

CITY OF TATUM

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

For Office Use Only

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: _____