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

For Office Use Only Application # 61574 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 _____

Applicant (Who will sign/pickup the permit) MARIO MERIDA

FAX _____

Phone 3522190686

Address 13419 NW 145 AVE ALACHUA FL 32615

Owners Name MARIO MERIDA

Phone 3522190686

911 Address 13419 NW 145 AVE ALACHUA FL 32615

1063 NE OTIS CT

Contractors Name _____

Phone _____

Address _____

Contractors Email LAWNGAINESVILLE@HOTMAIL.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 _____

Subdivision Name _____ Lot _____ Block _____ 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 5,000 _____ Commercial OR * ☒ Residential

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

Roof Area (For this Job) SQ FT 1,152 _____ Roof Pitch 4 /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 5.20.21