

104.00

Columbia County Building Permit Application

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

For Office Use Only Application # 59130 Date Received _____ By _____ Permit # 46538

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) Joey Wayne Adams FAX _____
Address 839 SW Howell St Lake City FL 32024 Phone 386-438-0599

Owners Name Joey Wayne Adams Phone 386-438-0599

911 Address 839 SW Howell St Lake City FL 32024

Contractors Name _____ Phone _____

Address _____

Contractors Email Waynes-Carpent@yahoo.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 12000 Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 3400 Roof Pitch 4 /12, _____ /12 Number of Stories 1

Is the existing roof being removed yes If NO Explain _____

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