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

For Office Use Only Application # 55973 Date Received _____ By _____ Permit # 45130

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) Shawn Rumba Troy Aschenlof FAX _____ Phone 352-777-6566

Address 165 NW Jan St. L.C. FL 34729 NE St. Rd 26 Melrose FL

Owners Name Randy Freeman Phone 386-247-1232

911 Address 165 NW Jan St L.C

Contractors Name Florida Roofing Co Shawn Rumba Phone _____

Address 24729 St. Rd 26 Melrose FL 32666

Contractors Email Troy@FloridaRoofingCo.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 _____

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 7400.00 _____ Commercial OR X Residential

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

? Roof Area (For this Job) SQ FT 1196. Roof Pitch 4 /12, _____ /12 Number of Stories 1

Is the existing roof being removed No If NO Explain Roof over

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