Plans Examiner_____ Date_____ ☑ NOC ☐ Deed of 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) Glenn Keen Phone (386) 867-0156

Address 167 SE comet Court Lakecity, FL 32024

Owners Name Connie Kim Moore Phone 386-247-1332

911 Address 252 SW Wilson Springs Rd Ft. White, FL 32038

Contractors Name JASON ELIXSON Phone (386) 623-1741

Address 7490 CR D W 18 Lake Butler, FL 32054

Contractors Email KhframingAatt.net ***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 00-00-00-14466-000

Subdivision Name_____ Lot ____ Block ____ Unit ____ Phase ____

Special Driving Instructions (only) 47 south to Wilson's Springs Rd, Turn right

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 7900.00 _____Commercial OR ✓ _____Residential

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

Roof Area (For this Job) SQ FT 1500 sq ft Roof Pitch 4 /12, 4 /12 Number of Stories 1