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

For Office Use Only Application # 557/1 Date Received	ByPermit # <u>44992</u>
Plans Examiner Date □ NOC □ Deed or PA □ Contracto	The state of the s
☐ Product Approval Form ☐ Sub VF Form ☐ Owner POA ☐ Corporation Do	oc's and/or Letter of Auth.
Comments	
	FAX
Applicant (Who will sign/pickup the permit) Robert 29/45	Phone 386-190-4611
Address 505 Sold Kist BIND jive Oak	11010
Owners Name Olisa Properties LLC	
911 Address 872 5 marion ove lake Citx	
Contractors Name Robert 09/25	Phone 386-590-4611
Address 505 gold Kist BIVD live ook	
Contractors Email 09Ks Coofing @ 9 majucon	
Bonding Co. Name & Address Architect/Engineer Name & Address	
Architect/Engineer Name & Address	
Architect/Engineer Name & Address	
Property ID Number 05 - 45 - 17 - 14234 - 206	
Subdivision NameLot	Block Unit Phase
Special Driving Instructions (only)	
Construction of (circle) Replacement-Tear off Existing and Replace; Overlay w	ith 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 5, 800.20Commerc	ial ORResidential
Type of Structure (House) Mobile Home; Garage; Exxon)	
Roof Area (For this Job) SQ FT 3800 GFz Roof Pitch $9/12$, Is the existing roof being removed $10/12$ If NO Explain $10/12$	/12 Number of Stories
Is the existing roof being removed $\frac{n_0}{N}$ If NO Explain $\frac{1}{N}$ If $\frac{1}{N}$	Metal over
Type of New Roofing Product (Metal) Shingles; Asphalt Flat) Metal	Revised 5.20.21