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

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	
pplicant (Who will sign/pickup the permit) Robest 09175	Phone 386-590-4611
1 2 5 112 DOM 1-1	
oddress 5,5 9016 Kist BIVE LIVE OOK FL	Phone 404-375-6074
Owners Name KO9CC lawton	CITYFL
11 Address 198 ne + reasure C+ lake	
Contractors Name Robil + 09/65	Phone S86-510-01
Address 505 gold Kist Blud IIV, DOM FL	
Contractors Email 09/25 Soofing Egminocon	***Include to get updates for this Jo
ee Simple Owner Name & Address	
Sonding Co. Name & Address	
Architect/Engineer Name & Address	
Mortgage Lenders Name & Address	
Property ID Number 28-35- 17-05768-000	
Subdivision Name	Lot Block _5_ Unit Phase
Special Driving Instructions (only)	
Construction of (circle) Replacement-Tear off Existing and Replace;	verlay with Metal; Recover-New Material ov
Existing; Partial Roof Repairs or Other	
Ventilation: (circle) Ridge Vent: Off ridge vent; Powered Vent; Unvente	
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 COST	Commercial OR Residential
Type of Structure (House; Mobile Home; Garage; Exxon)	1
Roof Area (For this Job) SQ FT 1500 59 FT Roof Pitch 4	
Is the existing roof being removed no II NO Explain 184 late	he + Metal over