

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

For Office Use Only Application # 69174 Date Received _____ By _____ Permit # 52171

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) Michael Boyle **Phone** 870-703-5693

Address 4322 SW County Road 242 Lake City, FL 32024

Owners Name Michael Boyle **Phone** 870-703-5693

911 Address 4322 SW County Road 242 Lake City FL 32024

Contractors Name _____ **Phone** _____

Address _____

Contact Email Boylem89@yahoo.com ***Updates will be sent here

FeeSimple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

MortgageLenders Name & Address _____

Property ID Number 29-45-16-03236-101

Subdivision Name _____ **Lot** _____ **Block** _____ **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 \$ 9,000 ☐ Commercial OR ☒ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) House **Roof Area (For this Job) SQ FT** 2272

Roof Pitch 6/12, 6/12 **Number of Stories** 1 **Is the existing roof being removed** NO If NO

Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Metal Revised 12/2023