

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

For Office Use Only Application # 71778 Date Received _____ By _____ Permit # _____

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) Vickie Powell Phone _____

Address P.O. Box 366 Mayo FL 32066

Owners Name OSCAR GIBBONS Phone 386-288-4469

911 Address 1238 SW LEGION DR LAKE CITY FL 32024

Contractors Name POWELL & SONS ROOFING INC Phone 386 209-5198

Address P.O. Box 1422 Mayo FL 32066

Contact Email powellandsonsroofing@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 17451603051209

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 16 650 ☐ Commercial OR ☒ Residential

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

House Roof Area (For this Job) SQ FT 4100

Roof Pitch 5 /12, _____ /12 Number of Stories 1 Is the existing roof being removed YES If NO

Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) SHINGLES Revised 12/20