

Columbia County Building Permit Application

Re-Roof's, Roof Repairs, Roof Over's

For Office Use Only Application # 42762 Date Received 9/16 By [Signature] 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 _____

Applicant (Who will sign/pickup the permit) JOHN GRENDAL FAX _____
Phone 386-258-3069Address 302 SE Sable Lane Lake City, FL 32025Owners Name JOHN GRENDAL Phone 386-258-3069911 Address Same as AboveContractors Name JOHN GRENDAL Phone 386-258-3269Address Same as AboveContractors Email gren1116@bellsouth.net ***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 03.45.17.07570.107Subdivision Name SUZANNE Lot 1 Block _____ Unit 5 Phase _____

Special Driving Instructions (only) _____

Construction of (circle) Replacement-Tear off Existing and Replace; Overlay with Metal; Recover-New Material overExisting; Partial Roof Repairs or Other total roof replacementVentilation: (circle) Ridge Vent; Off ridge vent; Powered Vent; UnventedFlashing: (circle) Use Existing; Repair Existing; Replace All; Replace w/L-Flashing; Replace w/step-FlashingDrip Edge: (circle) Use Existing; Repair Existing; Replace AllValley Treatment: (circle) Use Existing; New Metal; New Mineral SurfaceCost of Construction 14,600 (10,000 materials) Commercial OR X ResidentialType of Structure (House; Mobile Home; Garage; Exxon) HouseRoof Area (For this Job) SQ FT 39 squares Roof Pitch 6/12 /12 Number of Stories 1Is the existing roof being removed X If NO Explain _____Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Architectural Revised 5.20.21