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

For Office Use Only Application #_____ Date Received _____ By _____ Permit # 51305

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) Jonathan Todd FAX _____ Phone 904-420-8761

Address 14030 Atlantic Blvd. Jacksonville FL 32224

Owners Name Mohammed Choudhury Phone _____

911 Address _____

Contractors Name IN-EX Construction Inc Phone 904-420-8761

Address 14030 Atlantic Blvd Jacksonville FL 32224

Contact Email JTodd@in-exconstruction.com ***Updates will be sent here

FeeSimple Owner Name & Address_____

Bonding Co. Name & Address_____

Architect/Engineer Name & Address_____

MortgageLenders Name & Address_____

Property ID Number _____

Subdivision Name_____ 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 45,000.00 ☐ Commercial OR ☒ Residential

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

_____ Roof Area (For this Job) SQ FT 8700 ft

Roof Pitch 3 /12, 7 /12 Number of Stories 1 Is the existing roof being removed Yes If NO

Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Shingle

Revised 12/2023