

MUNICIPAL BUILDING

906 South White Oak Road
White Oak, Texas 75693



(903) 759-3936
Fax (903) 297-3452

ROOF PERMIT

DATE: _____

PERMIT NUMBER: _____

OWNER'S NAME: _____

STREET ADDRESS: _____

APPLICATION MUST BE FILED 24 HOURS BEFORE PERMIT CAN BE GRANTED.
APPLICATION IS HEREBY MADE FOR A PERMIT TO ROOF A STRUCTURE
AT THE ABOVE ADDRESS ONLY.

ROOFING CONTRACTOR: _____

CONTRACTOR'S MAILING ADDRESS: _____

CONTRACTOR'S PHONE NUMBER: _____

MAKING THE APPLICATION, I OR WE PROFESS TO BE FAMILIAR WITH ALL ORDINANCES, RULES, AND REGULATIONS OF THE CITY OF WHITE OAK RELATING TO BUILDING AND PREMISES. I AGREE TO ABIDE BY ALL REGULATIONS & THE LAWFUL DECISION OF THE BUILDING INSPECTOR. I SHALL NOT ALTER OR CHANGE THE ACCOMPANYING PLANS, SPECIFICATIONS, OR THIS APPLICATION WITHOUT THE APPROVAL OF THE BUILDING INSPECTOR. ANY SUCH VIOLATION OR MISREPRESENTATION MADE BY ME CAN CONSTITUTE SUFFICIENT GROUNDS FOR REVOCATION OF SUCH PERMIT OR STOPPAGE OF WORK.

THIS APPLICATION WILL BE VOID IF CONSTRUCTION HAS NOT BEEN STARTED WITHIN 120 DAYS.

VALUE OF JOB: _____

FEES: **\$ 55.00**

CONTRACTOR'S SIGNATURE