CITY OF TATUM

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

PERMIT NO. _____
PERMIT FEE - _____

ISSUE DATE: _____
EXPIRATION DATE _____

BUILDING 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: _____

Work to be performed: _____

Total Under Roof Square Footage _____ Distance of Nearest Fire Hydrant _____

Description of Work/ Job		
Classification: ☐ New ☐ Remodel	Valuation of work _____	
Proposed Electicity	Proposed Water	Proposed Sewer
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

Structure Type: ☐ Concrete* ☐ Metal * ☐ Masonry/ Steel * ☐ Ordinary Frame ☐ Heavy timber
Foundation Type: ☐ Pier/Beam ☐ Slab
Roofing Material: ☐ Composite ☐ Wood ☐ Metal
Sub Contractors: Electric _____ Plumbing _____
Mechanincal _____ Gas/Sprinkler _____

As permit applicant/holder, I understand it is my responsibility to be familiar with all ordinances and regulations of the City of Tatum relating to building and zoning. I agree to abide by all regulations and any lawful decisions of the Building Official. I shall not alter or change the accompany plans or specification of this permit without the approval of the Building Official. Any such violation or change made by me or my agent can constitute sufficient grounds for revocation of such permit.

I further understand that I am responsible for obtaining all required inspections, that a Certificate of Occupancy must be obtained prior to occupancy of the building or structure, and that I will not build or structure, and that I will not obstruct on any utility easement.

APPLICANT NAME: _____
SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

ENTERED BY: _____
SIGNATURE: _____ DATE ISSUED: _____