

\$104.00
paid cash

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

For Office Use Only Application # 57003 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 _____

Applicant (Who will sign/pickup the permit) Juan Artica FAX _____
Address 21653 S us Hwy 441 High Spring FL 32643 Phone 386-965-5572
Owners Name J.L. Davis Phone 386-965-5572
911 Address 133 SW CR 178, High Springs, FL 32643
Contractors Name Owner Phone _____
Address _____

~~Contractors~~ Email wilherartica@icloud.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 _____

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 Other

Flashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing N/A

Drip Edge: (circle) Use Existing; Repair Existing; Replace All

Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface

Cost of Construction 8000 dollars _____ Commercial OR _____ Residential

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

Roof Area (For this Job) SQ FT 1,100 Roof Pitch 4 /12, _____ /12 Number of Stories _____

Is the existing roof being removed ☒ If NO Explain _____

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