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

For Office Use Only Application # 64930 Date Received 4/16 By EW Permit # 49662

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) Delbert W. Smith Phone 386-365-7379

Address 4661 West SR 288 hwy Butler Fl 32054

Owners Name Delbert W. Smith Phone 386-365-7379

911 Address 8725 SW US Highway 27 32038

Contractors Name _____ Phone _____

Address _____

Contact Email delberts2015@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 29-68-16-03983-000

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 Replace old Tin - Galva beam

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 \$30,000 ☒ Commercial OR ☐ Residential

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

BAR AND RESTAURANT Roof Area (For this Job) SQ FT 3600

Roof Pitch 2 /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) Metal Galva beam Revised 12/2023