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

Re-Roof S, Roof Repairs, Roof Over's
For Office Use Only Application # 5358 Date Received By MG Permit # 43740
Plans Examiner Date NOC Deed or PA Gontractor Letter of Auth. FW Comp. letter
Product Approval Form — Sub VF Form — Owner POA — Corporation Doc's and/or Letter of Auth.
Comments
FAX 386 244-3769
Applicant (Who will sign/pickup the permit) WALLACE POWELL Phone 386-209-5198
Address P.O. Box 1422 Mayo FLA 32066
Owners Name THOMAS JANSEN Phone 984-7778
911 Address 136 SE IBIS WAY LAKE CITY FLA
Contractors Name FOWELL & SONS POOFING TIC Phone 386-209-5198
Address P-O. BOX 1422 MAYO FLA 32066
Contractors Email VCP 63 & Cloud - 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 03-45-17-07591-662
Subdivision Name EASTSIDE VICCAGE Lot 2 Block F 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
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 8 200Commercial ORResidential
Type of Structure (House; Mobile Home; Garage; Exxon) SINGLE FAMILY
Roof Area (For this Job) SQ FT 2600 Roof Pitch 5/12,/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