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

	For Office Use Only Application # 54076 Date Received 3123 By EW Permit # 43988
	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) John Thrasher Phone 386-365-4870
	Address
	Owners Name John & Teresa Thrasker Phone 386-365-4870
X	911 Address 146 NW Daughtry Gln. Lake City, FL 32055
	Contractors NamePhone
	Address
R	Contractors Email
ľ	Fee Simple Owner Name & Address
	Bonding Co. Name & Address
	Architect/Engineer Name & Address
	Mortgage Lenders Name & Address
	Property ID Number
	Subdivision Name Emerald Lakes 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 12, 500Commercial ORResidential
	Type of Structure (House; Mobile Home; Garage; Exxon)
*	Roof Area (For this Job) SQ FT
	Is the existing roof being removed If NO Explain Existing Toof will not be removed will
	Roof Area (For this Job) SQ FT 2300 Roof Pitch 5/12,/12 Number of Stories Is the existing roof being removed If NO Explain Existing Toof will not be removed will be overlayed w/ Metal - existing roof less than 20 years old
	Type of New Roofing Product (Metal; Shingles; Asphalt Flat) Metal Revised 5.20.21