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

$79⁰⁰

**For Office Use Only** Application # 48782 Date Received 3/19 By ___ Permit # 41560

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 386-755-7272

Applicant (Who will sign/pickup the permit) Paul McDaniel      Phone 386-752-4072

Address 2230 SE Baya Dr. Ste. 101 Lake City, FL 32025

Owners Name Robert Bostic      Phone 386-961-8779

911 Address 196 SW Pheasant Way lake city FL 32024

Contractors Name Reed McDaniel Construction  P.4 G      Phone 386-752-4072

Address 2230 SE Baya Dr. Ste 101 Lake City, FL 32025

Contractors Email rmcss.office@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 15-4S-16-03023-121

Subdivision Name Callaway      Lot 21 Block____ Unit 1 Phase____

Driving Directions US 90 West to SR 247; South on SR 247; Left on SW Callahan Ave; Left on Callaway Dr.; right onto SW Pheasant way; destination on right

Construction of (circle) Re-Roof - Roof repairs - Roof Overlay or Other_____

Cost of Construction 14,519.⁰⁰      ____Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 2937      Roof Pitch 4/12, 6/12      Number of Stories 1

Is the existing roof being removed ~~No~~ yes  If NO Explain_____

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

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. **CODE: 2014 Florida Building Code.**

4