



ACCESSORY STRUCTURE PERMIT APPLICATION

Date: _____

Project Address: _____

Property Owner Information:

Name: _____

Email: _____

Contact Phone Number: _____

Address: _____

Contractor Information:

Business Name: _____

Office Phone Number: _____

Email: _____

Address: _____

Insurance Carrier: _____ Insurance Phone Number: _____

Type of Accessory Structure:

Fencing Carport Storm Shelter Garage/Shop

Pool House Roofing Other: _____

Residential Commercial

Zoned: _____ Square Feet: _____ Estimated Cost: _____

MEP Contractors

Electrical Company: _____

Contact Name and Phone Number: _____

Plumbing Company: _____

Contact Name and Phone Number: _____

Mechanical Company: _____

Contact Name and Phone Number: _____

Code Enforcement Officer

Date

Tim Wiley
Code Enforcement Officer
580-889-3341 x4

Ron McIninch
Code Enforcement Officer
580-889-3341 x29