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

Office Use Only Application # 54462 Date Received _____ By _____ Permit # 44235

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) Angela Chuang FAX _____
Phone 4086754894

Address 1068 SE Saint Johns St, Lake City, FL 32025

Owners Name Angela Chuang Phone 4086754894

911 Address 1068 SE Saint Johns St, Lake City, FL 32025

Contractors Name _____ Phone _____

Address _____

Contractors Email _____ ***Include to get updates for this job.

Fee Simple Owner Name & Address Angela Chuang, 1068 SE Saint Johns St, Lake City, FL 32025

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Property ID Number 33-3S-17-13074-000

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 Overlay with Metal, with Ridge Ve

Ventilation: (circle) Ridge Vent; Off ridge vent; Powered Vent; Unvented

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 _____ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 2017 Roof Pitch 3 /12, 4 /12 Number of Stories 1

Is the existing roof being removed No If NO Explain Metal over existing shingle roof (where 3/12
rolled on roof (where 1/12 pitch)

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