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

For Office Use Only Application & 5430\ Date Received	ByPermit #
Plans Examiner Date NOC Deed or PA Con	
Product Approval Form D Sub VF Form D Owner POA D Corporation Doc's and/or Letter of Auth.	
Comments	
	FAX
Applicant (Who will sign/pickup the permit) Robert 09145	
Address 505 gold KIST BIVY I'V COM FL 32	
Owners Name BSIMPLE INVESTMENT PLOPERTIE	Phone 352 - 443 - 3139
111 Address 2170 NW turner are lower	ity FL
Contractors Name Robest 09145	Phone 384-580-4611
Address 5059011Kist BIVA LIVE OOK F	_
contractors Email 09/e5 100+ ing @ gmail.com	***Include to get updates for this job
ee Simple Owner Name & Addressonding Co. Name & Address	
onding Co. Name & Address	
rchitect/Engineer Name & Address	
lortgage Lenders Name & Address	
roperty ID Number 21-35-16-02215-016	
Subdivision Name	Lot Block Unit Phase
pecial Driving Instructions (only)	
onstruction of (circle) Replacement-Tear off Existing and Replace: Ov	erlay with Metal, Recover-New Material over
cisting; Partial Roof Repairs or Other	
entilation: (circle) Ridge Vent; Off ridge vent; Powered Vent; Unvented	
ashing: (circle) Use Existing; Repair Existing Replace All, Replace w/L-	Flashing: Replace w/step-Flashing
rip Edge: (circle) Use Existing; Repair Existing Replace All	
alley Treatment: (circle) Use Existing New Metal; New Mineral Surface	
Mr A	ommercial ORResidential
pe of Structure (House; Mobile Home; Garage; Exxon) 100611	home
pof Area (For this Job) SQ FT 2,4 00 5 2 F4 Roof Pitch 3	12,/12 Number of Storles
the existing roof being removed If NO Explain _ Coof oV	er with 1x4 lathe
over	
pe of New Roofing Product (Metal; Shingles; Asphalt Flat) Mto	Revised 5.20