

ICATION

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

For Office Use Only Application # _____ 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) Robert Ogles Phone 904-386-1276

Address 505 GoldKist Blvd Live Oak FL 32064

Owners Name Walter Enman Phone 352 317 1835

911 Address 14479 SW SR47 Ft White FL 32038

Contractors Name Ogles Roofing & Const. LLC Robert Ogles Phone 386-590-4644

Address 505 GoldKist Blvd Live Oak FL 32064

Contractors Email Ogles Roofing@gmail.com ***Include to get updates for this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Property ID Number 10-65-16-03813-001

Subdivision Name N/A 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 14,000⁰⁰ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 4500 sq ft 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) _____

Revised 5.20.21