



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

Accessory Structure Permit Application

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

Carport Detached Garage
 Attached Patio Cover Detached Patio Cover/Arbor/Gazebo/Pergola
 Storage Building/Greenhouse Cargo Container
 Patio/Deck 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 _____