

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

For Office Use Only Application # 49607 Date Received 10/11 By mg Permit # 42131
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) Mary Kolovitz FAX _____
Address 277 NW Rhoden Gln Lake City, FL 32055 Phone 386-719-9934

Owners Name Mary & Michael Kolovitz Phone 386-719-9934
911 Address 277 NW Rhoden Gln Lake City, FL 32055

Contractors Name Owner Builder Phone 386-719-9934
Address 277 NW Rhoden Gln Lake City, FL 32055

Contractors Email michael_kolovitz_655@hotmail.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 20-3S-16-02207-005

Subdivision Name Lakewood Acres Lot 11/12 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 Overlay with Metal

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 8674.09 _____ Commercial OR XX Residential

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

Roof Area (For this Job) SQ FT 3328 Roof Pitch _____/12, _____/12 Number of Stories 1

Is the existing roof being removed _____ If NO Explain _____

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) _____ Revised 3.31.21