

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: _____

ROOFING CONTRACTOR IS BONDED WITH THE CITY OF WHITE OAK
YES OR NO

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: **\$20.00**

CONTRACTOR'S SIGNATURE