

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

For Office Use Only Application # 58608 Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # 46215

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) Robert Feasel Phone (386) 961-2774

Address 537 SW SA3rd Ave L.C. FL 32024

Owners Name Gwendolyn P. Hawkins Phone 386-288-3801

911 Address 6855 SW Elm Church Rd, Ft White FL

Contractors Name Robert Feasel Phone (386) 961-2774

Address 537 SW SA3rd Ave L.C. FL 32024

Contractors Email RobFeasel@gmail.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 07-65-16-03794-000

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

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 20,600.00 Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 4700 Roof Pitch 4/12, 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 5.20.21