

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

**For Office Use Only** Application # \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # 51750

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 Sable Ave L.C. FL 32024

Owners Name Elvis Conley Phone (352) 278-2124

911 Address 140 SW Tyrus Way Fort White FL 32038

Contractors Name Robert Feasel Phone (386) 961-2774

Address 537 SW Sable Ave L.C. 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 33-65-16-04046-000

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 8000.00 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 1670 SQ FT

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

Explain new metal roof over shingles

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