

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) GARY JOHNSON Phone 386-961-3031

Address 2907 SE Country Club Road Lake City FL 32025

Owners Name Keith W Hudson Phone _____

911 Address 198 NE Ruskin Way Lake City FL 32055

Contractors Name GARY JOHNSON CONST INC Phone 386-961-3031

Address 2907 SE Country Club Road Lake City FL 32025

Contractors Email GJC 49 @ I CLOUD . 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 34-35-17-07192-000 (27562)

Subdivision Name COUNTRY CLUB ESTATES Lot 11 Block 9 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 5200⁰⁰ _____ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 900 Roof Pitch 3 1/2 /12 _____ /12 Number of Stories 1

Is the existing roof being removed Yes IF NO Explain _____