Columbia County Building Permit Application Re-Roof's, Roof Repairs, Roof Over's
For Office Use Only Application # 48691 Date Received 310 ByMG Permit # 41496
Plans Examiner Date Dete Deed or PA Contractor Letter of Auth. Deter Section Letter of Auth. Rev Comp. letter
Product Approval Form Sub VF Form Owner POA Gorporation Doc's and/or Letter of Auth.
Comments
DI FAX 1/1A
Applicant (Who will sign/pickup the permit) NOVRT Racey Phone 252 258 0/63
Address JOR NW 37 pL garnesville FT 32006
Owners Name Charles F. O'donnal Phone 112 4808712
911 Address 66 SN Santa Le JR, FORI WHITE FL 32038
Contractors Name ROBERT TRACEY Phone, 3522580K3
Address 5012 NW 37pL 90/105811/2 12 32606
Contractors Email Bobby Rooting @ 9 Mark ***Include to get updates for this job.
Fee Simple Owner Name & Address / drob Son 6457 a) gmail.com
Bonding Co. Name & Address
Architect/Engineer Name & Address
Mortgage Lenders Name & Address
Property ID Number
Subdivision Name Unit Phase Driving Directions (DER MARIGOR ON MARIAN (DMAIN (DER YV/an)) Directions (DER MARIGOR ON MARIAN (DMAIN (DER YV/an)) DON WILLSONS SPRINGS Rd (DNEWARK OR O Copper head on TO 64 5 W Saweda
Construction of (circle) Re-Roof - Roof repairs - Roof Overlay or Other
Cost of Construction
Type of Structure (House; Mobile Home; Garage; Exxon)
Roof Area (For this Job) SQ FT 16 Square Roof Pitch 4/12,/12 Number of Stories 2
Is the existing roof being removed to If NO Explain
Type of New Roofing Product (Metal; Shingles; Asphalt Flat) METAL PROR FlyWORD PROLUTAPROVAL
Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or 222

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Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. **CODE: 2014 Florida Building Code.** 

Page 1 of 2 (Both Pages must be submitted together.)

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