

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

current
St

For Office Use Only Application # 60526 Date Received 3/20 By JW Permit # 46780

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) Glenn Keen FAX _____
Address 167 SE Comet Crt. Lake City, FL 32024 Phone 386-867-0156

Owners Name Tracy McAuliffe Phone 386-984-7780

911 Address 355 SE Tevis Ave., Lake City, FL 32025

Contractors Name Jason Exlison Phone 386-623-1741
Address 7490 CR 18, Lake Butler, FL 32054

Contractors Email khframing@att.net ***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 14-4S-17-08346-029 (30601)

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Special Driving Instructions (only) CRD 245 South to Tevis Ave (right) to house on

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 \$5,500 _____ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 1600 _____ Roof Pitch 5 /12, _____ /12 Number of Stories 1

Is the existing roof being removed no If NO Explain 1x4 purlins and master rib metal

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