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

For Office Use Only Application # 71799 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) Vickie Powell Phone 249-386-5237

Address P.O. Box 1422 MAYO FL 32066

Owners Name LISA SHEPARD Phone 352-225-1174

911 Address 583 SW OLD LAKE CITY TERRACE LAKE CITY FL

Contractors Name POWELL & SONS ROOFING INC Phone 386 209-5198

Address P.O. BOX 1422 MAYO FL 32066

Contact Email powellandsonsroofing@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 _____

Subdivision Name _____ Lot ____ Block ____ Unit ____ Phase

Construction of (circle) Replacement-Tear off Existing and Replace; (Overlay with Metal); Recover-New Material ov

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 13,250 00 ☐ Commercial OR ☒ Residential

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

2900 Roof Area (For this Job) SQ FT 2900

Roof Pitch 4 /12, ____ /12 Number of Stories 1 Is the existing roof being removed NO If NO

Explain ROOF OVERLAY

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) _____ Revised 12/2(