$104.00

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

For Office Use Only Application # 70916 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_____

FAX _____

Applicant (Who will sign/pickup the permit) Robert Feasel Phone 386 961-2774

Address 537 SW SAGE Ave Lake City Fl 32024

Owners Name MAGS LLC John Wilson Phone 623-2679

911 Address _____

Contractors Name Robert Feasel Phone 386 961-2774

Address 537 SW SAGE Ave Lake City Fl 32024

Contact Email RobFeasel@gmail.com ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address N/A

MortgageLenders Name & Address _____

Property ID Number 33-3S-17-06643-600

Subdivision Name Melrose park Lot 6 Block G 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 Gable vent

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 $ 7,000.00 ☐ Commercial OR ☑ Residential

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

Roof Area (For this Job) SQ FT 1550 SQ FT

Roof Pitch 5 /12, 5 /12 Number of Stories 1 Is the existing roof being removed no If NO

Explain New metal Roofing over shingles

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

0 01