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

For Office Use Only Application # _____ 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) Vickie Powell Phone 386-249-5237

Address _____

Owners Name Amy Guerry Phone 623 4794

911 Address 324 SW MA PLACE LAKE CITY FLA

Contractors Name Wallace Powell Powell and Sons Roofing Llc Phone 386 294-1755

Address P.O. Box 1422 MAYO FL 32066

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

FeeSimple Owner Name & Address NA

Bonding Co. Name & Address NA

Architect/Engineer Name & Address NA

MortgageLenders Name & Address NA

Property ID Number 19-4S-17-08483-000

Subdivision Name _____ Lot ____ Block ____ 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

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 NONE

Cost of Construction 6200 ☐ Commercial OR ☑ Residential

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

Roof Area (For this Job) SQ FT 1300

Roof Pitch 4 /12, ____/12 Number of Stories 1 Is the existing roof being removed ____ (If NO)

Explain _____

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

Revised 12/2023