Roof Replacement or Repair Application #74027

Tuesday, October 28, 2025 7:54 AM

Checklist:

____Address	____Application Submitted	
____Drive/ROW	____Zoning Review	____Legal Lot of Record
____Septic	____Plans Reviewed	____Flood Zone
____Site Use Approved	____Required Inspections Assigned	____FDEP Needed
____Docs Reviewed/Accepted	____Invoiced	

APPLICANT: CHELSI DUNCAN **PHONE:** (386) 365-5672

ADDRESS: 1118 S Marion Ave Lake City, FL 32025

OWNER: BRADSHAW JOE **PHONE:** (386) 288-1103

ADDRESS: 145 SE OSCEOLA PL LAKE CITY, FL 32025

PARCEL ID: 03-4S-17-07542-000 **SUBDIVISION:** OAK HILL ESTATES REPLAT

LOT: 18 **BLOCK:** 5 **PHASE:** **UNIT:** **ACRES:** 0.22

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
LEWIS G WALKER	General	CCC1333551	LEWIS WALKER ROOFING INC

ROOFING JOB DETAILS	
Type Roofing Job	Replacement - Tear off Existing and Replace
Further Job Details (Explain if decking is being replaced and or Repairs are being done.)	
Type of structure	House
Further Structure Details (if needed)	
Total Estimated Cost	13005.00
Commercial or Residential	Residential
Roof Area (for this job) Sq Ft	2400
No. of Stories	1
Ventilation:	Ridge Vent
Flashing:	Replace All
Drip Edge:	Replace All
Valley Treatment:	New Metal
Roof Pitch	4:12 or Greater
Second Roof Pitch (if applicable)	
Any cable and/or race-way wiring located on or within the roof assembly?	No
Is the existing roof being removed?	Yes
Explain if not removing the existing roofing material?	
Type of New Roofing Product	Metal
Florida Product Approval Number	FL46679.02- R1
Product Manufacturer	Mission Metals
Product Description	26 GA RIB
Other Roofing Product Type Not Listed	

Sealed roof decking options: (Must select an option.)	two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type Ill or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.
Sealed roof decking explanation for other option.	

Review Notes: