Roof Replacement or Repair Application #74136

Tuesday, November 4, 2025 12:48 PM

Checklist:

____Address	____Application Submitted	
____Drive/ROW	____Zoning Review	____Legal Lot of Record
____Septic	____Plans Reviewed	____Flood Zone
____Site Use Approved	____Required Inspections Assigned	____FDEP Needed
____Docs Reviewed/Accepted	____Invoiced	

APPLICANT: Robert Ogles **PHONE:** (386) 364-4838

ADDRESS: 505 Goldkist BLVD, Live Oak, FL 32064

OWNER: WHEATON DOROTHY M **PHONE:** (386) 288-9325

ADDRESS: 272 SW BLUFF DR FORT WHITE, FL 32038

PARCEL ID: 18-7S-16-04236-018 **SUBDIVISION:** CEDAR SPRING SHORES

LOT: 41 **BLOCK:** **PHASE:** **UNIT:** **ACRES:** 1.09

CONTRACTOR	TYPE	LIC#	BUSINESS NAME
Robert Ogles	General	CCC1328699	Ogles Roofing & Construction LLC

ROOFING JOB DETAILS	
Type Roofing Job	Replacement - Tear off Existing and Replace
Further Job Details (Explain if decking is being replaced and or Repairs are being done.)	
Type of structure	House
Further Structure Details (if needed)	
Total Estimated Cost	17900
Commercial or Residential	Residential
Roof Area (for this job) Sq Ft	3500
No. of Stories	1
Ventilation:	Ridge Vent
Flashing:	Replace All
Drip Edge:	Replace All
Valley Treatment:	New Mineral Surface
Roof Pitch	4:12 or Greater
Second Roof Pitch (if applicable)	
Any cable and/or race-way wiring located on or within the roof assembly?	No
Is the existing roof being removed?	Yes
Explain if not removing the existing roofing material?	
Type of New Roofing Product	Asphalt Shingles
Florida Product Approval Number	FL10124-R35
Product Manufacturer	GAF
Product Description	GAF Timberline HDZ
Other Roofing Product Type Not Listed	

Sealed roof decking options: (Must select an option.)	two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type Ill or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.
Sealed roof decking explanation for other option.	

Review Notes: