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

For Office Use Only Application # 48677 Date Received 3/9 By MG Permit # 41486

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) Wally Powell FAX 386-294-3769
Address P.O. Box 1422 MAYO, FLA 32066 Phone 386-209-5198

Owners Name JAMES RANDALL TUCKER & TAMMY TUCKER Phone 984-5353

911 Address 219 SW FANTASY GLEN LAKE CITY FLA 32024

Contractors Name POWELL & SONS ROOFING INC Phone 386-209-5198

Address P.O. Box 1422 MAYO FLA 32066

Contractors Email VC863@icloud.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 16-45-16-03025-105

Subdivision Name VISTA Lot 5 Block _____ Unit _____ Phase _____

Driving Directions 90 TOWARD LIVE OAK TO 247 (C) 4-5 MILES
ON RIGHT MAKE URTURN AVE TO FANTASY GLEN (C) HOUSE ON
RIGHT

Construction of (circle) Re-Roof - Roof repairs - Roof Overlay or Other _____

Cost of Construction 13,500 Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 5500 Roof Pitch 6 /12, _____ /12 Number of Stories 1

Is the existing roof being removed No If NO Explain YES

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.