

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

For Office Use Only Application # _____ 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 _____

Applicant (Who will sign/pickup the permit) Kara Arendall FAX _____
Phone 904-235-5224

Address 5352 Highway Ave, Jacksonville FL 32254

Owners Name Daxa patel

Phone _____

911 Address 293 SW Green Acres Way, Lake City FL 32024

Contractors Name Alton Roofing Services LLC

Phone 904-235-5224

Address 5352 Highway Ave, Jacksonville FL 32254

Contractors Email alton@altonroofing.com

***Include to get updates for this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Property ID Number 33-35-16-02434-107 (9689)

Subdivision Name Cypress Lake Lot 7 Block _____ Unit _____ Phase 2

Driving Directions _____

Construction of (circle) Re-Roof Roof repairs - Roof Overlay or Other _____

Cost of Construction \$43,224.99 Commercial OR ☒ Residential

Type of Structure (House; Mobile Home; Garage; Exon) Single family

Roof Area (For this Job) SQ FT 74 Roof Pitch 9 /12, _____ /12 Number of Stories 1

Is the existing roof being removed ☒ No ☐ If NO Explain Tear off current shingles & Re-Roof with new Shingles. Decking stays unless rotten wood present, if needed in area

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) FL10674-R16

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. **CODE: 2014 Florida Building Code.**

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TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

Daxa patel

Print Owners Name

Owners Signature

****Property owners must sign here before any permit will be issued.**

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Contractor's Signature

Contractor's License Number CCC1333527

Columbia County

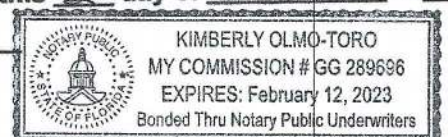
Competency Card Number 002652

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 2nd day of December 20 22

Personally known X or Produced Identification

State of Florida Notary Signature (For the Contractor)

SEAL:



Residential Building Permit Application

Florida Building Codes 7th Edition (2020), 2017
National Electrical Code (NEC)
Florida Fire Prevention Code 7th Edition (2020)

Date Completed _____ Permit Number _____

Submit to the Office of Growth Management

Permit Fee: _____

Date Paid: _____

Receipt #: _____

- If Demolition, use separate city Demolition Permit Application.
- If Manufactured Home, use separate city Manufactured Home Applications.
- If a Driveway, requires Zoning Driveway Application in addition to this application.
- A travel trailer shall not be used as a residence – no utilities may be extended to such, etc.
- Single-family homes shall not be converted into a duplex or multi-family without zoning approval.
- All new housing requires zoning review and approval prior to permit application.

PERMIT TYPE (please check as needed)

| | |
|---|---|
| <input type="checkbox"/> NEW ELECTRICAL SERVICE <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE <input type="checkbox"/> ELECTRICAL ALTERATION / REWIRING | <input type="checkbox"/> MECHANICAL / HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> ADA / HANDICAPPED RAMP <input type="checkbox"/> GAS – LP _____ NATURAL _____ |
| <input type="checkbox"/> ADDITION (LIVING SPACE) TO A RESIDENCE <input type="checkbox"/> AWNING / PORCH / COVERED DECK ATTACHED TO A RESIDENCE <input type="checkbox"/> INTERIOR ALTERATION / RENOVATION TO A SINGLE-FAMILY RESIDENCE | <input type="checkbox"/> UNCOVERED DECK, PATIO, SLAB <input type="checkbox"/> DETACHED ACCESSORY BUILDING / SHED, GARAGE, CARPORT, ETC. <input type="checkbox"/> POOL AND/OR POOL SCREEN ENCLOSURE <input type="checkbox"/> FENCE (subject to LDR 4.2.10 requirements) |
| <input type="checkbox"/> MODULAR HOME <input type="checkbox"/> NEW CONVENTIONAL STICK-BUILT HOME | <input type="checkbox"/> MOVING OF BUILDING OR STRUCTURE <input type="checkbox"/> SLAB WITH FOOTERS |
| <input type="checkbox"/> WINDOWS <input type="checkbox"/> DOORS <input type="checkbox"/> SIDING <input type="checkbox"/> DRIVEWAY (For ANY access to a City street) | <input type="checkbox"/> RE-ROOF (TEAR-OFF) <input type="checkbox"/> ROOF-OVER <input type="checkbox"/> SHINGLES <input type="checkbox"/> METAL ROOF |
| <input type="checkbox"/> UTILITY WORK OR CONNECTIONS | <input type="checkbox"/> IRRIGATION METER OR WELL |
| | <input type="checkbox"/> OTHER (LIST) |

THIS SECTION TO BE COMPLETED BY APPLICANT

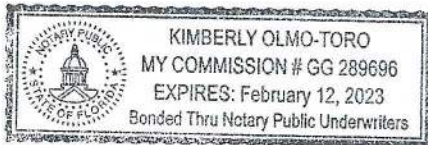
E-MAIL ADDRESS OF PROPERTY OWNER AND CONTRACTOR REQUIRED

1) Title Holder/ Property Owner Information (Considered applicant unless a contractor is named)

Name: Dennis Alton Phone: 904-235-5224

2) Mailing Address: 5352 Highway Ave, Jacksonville e-mail: alton@altonroofing.com
FL 32254

(NOTARY SEAL or STAMP)



Kimberly Olmo
Signature of Notary

Kimberly Olmo
Printed Name of Notary

PROPERTY OWNER or OWNER AGENT (if different): Daxa patel Date 10/20/2022

Signature of Property Owner or Owner Agent Daxa Patel Date 10/20/2022
(if different from Applicant)

STATE OF FLORIDA
COUNTY OF COLUMBIA

I hereby certify that on this day, Daxa Patel personally appeared before me, by means
of X physical presence or online notarization, who is personally known to me or who
has produced FDL P340-177-58-741-0 as identification, who is the person described in and
who executed the foregoing instrument and who acknowledged before me that they executed the same for the
uses and purposes therein expressed.

Witnessed by my hand and official seal, this 20th day of October, 2022

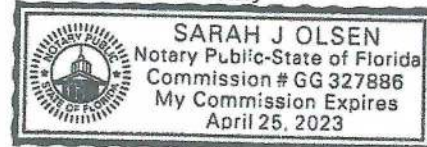
(NOTARY SEAL or STAMP)

Sarah J Olsen
Signature of Notary

Sarah J Olsen

Printed Name of Notary

Personally Known OR Produced Identification FDL
Type of Identification Produced P340-177-58-741-0

**TO BE COMPLETED BY CITY STAFF**

PROPERTY ZONING: FLOOD
ZONE:

APPROVALS:

Gas Service: Water Service: City Sewer Service

allowable).

(Check with Growth Management to see if Septic is

Flood Zone or Storm Drainage: Zoning
Dept.:

Building Official: