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

For Office Use Only Application # 0898 Date Received By 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
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Applicant (Who will sign/pickup the permit) Mary Carol Johnson Phone 386-397-4851
Address 8499 NW Lake Jeffery Rdi, Lake City, Pl 32055
Owners Name Thomas Bridges Phone 386-623-279
911 Address 517 SW Lynnwood Ave, Lake City Fl 32024
Contractors Name RCRA Johnson Roofing, Inc Phone 386-755-2377
Address 8499 NW LK Jeffery Rd., Lake City, R 32055
Contractors Email Johnsonlake City Qaol. com ***Include to get updates for this joi
Fee Simple Owner Name & Address
Bonding Co. Name & Address
Architect/Engineer Name & Address
Mortgage Lenders Name & Address
Property ID Number
Subdivision NameLot Block Unit Phase
Special Driving Instructions (only)
Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material ove
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 8300Commercial OR X Residential
Type of Structure (House; Mobile Home; Garage; Exxon) mobile home
Roof Area (For this Job) SQ FT
s the existing roof being removed N If NO Explain metal roof over
'ype of New Roofing Product (Metal; Shingles; Asphalt Flat) metal  Revised 5 20 2
Revised 5.20.2