

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

For Office Use Only Application # 49607 Date Rec	eived 1011 By MG Permit # 42131
Plans Examiner Date DOC Deed or P	A Gontractor Letter of Auth. FW.Comp. letter
Product Approval Form — Sub VF Form — Owner POACorporation Doc's and/or Letter of Auth.	
Comments	
	FAX
Applicant (Who will sign/pickup the permit) Mary Kolovitz	FAX Phone 386-719-9934
Address 277 NW Rhoden Gln Lake City, FL 32055	
Owners Name Mary & Michael Kolovitz	Phone 386-719-9934
911 Address 277 NW Rhoden Gln Lake City, FL 320	55
Contractors Name Owner Builder	Phone 386-719-9934
Address 277 NW Rhoden Gln Lake City, FL 32055	
Contractors Email michael_kolovitz_655@hotmail.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 20-3S-16-02207-005	
Subdivision Name Lakewood Acres	Lot 11/12 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 Overlay with Metal	
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 8674.09	Commercial OR XX Residential
Type of Structure (House; Mobile Home; Garage; Exxon) SFD	
Roof Area (For this Job) SQ FT 3328 Roof Pitch_	/12,/12 Number of Stories/
Is the existing roof being removed If NO Explain	
Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Revised 3.31.21	