



ACCESSORY STRUCTURE APPLICATION

ADDRESS OF PROJECT: _____

OWNER NAME: _____ PHONE: _____

OWNER EMAIL: _____

CONTRACTOR INFORMATION: _____ PHONE: _____

CONTRACTOR EMAIL: _____

***ALL GENERAL CONTRACTORS AND SUB-CONTRACTORS (ELECTRICAL, MECHANICAL, PLUMBING, ETC.) MUST BE REGISTERED WITH THE CITY.**

MECHANICAL CONTRACTOR: _____ PHONE: _____

ELECTRICAL CONTRACTOR: _____ PHONE: _____

PLUMBING CONTRACTOR: _____ PHONE: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> SHED | <input type="checkbox"/> CARPORT/DRIVEWAY | <input type="checkbox"/> ARBOR/PERGOLA |
| <input type="checkbox"/> CONSTRUCTION TRAILER | <input type="checkbox"/> FLATWORK | <input type="checkbox"/> DECK/PATIO COVER |
| <input type="checkbox"/> STORM SHELTER | <input type="checkbox"/> MISCELLANEOUS | <input type="checkbox"/> ROOF/RE-ROOF |

DESCRIPTION OF IMPROVEMENT: _____

CONSTRUCTION VALUE: _____ SQUARE FOOTAGE OF ACCESSORY BLDG: _____

SQUARE FOOTAGE OF LOT SIZE: _____ SQUARE FOOTAGE OF LIVING AREA: _____

SQUARE FOOTAGE OF GARAGE AND/OR PATIO: _____

SETBACKS: Front: _____ Rear: _____ Left: _____ Right: _____

This certifies that on this date, application was made for permit with the City of Roanoke and by this signature. The applicant agrees to comply with all applicable codes, amendments, and city ordinances.

APPLICANT SIGNATURE: _____ DATE: _____

PERMIT FEE: \$ _____

Please submit to permits@roanoketexas.com with supporting documents.
City of Roanoke | 500 S. Oak Street | Roanoke, TX 762626 | 817-490-1308