

Columbia County Building Permit Application

Re-Roof's, Roof Repairs, Roof Over's

For Office Use Only Application # 5-0093 Date Received 7/28/21 By UH Permit # 42433Plans 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) Robert Fengerl FAX _____
Phone (386) 961-2774Address 537 SW Sable Ave L.C. FL 32024Owners Name Byronelle Witt Phone (386) 252-0893911 Address 145 SE Tribble St L.C. FL 32025Contractors Name Robert Fengerl Phone (386) 961-2774Address 537 SW Sable Ave L.C. FL 32024

Contractors Email _____ ***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 34-35-17-07154-000Subdivision Name Country Club Estate Lot 4 Block 6 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 Gable vents

Flashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing

Drip Edge: (circle) Use Existing; Repair Existing; Replace AllValley Treatment: (circle) Use Existing; New Metal; New Mineral SurfaceCost of Construction 12,200.00 Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 3484 Roof Pitch 5 /12, 5 /12 Number of Stories 1Is the existing roof being removed yes If NO Explain _____

Type of New Roofing Product (Metal, Shingles; Asphalt Flat) _____ Revised 3.31.21