

Accessory Structure Permit Application



401 S. Alamo, Marshall, TX
 PO Box 698, Marshall, TX 75671
 P: (903) 935-4455
 Fax: (903) 935-4409

Permit #: _____	Date: _____	
Plans Provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electric: <input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp
Plumbing <input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp
Mechanical: <input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp
General: <input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp

THIS APPLICATION IS FOR THE CONSTRUCTION OF ACCESSORY STRUCTURES INCLUDING CARPORTS, DETACHED GARAGES, PATIOS AND DECKS, PATIO COVERS, ARBORS, GAZEBOS, PERGOLAS, STORAGE BUILDINGS, GREENHOUSES AND CARGO CONTAINERS..

Commercial **Residential**

- | | |
|--|--|
| <input type="checkbox"/> Carport
<input type="checkbox"/> Attached Patio Cover
<input type="checkbox"/> Storage Building/Greenhouse
<input type="checkbox"/> Patio/Deck | <input type="checkbox"/> Detached Garage
<input type="checkbox"/> Detached Patio Cover/Arbor/Gazebo/Pergola
<input type="checkbox"/> Cargo Container
<input type="checkbox"/> Other _____ |
|--|--|

Job Address: _____
 Property Legal Description: Subdivision: _____
 Lot: _____ Block: _____ Lot Size: _____ % of bldg coverage on lot: _____
 Total square footage of building: _____ Total Valuation of Work: _____
 Description of work: _____

Contact person: Applicant Property Owner Contractor
 Name of applicant _____ Phone _____
 Email _____

Property Owner

Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Contractor

Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Fax _____ E-mail _____

Electric

Valuation of Electric Work: _____
 Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Plumbing

Valuation of Plumbing Work: _____
 Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Mechanical

Valuation of Mechanical Work: _____
 Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____

I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances, and regulations.

Applicant / Agent Name (PRINT) _____
 Applicant / Agent Signature _____ Date _____