilation: (circle) Ridge Vent; Off ridge v	ent; Powered Vent; Unvented
Flashing: (circle) Use Existing; Repair Existin	ng; Replace All; Replace w/L-Flashing; Replace w/step-Flashing
Drip Edge: (circle) Use Existing; Repair Exis	ting; Replace All
Valley Treatment: (circle) Use Existing; New	
Cost of Construction 12 246.6	Commercial OR Residential
Type of Structure (House; Mobile Home; G	arage; Exxon)
Mobile home	Roof Area (For this Job) SQ FT Z6
	ber of Stories Is the existing roof being removed If NO
Explain	
Type of New Roofing Product (Metal; Shing	les; Asphalt Flat) Arch. Shinel & Revised 12/2023