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

For Office Use Only Application # 49110 Date Received 4/22 By MG Permit # 41787
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) Adan Macias FAX _____
Address 549 NW Amanda St. , Lake City, FL 32055 Phone 863-661-4740
Owners Name Adan Macias Phone 863-661-4740
911 Address 549 NW Amanda St Lake City, FL 32055
Contractors Name N/A Phone N/A
Address N/A
Contractors Email Adan@sinfine.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 27-35-16-02320-000
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 Material = \$6,000 Commercial OR ☒ Residential
Type of Structure (circle) House; Mobile Home; Garage; Exxon) House
Roof Area (For this Job) SQ FT 4,670.34 Roof Pitch 4 /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) Shingles