

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

For Office Use Only Application # 69600 Date Received _____ By _____ Permit # 52421
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) _____ Phone _____

Address 144 N/E Four Season dr. Lake City FL 32055

Owners Name Donald Johnson Phone 386 266 8968

911 Address Same

Contractors Name _____ Phone _____

Address _____

Contact Email dennicjohnson8569@gmail ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

MortgageLenders Name & Address _____

Property ID Number _____

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 8,000.00 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT _____

Roof Pitch 3 /12, _____ /12 Number of Stories 1 Is the existing roof being removed _____ If NO

Explain overlay

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