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

For Office Use Only	Application #	Date Received	By Permit # <u>4485</u> 2
Plans Examiner	Date □ NO	C Deed or PA Contrac	ctor Letter of Auth. □ F W Comp. letter
	Form   Sub VF Form   O		
Comments			
			FAX
Applicant (Who will si	an/pickup the permit) Ma	ry Carol Johnso	n Phone 384-397-485
Address 8499 N	IWLK Jeffery	Rd, Lake Cit	n Phone 384-397-485
			Phone 386-288-2311
911 Address <u>571</u>	SW Godbold Au	CLCFC 3202	4
Contractors Name $\underline{R}$	ICRA Johnson	Roofing, Dic	2 Phone 386-755-2317
Address 84991	VWLK. Jeffery	Rd. Lake city	Phone 386-755-2317 PL 32055
			***Include to get updates for this job.
Fee Simple Owner Na	me & Address		
Bonding Co. Name &	Address		
Architect/Engineer No	ame & Address		
Mortgage Lenders No	ame & Address		
Property ID Number	11-45-15-0033	36-005	
Subdivision Name		lo	t Block Unit Phase
Special Driving Instruc	ctions (only)		
Construction of (circle	e) Replacement-Tear off Exis	ting and Replace; Overlay	with Metal; Recover-New Material over
Existing; Partial Roof R	epairs or Other		
Ventilation: (circle) Ric	dge Vent; Off ridge vent; Pov	vered Vent; Unvented	
Flashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-Flashing			
Drip Edge: (circle) Use	e Existing; Repair Existing; Re	place All	
Valley Treatment: (circle) Use Existing; New Metal; New Mineral Surface			
Cost of Construction _	12,705	Comme	ercial OR <u>X</u> Residential
Type of Structure (Hou	se; Mobile Home; Garage; E	exxon) House	· · · · · · · · · · · · · · · · · · ·
Roof Area (For this Job	o) SQ FT <u>35</u>	Roof Pitch/12,	/12 Number of Stories
ls the existing roof bei	ng removed If NO Exp	ain	
Type of New Roofing P	Product (Metal; Shingles; Asp	halt Flat) Arch.	Shingles Revised 5.20.21