

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

For Office Use Only Application # 61403 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) Vickie Durrance FAX \_\_\_\_\_ Phone 386 965 0457

Address 258 SW Creekside Lane Lake City FL 32025

Owners Name Vickie Durrance Phone 386 965 0457

911 Address Same

Contractors Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contractors Email Vickie-johns@yahoo.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 12-45-16-02939-106

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 \$9000 \_\_\_\_\_ Commercial OR X Residential

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

Roof Area (For this Job) SQ FT 3500 Roof Pitch 6/12, \_\_\_\_\_/12 Number of Stories 1

Is the existing roof being removed YES If NO Explain \_\_\_\_\_

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