

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

For Office Use Only Application # 75601 Date Received _____ By _____ Permit # 55268
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) MaryCarol Johnson Phone 386-397-4851
Address 8499 NW LK Jeffery Rd, LC FL 32055
Owners Name Shawn & Beth Grady Phone 561-319-7246
911 Address 182 SW Amistad Gln, LC FL
Contractors Name RCRA Johnson Roofing Phone 386-755-2377
Address 8499 NW LK Jeffery Rd., Lake City FL 32055
Contact Email Johnsonlakecity@aol.com ***Updates will be sent here

FeeSimple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address _____
MortgageLenders Name & Address _____

Property ID Number 20-45-17-08666-013-L31966
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 20,000 Commercial OR Residential

Type of Structure (House); Mobile Home; Garage; Exxon) _____
Roof Area (For this Job) SQ FT 42

Roof Pitch 4 /12, _____/12 Number of Stories 1 Is the existing roof being removed y If NO

Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) GAF architect Revised 12/2023