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

For Office Use Only Appli	ication # Date Received By Permit #
	Date □ NOC □ Deed or PA □ Contractor Letter of Auth. □ F W Comp. letter □ Sub VF Form □ Owner POA □ Corporation Doc's and/or Letter of Auth.
	FAX
Applicant (Who will sign/pic	Skup the permit) GIENN Keen Phone 386-867-015
	Hallingsworth Phone 386-590-0536
911 Address 259 St	
	Construction/Routing L. C. R. Whidden 386-867-01
1.	Comet CT Lake C. Ly F1 32024
Contractors Email 19 100	nng@attnet ***Include to get updates for this job.
Fee Simple Owner Name &	Address
Bonding Co. Name & Addre	ess
Architect/Engineer Name &	Address
Mortgage Lenders Name &	
Property ID Number 8-0	(S-16-03054-106 C14220)
Subdivision Name	Lot Block Unit Phase
Special Driving Instructions ((only) 90 west to pinemount Palleft) to bom (left) to Ramon CT (ng
Construction of (circle) Rep	lacement-Tear off Existing and Replace Overlay with Metal; Recover-New Material over
Existing; Partial Roof Repairs	or Other
Ventilation: (circle) Ridge Ve	ent; Off ridge vent; Powered Vent; Unvented
Flashing: (circle) Use Existing	g; Repair Existing; Replace Al); Replace w/L-Flashing; Replace w/step-Flashing
Drip Edge: (circle) Use Existin	ng; Repair Existing; Replace All
Valley Treatment: (circle) Us	se Existing New Metal; New Mineral Surface
Cost of Construction (0,90	Commercial OR Residential
Type of Structure (House, Mo	
Roof Area (For this Job) SQ F	/:
	noved NO If NO Explain New 29 gauge master rib
metal	