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

For Office Use Only Application #_____ Date Received _____ By _____ Permit # 46808

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) Mary Carol Johnson Phone 386-438.0599

Address 8499 NW Lake Jeffery Rd Lake City, FL 32055

Owners Name Jesse Wayne Adams Phone 386 4380599

911 Address 201 SW Colt Ct Lake City, FL 32024

Contractors Name RCRA Johnson Roofing (Rocky) Phone 386-365-7706

Address 8499 NW Lake City FL 32055

Contractors Email Johnsonlake City@AOL.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 09579-001

Subdivision Name None Lot ____ Block ____ Unit ____ Phase ____

Special Driving Instructions (only) 441 South Right Howell Rd Right Colt Last on Right

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 3300.00 _____Commercial OR ✓ Residential

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

Roof Area (For this Job) SQ FT 1200 Roof Pitch 3 /12, _____/12 Number of Stories 1

Is the existing roof being removed NO If NO Explain Singles - Install Metal

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) 29g. galvalume

Revised 5.20.21