

4 132.00

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

For Office Use Only Application # 61572 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) Mary Carol Johnson Phone 386-397-4851
Address 8499 NW LK Jeffery Rd., Lake City, FL 32055
Owners Name Jennifer Patrick Phone 386-365-3360
911 Address 306 SW Thurman Terr, Lake City, FL 32024
Contractors Name RCRA Johnson Roofing, INC. Phone 386-397-4851
Address 8499 NW LK Jeffery Rd., Lake City, FL 32055
Contractors Email Johnsonlakecity@aol.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 Cobra III
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 16000 _____ Commercial OR X Residential
Type of Structure (House; Mobile Home; Garage; Exxon) house
Roof Area (For this Job) SQ FT 40 Roof Pitch 4 /12, _____ /12 Number of Stories 1
Is the existing roof being removed Y If NO Explain _____

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