

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

**For Office Use Only**    Application # \_\_\_\_\_ 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 \_\_\_\_\_

FAX \_\_\_\_\_

Applicant (Who will sign/pickup the permit) Robert Fensel Phone 386 961 2774

Address 537 SW Sable Ave Lake City FL 32024

Owners Name Edward Kirby Phone 386 965-5119

911 Address 322 SW Stonehenge LN Lake City FL 32024

Contractors Name Robert Fensel Phone 386 961-2774

Address 537 SW Sable Ave Lake City FL 32024

Contractors Email Robfensel@gmail.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 23-45-16-03099-205

Subdivision Name StoneHenge Lot 5 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase 2

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 \$16,000.00 Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 3986 Roof Pitch 6 /12, 6 /12 Number of Stories 1

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

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