

CITY OF TATUM

680 Crystal Farms Rd
P. O. Box 1105
Tatum, Texas 75691
903 803-3580 – Phone
903 803-3590 – Fax

For Office Use Only

PERMIT NO. _____

PERMIT FEE - _____

DATE: _____

COMMERCIAL ACCESSORY STRUCTURE PERMIT

Project Address: _____

PROPERTY OWNER

Property Owner: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip Code: _____

CONTRACTOR INFORMATION

Contractor's Name: _____ Phone No: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Project Address: _____

Use Type of Structure: Storage Shed _____ Carport/Garage _____ Other _____

Description of Work/ Job		
Classification: <input type="checkbox"/> New <input type="checkbox"/> Remodel		Valuation of work _____
Proposed Electricity	Proposed Water	Proposed Sewer
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Structure Type: <input type="checkbox"/> Concrete* <input type="checkbox"/> Metal * <input type="checkbox"/> Masonry/ Steel * <input type="checkbox"/> Ordinary Frame <input type="checkbox"/> Heavy timber		
Foundation Type: <input type="checkbox"/> Pier/Beam <input type="checkbox"/> Slab		
Roofing Material: <input type="checkbox"/> Composite <input type="checkbox"/> Wood <input type="checkbox"/> Metal		
Building Use: <input type="checkbox"/> Storage <input type="checkbox"/> Carport <input type="checkbox"/> Detached Garage (must have improved driveway) <input type="checkbox"/> Other		
Square Feet of Proposed Work: _____ Existing Structure Square Feet (Repair Only) : _____		
Driveway: <input type="checkbox"/> Yes <input type="checkbox"/> No (Required on Carports and Detached Garages)		

APPLICANT NAME: _____

SIGNATURE: _____

DATE: _____

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ENTERED BY: _____

SIGNATURE: _____

DATE ISSUED: _____