

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

For Office Use Only Application # 56382 Date Received 9/7 By MG 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) Troy Aschendorf FAX _____
Address 24729 NE St Rd 26 Melrose FL Phone 352-777-6566

Owners Name Cynthia Carson Phone 386-752-9455
911 Address 1853 SW Packard St. L.C. Fla.

Contractors Name Florida Roofing Co Phone 800-674-3017
Address Troy@Flr 651 Bryant Rd Palm Bay FL 32908

Contractors Email Troy@FloridaRoofingCo.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 11,000 _____ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 22 _____ Roof Pitch 4 /12, _____ /12 Number of Stories _____

Is the existing roof being removed _____ If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) _____ Revised 5.20.21