

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

For Office Use Only Application # 70005 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 _____

FAX _____

Applicant (Who will sign/pickup the permit) Robert Feasel Phone (386) 961-2774

Address 537 SW SABRE AVE LAKE CITY FL 32024

Owners Name Betty Boston Phone 386 397-4641

911 Address 106 SW Mallie Terr LAKE CITY FL 32024

Contractors Name Robert Feasel Phone (386) 961-2774

Address 537 SW SABRE AVE LAKE CITY FL 32024

Contact Email RobFeasel@gmail.com ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

MortgageLenders Name & Address _____

Property ID Number 07-45-16-02808-016

Subdivision Name Barwick West Lot _____ 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 \$15,400.00 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 3540 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 12/2023