

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

15.4.66

For Office Use Only Application # 70902 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) Vickie Powell FAX _____
Phone 386 249 5837

Address P.O. Box 1422 Mayo FL 32066

Owners Name FRANK TONETTI Phone 438-9287

911 Address 151 S W WILTSHIRE COURT LAKE CITY FL 32024

Contractors Name POWELL SONS ROOFING INC Phone 386-209-5198

Address P.O. Box 366 Mayo FL 32066

Contact Email powellandsonsroofing@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 234 51 60 3099 203

Subdivision Name STONE HEDGE 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 18,800 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 4000 SQ FT

Roof Pitch 6 /12, _____ /12 Number of Stories 1 Is the existing roof being removed _____ If NO

Explain PURPOSE 1"x4"s METAL OVERLAY

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