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

For Office Use Only Application # 13802 Date Received _____ By _____ Permit # 48967

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 _____

FAX _____

Applicant (Who will sign/pickup the permit) Brett Brookins **Phone** 786-325-220

Address 2043 NW Combs Terrace Lake City FL 32055

Owners Name Brett D. Brookins **Phone** 786-325-2205

911 Address 3244 NW Suwannee Valley RD Lake City FL. 32055

Contractors Name _____ **Phone** _____

Address _____

Contact Email bbrookinsretired@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 01788-003

Subdivision Name _____ **Lot** ____ **Block** ____ **Unit** ____ **Phase** ____

2 **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 N/A

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 NA

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

Cost of Construction 9300 ☐ Commercial OR ☒ Residential

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

1295 **Roof Area** (For this Job) SQ FT 1295

Roof Pitch 3 /12, ____/12 **Number of Stories** 1 **Is the existing roof being removed** Yes **If NO**

Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) metal

Revised 12/2023