

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

**For Office Use Only**    Application # \_\_\_\_\_ 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 \_\_\_\_\_

FAX \_\_\_\_\_

Applicant (Who will sign/pickup the permit) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Owners Name Paloma Hawey Phone \_\_\_\_\_

911 Address 204 SW Fedora way, Lake City, FL 32025

Contractors Name Lewis Walker Phone 866-959-7663

Address PO Box 2147, Lake City, FL 32056

Contractors Email permitting@Lewiswalkerroofing.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 \_\_\_\_\_

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 \_\_\_\_\_ Commercial OR Residential

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

Roof Area (For this Job) SQ FT \_\_\_\_\_ Roof Pitch \_\_\_\_\_/12, \_\_\_\_\_/12 Number of Stories \_\_\_\_\_

Is the existing roof being removed Yes If NO Explain \_\_\_\_\_

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) \_\_\_\_\_