

Columbia County Building Permit Application

Re-Roof's, Roof Repairs, Roof Over's

For Office Use Only Application # 62787 Date Received 9/28 By EW Permit # _____

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) RALPH LAVERDURE FAX _____ Phone 386 623-0178

Address 155 SW Prestige Way, Lake City FL

X Owners Name Sparks Construction : Design Inc Phone 386-623-0525

911 Address 426 SW Commerce Dr suite 130 Lake City

Contractors Name RALPH LAVERDURE RWL Roofing LLC Phone 386-623-0178

Address PO BOX 652, Lake City FL 32056

Contractors Email rwloroofingllc@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 20-4S-16-03079-025Subdivision Name SHADY OAKS WAY Lot 7 Block 3 Unit 2 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; UnventedFlashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-FlashingDrip Edge: (circle) Use Existing; Repair Existing; Replace AllValley Treatment: (circle) Use Existing; New Metal; New Mineral Surface NO VALLEYCost of Construction \$3000 labor _____ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT _____ Roof Pitch 4 /12, _____ /12 Number of Stories 1Is the existing roof being removed No If NO Explain Batten + New metal over existingType of New Roofing Product (Metal; Shingles; Asphalt Flat) Metal Revised 5.20.21