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

For Office Use Only Application # 62026 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) William J McLaughlin III **Phone** 352-871-0881

Address 105 SW Crow Ter, Fort White FL 32038

Owners Name ~~William J McLaughlin III~~ William McLaughlin III **Phone** 352-871-0881

911 Address 105 SW Crow Ter, Fort White FL 32038

Contractors Name _____ **Phone** _____

Address _____

Contractors Email william.mclaughlin03@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 _____

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 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 3650.00 _____ **Commercial** ☐ **OR** ☒ **Residential**

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

Roof Area (For this Job) SQ FT 1200 **Roof Pitch** 6 /12, _____ /12 **Number of Stories** 1

Is the existing roof being removed NO **If NO Explain** Metal Over Shingle

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Shingles Revised 5.20.21