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

For Office Use Only Application # 54751 Date Received 5/10 By Ew Permit # 443 94
Plans Examiner Date 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 386-294-3169
Applicant (Who will sign/pickup the permit) WHUARE POWER Phone 386-209-5198
Address P.O. Box 1422 MAYO FLA 32066
Owners Name MOZELL BELL Phone 386-361-1542
911 Address 320 NE ALPHA TERRACE LAKE CITY FO
Contractors Name Powere & SARS POORING TWC Phone 386-209-5198
Address f.O. Box L'ER MAGO FLA 32066
Contractors Email Vcl 63 & i 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
Subdivision Name Lot Block 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 Venti 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 ConstructionCommercial ORResidential
Type of Structure (House; Mobile Home; Garage; Exxon) _ 5 in the family
Roof Area (For this Job) SQ FT $\frac{1500}{1200}$ Roof Pitch $\frac{4}{1200}$ Number of Stories $\frac{1}{1200}$
Is the existing roof being removed If NO Explain FOOF OVERLAY