

Roof Replacement or Repair Application #74277

Monday, November 17, 2025 12:19 PM



Checklist:

___ Address	___ Application Submitted	
___ Drive/ROW	___ Zoning Review	___ Legal Lot of Record
___ Septic	___ Plans Reviewed	___ Flood Zone
___ Site Use Approved	___ Required Inspections Assigned	___ FDEP Needed
___ Docs Reviewed/Accepted	___ Invoiced	

APPLICANT: TAYLOR SPENCER HOWARD

PHONE: 386-365-0605

ADDRESS: 307 SW CIRRUS DRLAKE CITY, FL 32025

OWNER: TAYLOR SPENCER HOWARD, TAYLOR SHANNA LEE

PHONE: 386-365-0605

ADDRESS: 307 SW CIRRUS DR LAKE CITY, FL 32025

PARCEL ID: 22-5S-17-09322-002

SUBDIVISION: LAKE CITY AIRPARK

LOT: 2 **BLOCK:** **PHASE:** **UNIT:** **ACRES:** 11.54

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
ROOFING JOB DETAILS			
Type Roofing Job			Overlay with Metal
Further Job Details (Explain if decking is being replaced and or Repairs are being done.)			
Type of structure			House
Further Structure Details (if needed)			
Total Estimated Cost			17500.00
Commercial or Residential			Residential
Roof Area (for this job) Sq Ft			
No. of Stories			1
Ventilation:			Ridge Vent
Flashing:			Replace with L-Flashing
Drip Edge:			Replace All
Valley Treatment:			New Mineral Surface
Roof Pitch			4:12 or Greater
Second Roof Pitch (if applicable)			
Any cable and/or race-way wiring located on or within the roof assembly?			No
Is the existing roof being removed?			Yes
Explain if not removing the existing roofing material?			
Type of New Roofing Product			Asphalt Shingles
Florida Product Approval Number			10124
Product Manufacturer			gaf
Product Description			timberline
Other Roofing Product Type Not Listed			

Sealed roof decking options: (Must select an option.)

two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type III or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.

Sealed roof decking explanation for other option.

Review Notes: