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

For Office Use Only Application # _____ Date Received _____ By _____ Permit # 49022
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) Robert Feasel Phone 386 961-2774
Address 537 SW Sable Ave L.C. Fl. 32024
Owners Name Donna Cordle Phone 386 288-2529
911 Address 529 SE Sharon Lake Lake City Fl. 32025
Contractors Name Robert Feasel Phone 386 961-2774
Address 537 SW Sable Ave L.C. Fl. 32024
Contact Email RobFeasel@gmail.com ***Updates will be sent here
FeeSimple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address _____
MortgageLenders Name & Address _____
Property ID Number _____
Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____
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 5,000.00 ☐ Commercial OR ☒ Residential
Type of Structure (House; Mobile Home; Garage; Exxon) _____
Roof Area (For this Job) SQ FT _____
Roof Pitch 4/12, 4/12 Number of Stories 1 Is the existing roof being removed NO If NO
Explain new metal Roofing over shingles
Type of New Roofing Product (Metal; Shingles; Asphalt Flat) _____