

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

4

For Office Use Only Application # 55907 Date Received _____ By _____ Permit # 45104

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 _____

Applicant (Who will sign/pickup the permit) Robert Fensel FAX _____ Phone 386 961-2774

Address 537 SW Sable Ave L.C. FL 32024

Owners Name Doris m morton Phone 386 755-2243

911 Address 919 NW Indian shore Dr L.C. FL 32085

Contractors Name Robert Fensel Phone 386 961-2774

Address 537 SW Sable Ave L.C. FL 32024

Contractors Email RobFensel@gmail.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 30-35-17-05893-000 (26018)

Subdivision Name Highlands Lot 10 Block 2 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 \$8200 _____ Commercial OR ☒ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) _____

Roof Area (For this Job) SQ FT 1824 Roof Pitch 4/12, 4/12 Number of Stories 1

Is the existing roof being removed NO If NO Explain New metal Roof over the old
Shingle Roof

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