



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

www.columbiacountyfla.com/BuildingandZoning.asp

RESIDENTIAL OR COMMERCIAL RE-ROOF'S ~ ROOF REPAIRS ~ ROOF OVER'S

Submit Permit Applications Online at: <https://www.columbiacountyfla.com/PermitSearch/MyBNZPortalLogin.aspx>

PERMIT EXEMPTION: If the construction job cost is \$4000.00 or less, no permit is required. (County Ord.2012-2) This does not change the requirement for the use of licensed contractors and the requirement of recording a Notice of Commencement when the cost is \$2500.00 or more. (F.S. ch:489, F.S. ch:713)

NOTE: If exempt, a permit can be issued, as most insurance companies require proof of a permit.

The Deeded Property Owner must sign the 2nd page of the application. If the customer has a **notarized Power of Attorney for from the Deeded Property Owner**, then that named person can sign for the owner.

Agents cannot sign the Application for the contractor this must be the license holder.

Roofing permits are issued on the spot unless a plan review is required.

***Page 1 of 2 – Not required when submitted Online. Information on form completed as part of the Online application.**

_____ If paper submission, must submit both pages - Two page Permit Application with *PROPERTY OWNER'S SIGNATURE & notarized contractor signature on 2nd page.*

_____ Roofing Affidavit – Required for all jobs unless done as an owner builder.

_____ License Holders (Contractors) must complete a "Letter of Authorization" for who signs the permit.

_____ If an Owner Builder, Notarized Disclosure Statement (Owner Builders must sign for the Permit).

_____ Recorded deed or Property Appraiser's parcel details printout; **and if**

_____ Owner is Corporation or Trust; **provide** corporate articles listing the signor, trust executor or POA forms.

_____ Form required on Paper/Walk-in submissions - Roofing Underpayment Selection Form.

_____ Product Approval Code Specification Form.

_____ 2 sets of Signed & Sealed Truss Engineering and/or Sealed Engineering, if required.

_____ Subcontractors Verification Form, SIGNED by the license holder (contractor), if required.

_____ Recorded Notice of Commencement; before the 1st inspection.

_____ Special driving instructions (only).

CONTRACTOR FILING:

Certified Roofing Contractors not on file, provide _____ State License, _____ (COI) Certificate of Liability insurance including Worker's Comp insurance with Columbia County Building Department as the certificate holder or _____ W/C Exemption card along with _____ the Detail Entity page showing "Active" for your Articles of Incorporation from the website sunbiz.org. No filing fees.

Registered Roofing Contractors not on file, call about reciprocity and fees.

FINAL INSPECTION & CERTIFICATE OF COMPLETION:

This completed form and photographs must be uploaded to your permit via online at the Application Submission login at www.columbiacountyfla.com/BuildingandZoning.asp

Clearly visible in the Photographs must be the permit number or address and must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing.

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

For Office Use Only Application # _____ Date Received _____ By _____ 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) William Jennings FAX _____
Address 518 SE High Falls Rd. Lake City, FL 32025 Phone 386-984-6281

Owners Name Greg Sund Phone 386-755-5819

911 Address 1277 SW LEGION Dr, LAKE CITY

Contractors Name Skyline Roofing Solutions, LLC Phone 386-984-6281

Address 518 SE High Falls Rd, Lake City, FL

Contractors Email bjennings2208@gmail.com ***Include to get updates for this job.

Fee Simple Owner Name & Address Greg Sund - 1277 SW LEGION Dr, LAKE CITY

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Property ID Number 17-4S-16-03051-201 (14197)

Subdivision Name Legion Place Subdivision Lot 1 Block _____ 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 \$18,800 _____ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 3600 Roof Pitch 8 /12, _____ /12 Number of Stories 1

Is the existing roof being removed Yes If NO Explain _____

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

Columbia County Building Permit Application – "Owner and Contractor Signature Page"

CODES: 2020 Florida Building Code 7th Edition and the 2017 National Electrical Code.

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless pursued in good faith or a permit has been issued.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and/or fines.

Greg Sund

Printed Owners Name

Owners Signature

****Property owners must sign here before any permit will be issued.**

CONTRACTORS AFFIDAVIT: By my signature, I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Contractor's Signature

Contractor's License Number CCC1333794
Columbia County
Competency Card Number 002683

Affirmed and subscribed before me the Contractor by means of ☒ physical presence or ☐ online notarization, this 14 day of August 2022, who was personally known ☒ or produced ID ☐

Jamie M. Staats
State of Florida Notary Signature (For the Contractor)

SEAL:



JAMIE M. STAATS
Commission # HH 259968
Expires May 2, 2026

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES	TAMCO	ASPHALT SHINGLES	FL-18355
B. NON-STRUCTURAL METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER	INTERWRAP	RHINO	FL 15216
5. STRUCTURAL COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR			
ENVELOPE PRODUCTS			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.


Contractor OR Agent Signature

9/14/22
Date

NOTES: _____



Columbia County, Florida
Building Department
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008

www.columbiacountyfla.com

ROOFING AFFIDAVIT

JOB ADDRESS: 1277 SW LEGION Dr, LAKE CITY

I, William Jennings, Licensed as a ☒ Contractor, ☐ Engineer, or ☐ Architect, with License # CCC1333794 do hereby affirm that all of the information provided to obtain this permit is true and accurate and that the sheathing, nailing, dry-in, venting and flashings at the above referenced address will be installed in accordance with the applicable codes, Florida product approval installation instructions and standards set forth in the most current edition of the Florida Building Code- Residential and the Florida Building Code- Existing Building.


(Affiant Signature)

STATE OF Florida
COUNTY Columbia

The foregoing instrument acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 14 day of September 2020 by William Jennings, who is ☒ personally known to me or ☐ has provided the following identification _____.

Notary Public Signature Jamie M. Staats (Seal)

Notary Printed Name Jamie M. Staats



JAMIE M. STAATS
Commission # HH 259968
Expires May 2, 2026

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Columbia County, Florida
Building Department
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008

ROOFING UNDERLAYMENT AFFIDAVIT

www.columbiacountyfla.com

REQUIRED FOR WALK-IN OR PAPER SUBMITTALS

Job Address: 1277 SW LEGION Dr, LAKE CITY

I (Print Name) William Jennings, as a Florida license Roofing Contractor or an Owner Builder, I understand to comply with the 2020 Florida Building Code 7th Edition underlayment requirements, I must select an option for sealing the roof deck.

The options are summarized below...

☐ a self-adhering polymer-modified bitumen underlayment complying with ASTM D1970 applied over the entire roof.

☐ a minimum 4-inch wide strip of selfadhering polymer-modified bitumen complying with ASTM D1970 or a minimum 3 ¾ - inch wide strip of selfadhering flexible flashing tape complying with AAMA 711, applied over all joints in the roof decking. A felt underlayment complying with ASTM D226 Type II, ASTM D4869 Type III or IV, or ASTM D6757, or a synthetic underlayment meeting the performance requirements specified, is required to be applied over the strips/tape over the entire roof.

☒ two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type III or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.

☐ Other (explain) _____

Contractor/Owners Signature _____

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NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:

17-4S-16-03051 -201 (14197)

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. Description of property (legal description): 17-4S-16-03051-201 (14197)

a) Street (job) Address: 1277 SW LEGION Dr, LAKE CITY

2. General description of improvements: Re-Roof

3. Owner Information or Lessee information if the Lessee contracted for the improvements:

a) Name and address: Greg Sund - 1277 SW LEGION Dr, LAKE CITY

b) Name and address of fee simple titleholder (if other than owner) _____

c) Interest in property Owner

4. Contractor Information

a) Name and address: Skyline Roofing Solutions, LLC

518 SE High Falls Rd, Lake City, FL

b) Telephone No.: 386-984-6281

5. Surety Information (if applicable, a copy of the payment bond is attached):

a) Name and address: _____

b) Amount of Bond: _____

c) Telephone No.: _____

6. Lender

a) Name and address: _____

b) Phone No. _____

7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:

a) Name and address: _____

b) Telephone No.: _____

8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:

a) Name: _____ OF _____

b) Telephone No.: _____

9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. [Signature]
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

William Jennings
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 14 day of September, 2022, by:
William Jennings as Contractor for Greg Sund
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known X OR Produced Identification _____ Type _____

Notary Signature

Jamie M. Staats

Notary Stamp or Seal:



JAMIE M. STAATS
Commission # HH 259968
Expires May 2, 2026