

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

For Office Use Only Application # 56756 Date Received 10/11/22 By _____ Permit # 45684
Plans Examiner _____ Date _____ ☒ NOC ☒ Deed or PA ☐ Contractor Letter of Auth. ☐ F-W Comp. letter
☒ Product Approval Form ☐ Sub VF Form ☒ Owner POA ☐ Corporation Dec's and/or Letter of Auth.
Comments _____

FAX _____
Applicant (Who will sign/pickup the permit) Robert Feasel Phone 386 961-2774
Address 537 SW SABRE AVE L.C. FL. 32024
Owners Name MONA HAMPSON Phone 386-334-7735
911 Address 814 NW OAKLAWN TER. LAKE CITY, FL 32055-1849
Contractors Name Robert Feasel Phone 386 961-2774
Address 537 SW SABRE AVE L.C. FL. 32024
Contractors Email ROBFEASEL@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 3035-1711702-004
Subdivision Name NORTHSIDE ESTATES Lot 4 Block A 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 whirlybirds 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 All
Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface
Cost of Construction 11,800.00 Commercial OR ☒ Residential
Type of Structure (House); Mobile Home; Garage; Exxon) _____
Roof Area (For this Job) SQ FT 1924 Roof Pitch 4 /12, 4 /12 Number of Stories 1
Is the existing roof being removed NO If NO Explain METAL over shingles
Type of New Roofing Product (Metal); Shingles; Asphalt Flat) _____