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

For Office Use Only Application # 63486 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 _____

Applicant (Who will sign/pickup the permit) Mike J McCranie FAX _____
Address 1098 NW Frontier DR Lake City FL 32055 Phone 386-280-1098

Owners Name Mike J McCranie Phone 386-280-1098

911 Address 1098 NW Frontier DR Lake City FL 32055

Contractors Name _____ Phone _____

Address _____

Contractors Email ~~msjma~~ msjma@insuredbymar.com ***Include to get updates for this job.

Fee Simple Owner Name & Address Michael J. McCranie, Glaser L McCranie
295 NW CORRAIS LOOP, LAKE CITY, FL

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Property ID Number 26-38-16-02308-091

Subdivision Name Fairway View Lot 14 Block _____ Unit 4 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 12,750.00 Commercial ☐ OR ☒ Residential

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

Roof Area (For this Job) SQ FT 3860 Roof Pitch 6 /12, _____ /12 Number of Stories 1

Is the existing roof being removed ☐ If NO Explain 1x4 Perlins install over shingles

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