

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

For Office Use Only Application # 59386 Date Received 3/10 By JA 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 \_\_\_\_\_

Applicant (Who will sign/pickup the permit) KAREN GRIFFIS FAX 3867550240  
Address PO BOX 2166, LAKE CITY FL 32056 Phone 3867527578

Owners Name PETER BUELIEU Phone 3866239024

911 Address 812 S MARION ST, LAKE CITY FL 32025

Contractors Name O'NEAL, Conity Phone 3867527578  
Address PO BOX 2166

Contractors Email KAREN@ONEALCOMPANIES.COM \*\*\*Include to get updates for this job.

Fee Simple Owner Name & Address \_\_\_\_\_

Bonding Co. Name & Address \_\_\_\_\_

Architect/Engineer Name & Address \_\_\_\_\_

Mortgage Lenders Name & Address \_\_\_\_\_

Property ID Number 00000014131000 (42667)

Subdivision Name Bays Lot 12 Block 4 Unit \_\_\_\_\_ Phase \_\_\_\_\_

Special Driving Instructions (only) \_\_\_\_\_

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 36955.00 X Commercial OR \_\_\_\_\_ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) OLD GAS STATION

Roof Area (For this Job) SQ FT 25 SQ Roof Pitch 0.25 /12, \_\_\_\_\_ /12 Number of Stories \_\_\_\_\_

Is the existing roof being removed YES If NO Explain \_\_\_\_\_

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) TPO Revised 5.20.21