

**CITY OF TATUM**

680 Crystal Farms Rd  
P.O. Box 1105  
Tatum, Texas 75691  
Phone - 903 947-2260  
Fax - 903 947-2680

Permit Number \_\_\_\_\_

Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Permit Fee: **\$50.00 – No structural or deck replacement**  
Permit Fee: **\$100.00 – With structural or deck replacement**

**ROOFING PERMIT**  
**PROPERTY OWNER INFORMATION**

Name : \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Business (if applicable): \_\_\_\_\_

Business Phone \_\_\_\_\_ Email address: \_\_\_\_\_

**CONTRACTOR**

Company Name: \_\_\_\_\_ Office Phone # \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact # \_\_\_\_\_

Email: \_\_\_\_\_

Liability Insurance on File with City of Tatum **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**LOCATION OF PROJECT**

Name of Business/Owner: \_\_\_\_\_

Address/Location: \_\_\_\_\_

**DESCRIPTION OF WORK/JOB**

Shingles only YES \_\_\_\_\_ NO \_\_\_\_\_ How many layers of Roofing: \_\_\_\_\_

Structural or Deck Replacement YES \_\_\_\_\_ NO \_\_\_\_\_

Type of Roofing Material/Shingles \_\_\_\_\_ Brand Name of Shingles: \_\_\_\_\_

Workmanship Warranty: 0-1 year \_\_\_\_\_ 5 years \_\_\_\_\_ 10 year \_\_\_\_\_ other \_\_\_\_\_

Roof Material Warranty: 20 years \_\_\_\_\_ 25 years \_\_\_\_\_ 30 years \_\_\_\_\_ Lifetime \_\_\_\_\_

Roof Design: Conventional \_\_\_\_\_ Flat \_\_\_\_\_

Square feet of Proposed Work \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Commercial \_\_\_\_\_ Single Family Dwelling \_\_\_\_\_ Townhome \_\_\_\_\_ Duplex \_\_\_\_\_

**I hereby agree not to alter or deviate from the construction as shown here on without written approval from the City of Tatum.**

(Print) Name of Applicant \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by \_\_\_\_\_ Date: \_\_\_\_\_