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

For Office Use Only Application # 622 69 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
FAX
Applicant (Who will sign/pickup the permit) Robert Feasec Phone (386) 961-2774
Address 537 SWSABre Ave LAKE CITY F1. 32024
Owners Name Tody men: 11an Phone
911 Address 300 SW VILA of L.C. FI 32024
Contractors Name Robert Feasel Phone (386) 961-2774  Address 537 SW SABRE AVE LAKE City F1. 32024
Contractors Email Rob Feaser @ gmAil . 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 <u>03-45-77-07592-637</u>
Subdivision Name <u>EASTSIDE VILAGE</u> Lot 7 Block <u>E</u> Unit <u>6</u> 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
Type of Structure (House: Mobile Home; Garage; Exxon)
Roof Area (For this Job) SQ FT/840 Roof Pitch5/12,5/12 Number of Stories/
Is the existing roof being removed Yes If NO Explain
Type of New Roofing Product (Metal/Shingles: Asphalt Flat)  Revised 5 20.21