

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

For Office Use Only Application # 63017 Date Received _____ By EW Permit # 48421

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) David Fuller FAX _____
Phone 321-888-1927

Address 241 SE CAMERON TER Lake City FL 32025

Owners Name David Fuller Phone 321-888-1927

911 Address 241 SE CAMERON TER Lake City FL 32025

Contractors Name _____ Phone _____

Address _____

Contractors Email dnstarfish1@gmail.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 _____

Subdivision Name _____ Lot _____ 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 soffit vent

Flashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing no

Drip Edge: (circle) Use Existing; Repair Existing; Replace All no

Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface no

Cost of Construction 10,000 Commercial ☒ OR Residential

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

Roof Area (For this Job) SQ FT 22000 sq ft Roof Pitch 4 /12, _____ /12 Number of Stories _____

Is the existing roof being removed ☒ If NO Explain no because using it for insulations

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) metal 26 gauge Revised 5.20.21