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

For Office Use Only Application & 5430 Date Received	By Permit #
Plans Examiner Date NOC Deed or PA Contracted Product Approval Form Sub VF Form Owner POA Corporation Decomments	
	FAX
Applicant (Who will sign/pickup the permit) Robert 09165	
Address 505 901 Kist BIVY 11VLOOK FL 32064 Owners Name BSIMPLE INVESTMENT PLOPERTIES	
911 Address 2170 NW turner ave lowe (it)	
Contractors Name Robest 09175	Phone 381-580-4611
Address 505901dKiST BIVE LIVE OOK FL	
Contractors Email 091e5 (noting @gmil.com	_***Include to get updates for this job
ee Simple Owner Name & Address	
onding Co. Name & Address	
rchitect/Engineer Name & Address	
Mortgage Lenders Name & Address////	
roperty ID Number 21-35-16-02215-016	
Subdivision NameLot	Block Unit Phase
pecial Driving Instructions (only)	
construction of (circle) Replacement-Tear off Existing and Replace: Overlay	with Metal, Recover-New Material ove
xisting; Partial Roof Repairs or Other	
entilation: (circle) Ridge Vent; Off ridge vent; Powered Vent; Unvented	
lashing: (circle) Use Existing: Repair Existing Replace All; Replace w/L-Flashi	ng; Replace w/step-Flashing
rip Edge: (circle) Use Existing; Repair Existing; Replace All	
alley Treatment: (circle) Use Existing; New Metal; New Mineral Surface	
cost of Construction 1, 900.00Comme	rcial ORResidential
pe of Structure (House; Mobile Home; Garage; Exxon) Mobile he	<u>ne</u>
oof Area (For this Job) SQ FT 2.4 0 0 5 9 FL Roof Pitch 3 /12, _	/12 Number of Stories
the existing roof being removed If NO Explain _ loof over	With IXY lathe
over of New Roofing Product (Metal; Shingles; Asphalt Flat) Mto	Revised 5.20