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

For Office Use Only Application # 48713 Date Received 3/12 By 2 Permit # 4\633  Plans Examiner Date Owner POA 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 (a
Applicant (Who will sign/pickup the permit) Thomas Robertson	Phone 904-449-2415		
Address 9556 Historic Kings Rd S ste 402 Jacksonville FI 32257			
Owners Name Joseph Donurama	Phone (904) 813-0650		
	, 76 32024		
Address 9556 Historic Kings Rd S ste 402 Jacksonville Fl 32257	Phone 904-449-2416		
Contractors Email allegianceroofsystems@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			
Property ID Number			
Subdivision Name Legion Place Lot 5	Block Unit Phase		
Construction of (circle) Re-Roof - Roof repairs - Roof Overlay or Other			
Cost of Construction 15,289.46 Commercial	al OR X Residential		
Type of Structure (House; Mobile Home; Garage; Exxon) House			
Roof Area (For this Job) SQ FT $\frac{3467.72}{}$ Roof Pitch $\frac{6}{}$ /12, $\frac{2}{}$	/12 Number of Stories _1		
Is the existing roof being removed Ye If NO Explain			
Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Asphalt Shingles			
Application is hereby made to obtain a permit to do work and installations as incinstallation has commenced prior to the issuance of a permit and that all work be all laws regulating construction in this jurisdiction. CODE: 2014 Florida Buildin	e performed to meet the standards of		