

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

For Office Use Only Application # 71846 Date Received _____ By _____ Permit # 53497

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) Jessica M. Wilson Phone 352-888-4676

Address _____

Owners Name Marie Cadet Phone 386-965-3660

911 Address 170 SW Wood Duck Ct Lake City, FL 32024

Contractors Name TMT Roofing LLC Phone 352-888-4676

Address 295 NW Commons Tp Ste 115-315 Lake City, FL 32055

Contact Email TMTRoofingLLC@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 33-35-16-02434-015

Subdivision Name Cypress Lake Lot 15 Block A Unit _____ Phase _____

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 \$25,400 ☐ Commercial OR ☒ Residential

Type of Structure House Mobile Home; Garage; Exxon)

House Roof Area (For this Job) SQ FT 60295

Roof Pitch 8 /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 12/2023