

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

For Office Use Only Application # \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # 50373

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) Robert Fensel Phone 386 961 2774

Address 537 SW SABRE AVE L.C. FL. 32024

Owners Name Michael K Willcox Phone (386) 755-7900

911 Address 205 SW PILOTS WAY INKE CITY FL. 32024

Contractors Name Robert Fensel Phone 386 961 2774

Address 537 SW SABRE AVE L.C. FL. 32024

Contact Email RobFensel@gmail.com \*\*\*Updates will be sent here

FeeSimple Owner Name & Address \_\_\_\_\_

Bonding Co. Name & Address \_\_\_\_\_

Architect/Engineer Name & Address \_\_\_\_\_

MortgageLenders Name & Address \_\_\_\_\_

Property ID Number 11-45-16-02911-118

Subdivision Name may Fair Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

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 14,600.00 ☐ Commercial OR ☒ Residential

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

Roof Area (For this Job) SQ FT 3007 sq ft

Roof Pitch 6 /12, 6 /12 Number of Stories 1 Is the existing roof being removed yes If NO

Explain \_\_\_\_\_

Type of New Roofing Product (Metal; Shingles; Asphalt Flat) \_\_\_\_\_ Revised 12/2023