

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

For Office Use Only Application # 55134 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 _____

Applicant (Who will sign/pickup the permit) Raymond Sheldon FAX _____
Address 973 NW lowland Ter Phone 386-344-8368
Owners Name Raymond Sheldon Phone 386-344-8368
911 Address 973 NW lowland Ter

Contractors Name none Phone _____
Address _____

Contractors Email Raysheldo90@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 First Federal Bank 2571 W US Hwy 90
LAKE CITY FL 32025

Property ID Number _____

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 _____

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 3500 _____ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 1400 Est Roof Pitch _____/12, _____/12 Number of Stories 1

Is the existing roof being removed NO If NO Explain Shingles Not Required

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

Revised 5.20.21