## **CITY OF TATUM**

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

PERMIT NO	
ISSUE DATE:	
EXPIRATION DATE	

903 947-2680 – Fax		
	<b>BUILDING PERMI</b>	<u>T</u>
Project Address:		
	PROPERTY OWNER	
Property Owner:		_ Phone No:
Address:	City:	State: Zip Code:
	CONTRACTOR INFORMA	TION
Contractor's Name:		Phone No:
		State:Zip Code:
Work to be performed:		
Total Under Roof Square Foot	age Distance of	Nearest Fire Hydrant
	Description of Work/ J	lob
Classification: New Remodel Valuation of work		
Proposed Electicity	Proposed Water	Proposed Sewer
Yes No	Proposed Water Yes No	Yes No
Structure Type: Concret	e* 🗆 Metal * 🗆 Masonry/ Stee	l * ☐ Ordinary Frame ☐ Heavy timber
Foundation Type:  Pier/	Beam 🔲 Slab	
Roofing Material:   Comp		
Sub Contractors: Electric Plumbing		
Mechanincal Gas/Sprinkler		
Tatum relating to building and zoni not alter or change the accompany	ng. I agree to abide by all regulations and	with all ordinances and regulations of the City of any lawful decisions of the Building Official. I shall out the approval of the Building Official. Any such Is for revocation of such permit.
		ons, that a Certificate of Occupancy must be obtained ucture, and that I will not obstruct on any utility
APPLICANT NAME:		
	FOR OFFICE USE ONL	<u>.Y</u>
ENTERED BY:		
IGNATURE: DATE ISSUED:		DATE ISSUED: