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

For Office Use Only Application # 67895 Date Received _____ By _____ Permit # 51342

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) Nina F. Hines FAX _____
Phone 386-752-5331

Address 506 S.W. Mount Carmel Ave., Lake City, Fl. 32024

Owners Name Nina F. Hines Phone 386-752-5331

911 Address 506 S.W. Mount Carmel Ave., Lake City, Fl. 32024

Contractors Name _____ Phone _____

Address _____

Contact Email Cy perkins jr@comcast.net ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

MortgageLenders Name & Address _____

Property ID Number 04-45-16-02769-000

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

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 \$8,000.00 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 3,100

Roof Pitch 2 /12, 4 /12 Number of Stories 1 Is the existing roof being removed Yes If NO

Explain _____

Type of New Roofing Product Metal Shingles; Asphalt Flat) Revised 12/2023