Cosh

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

For Office Use Only Ap	oplication #	Date Received	By Per	rmit # 47 224.
	Date □ NO			
	m 🗆 Sub VF Form 🗆 O			
Comments				
			FAX	
Applicant (Who will sign/	pickup the permit) Ed	ugene Jeff	ENSON Phone 3	186) 752-0001
Applicant (Who will sign/) Address 721 N.E. (Center Ave.	Lake City, FI	4.32055 (386)697-6803
Owners Hume ///			I HOUG	1
911 Address 159	Labelle ter	r Lake gity	fL	
Contractors Name				
Address				
Contractors Email eyg	ene jefferson 19	50@ gmail. Com	***Include to	get updates for this job.
Fee Simple Owner Name				
Bonding Co. Name & Ad	dress			A
Architect/Engineer Name	& Address			
Mortgage Lenders Name	& Address			
Property ID Number				
Subdivision Name	7		Lot Block	Unit Phase
Special Driving Instruction	ns (only)			
Construction of (circle) R	eplacement-Tear off Exis	sting and Replace Over	lay with Metal Reco	over-New Material over
Existing; Partial Roof Repo	airs or Other			
Ventilation: (circle) Ridge	Vent; Off ridge vent; Po	wered Vent; Unvented		
Flashing: (circle) Use Exist				tep-Flashing
Drip Edge: (circle) Use Ex	isting; Repair Existing Re	place All)		
Valley Treatment: (circle)	Use Existing; New Metal	New Mineral Surface	-	
Cost of Construction		Com	mercial OR	Residential
Type of Structure (House)	Mobile Home; Garage; I	Exxon)		
Roof Area (For this Job) So	Q FT 1800	Roof Pitch 4 /12,	,/12 Nur	mber of Stories
ls the existing roof being in has Shingles	removed If NO Exp	lain Metal va	of overlay	Existing Vood
Type of New Roofing Prod		ohalt Flat)	V	Revised 5.20.21