

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

**For Office Use Only** Application # \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # 49024

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 SAIZRE AVE Lake city FL 32024

Owners Name Debra L. Capozzi Phone (386) 288-3856

911 Address 111 SW Greenbrier Ct Lake city FL 32024

Contractors Name Robert Fensel Phone 386 961-2774

Address 537 SW SAIZRE AVE Lake City FL 32024

Contact Email RobFensel@gmail.com \*\*\*Updates will be sent here

FeeSimple Owner Name & Address \_\_\_\_\_

Bonding Co. Name & Address \_\_\_\_\_

Architect/Engineer Name & Address \_\_\_\_\_

MortgageLenders Name & Address \_\_\_\_\_

Property ID Number 0945-16-02824-600

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 6300.00 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 1405<sup>sq ft</sup>

Roof Pitch 4/12, 4/12 Number of Stories 1 Is the existing roof being removed yes If NO Explain \_\_\_\_\_

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