



**CITY OF DECATUR, TEXAS**

1601 S. State Street  
Phone 940-393-0250  
Inspections Line 940-393-0259 [development@decaturtx.org](mailto:development@decaturtx.org)

**Accessory Structure Permit Application**

*(To be completed by City Staff)*

Permit #: \_\_\_\_\_  
Valuation: \$ \_\_\_\_\_  
Permit Fee: \$ \_\_\_\_\_  
Review Fee: \$ \_\_\_\_\_

**THIS APPLICATION IS FOR THE CONSTRUCTION OF ACCESSORY STRUCTURES INCLUDING:  
DETACHED GARAGES, PATIOS AND DECKS, PATIO COVERS, ARBORS, GAZEBOS, PERGOLAS AND STORAGE BUILDINGS & TEMPORARY BUILDINGS.**

- Incomplete application and/or submittal will delay the review process.
- Two (2) full sets of plans, an electronic .pdf of all documents by USB or email is required to be submitted with application.
- If electronic version is not provided, a \$5.00 per page archiving fee will be assessed.
- **\*A Certificate of Occupancy Application may be required in conjunction with this application. Contact Building Department.**
- **Note: All property must be properly platted, zoned, and all required public improvements either installed or addressed prior to issuance of a building permit. Note that an engineer, when required by the Texas Engineering Practice Act, must seal plans.**

Commercial       Residential

New Construction       Interior Remodel       Exterior Remodel / Addition

Detached Garage     Patio/Deck     Patio Cover/Arbor/Gazebo/Pergola     Storage Building     Temporary Building

Job Address: \_\_\_\_\_ Valuation: \_\_\_\_\_  
Property Legal Description: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Lot Size: \_\_\_\_\_ % of ALL bldg. coverage on lot: \_\_\_\_\_  
Total sq. footage of proposed building: \_\_\_\_\_ Total sq. footage of all existing structures on the property: \_\_\_\_\_  
Description of work: \_\_\_\_\_

**Primary Contact**     Contractor       Tenant       Property Owner

**Contractor:** Company Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
General Contractor \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Company E-mail \_\_\_\_\_ General Contractor Email \_\_\_\_\_

**Property Owner:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_

**Electrician**

Company Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
Master Electrician \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Plumber**

Company Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
Master Plumber \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mechanical**

Company Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
License Holder \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Applicant / Contractor Acknowledgement:** I hereby certify by my signature below that: 1) I understand that I am the person responsible for inspections and all related fees and charges. 2) I agree to abide by all laws and ordinance governing this type of work whether specified herein or not 3) Where no work has been started within 180 days after the issuance of a permit or when more than 180 days lapses between approval of required inspections, such permit shall be void, and 4) I have read and examined this application and know the same to be true and correct.

Applicant / Contractor Name (PRINT LEGIBLY) \_\_\_\_\_

Applicant / Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAGE INTENTIONALLY LEFT BLANK**



## Building Inspections Plan Submittal Checklist

Project #: \_\_\_\_\_

*(To be completed by City Staff)*

The following is a checklist of items that must be provided on building plans. A complete set of plans will include all the details indicated below for the specific permit you are requesting. While we have attempted to include the majority of items, it is not an all-exhaustive list and does not take the place of the 2012 International Building or Residential Codes or 2015 International Energy Conservation Code. This is simply information typically reviewed on plans submitted for a permit. Checking your set of plans against this list of commonly reviewed items will help expedite the plan review process.

**A complete submission will include the following:**

- Completed building permit application, a certificate of occupancy application is required on all commercial permit submittals
- Signed copy of this checklist
- Nonrefundable plan review fee
- Two (2) complete **sets** of plans & supporting documents (building and civil), one (1) set for **New Home only**, three (3) required if proposing a food establishment, day care, school or public pool facility (**plans must be in 24" x 36" landscaped format**)
- Electronic "pdf" version of all submitted plans and documents (electronic copy of the plans should be submitted as a "pdf" file)
- \$5.00 per page archiving fee will be charged at submission if an electronic copy of the plans/documents is not submitted.

**Plans must show all of the following information noted with an "X" for the type of project being permitted:**

REQUIREMENTS	NEW CONSTRUCTION		ALTER /ADD-ON /ACCESS	
	Residential	Commercial or Multi-Family	Residential	Commercial or Multi-Family
<b><i>COVERSHEET INFORMATION: (Provide 2 copies (1 for new home only); 3 copies required if establishment is health code related)</i></b>				
Zoning on Property	X	X	X	X
Use Information - Type of Use / Occupancy - Square footage per type per floor - Square footage of Commercial Kitchen	X	X	X (Label new area only)	X (Label new area only)
Design Load Information (i.e. roof, dead)	X	X	X (If structural work proposed)	X (If structural work proposed)
Total square footage of building	X	X	X	X
Maximum Occupant Load for: - Each Floor - Each Occupancy Type - Each Tenant Space divided by a Fire Wall or Fire Barrier		X		X (Label new area only)
Allowable Height & Area (Table 503)	X	X		X
Proposed Height & Area for each floor	X	X	X	X
Fire Sprinkler and/or Alarm Information: - Designed by what standard - If proposed or not proposed - Location of Fire Alarms	X	X	X (If applicable)	X
Type of Construction (I, II, III, IV or V / A or B)	X	X	X	X
Number of Stories (Existing & Proposed)	X	X	X	X
Valid Street Address – obtain and/or Confirm from 911 Addressing Coordinator	X	X	X	X
Legal Description (Lot, Block, Subdivision)	X	X	X	X
Primary person the city can contact regarding questions about the project and their phone and email address	X	X	X	X
Architect's Name, Email, Address and Phone	X	X	X	X
Engineer's Name, Email, Address and Phone	X	X	X	X
Owner's Name, Email, Address and Phone	X	X	X	X
Each Contractor's Name, Address and Phone	X	X	X	X

REQUIREMENTS	NEW CONSTRUCTION		ALTER /ADD-ON /ACCESS	
	Residential	Commercial or Multi-Family	Residential	Commercial or Multi-Family
<b>COVERSHEET INFORMATION: (Provide 2 copies; 3 copies required if establishment is health code related)</b>				
List any special Inspections that will be performed by a 3 <sup>rd</sup> party company (i.e. elevator, tilt wall, steel elements, welding, etc.)	X (If applicable)	X	X (If applicable)	X (If applicable)
Description of Work to be performed - Explain what is proposed - Plan Number - Identify # of bathrooms proposed - Identify # of bedrooms proposed	X	X	X	X
Certificate of Occupancy Information: - Business Name - Tax ID Number		X		X
Water Meter Size and Quantity Requested for: - Domestic Line(s) - Irrigation Line(s) - Fire Line(s) - Fire Hydrant(s) Clearly Identify new versus existing meters	X	X	X	X
<b>SITE PLAN INFORMATION: (Provide 2 copies)</b> <b>** Site/Lot/Plot plan must be drawn on the recorded plat**</b>				
Recorded Plat reflecting Easements: - Location - Size - Purpose (i.e. drainage, utility, etc.)	X (If applicable)	X (If applicable)	X (If applicable)	X (If applicable)
Valid Street Address	X	X	X	X
Legal Description (Lot, Block, Subdivision)	X	X	X	X
Floodplain / Flood Zone Information - If existing, include the minimum Finished Floor Elevation proposed	X	X	X	X
Lot Size (in square feet)	X	X	X	X
Lot Coverage: - Maximum Allowable - Maximum Amount Proposed	X	X	X (If addition only)	X (If addition only)
Identify property lines and their dimensions (in feet)	X	X	X	X
Floor Area Ratio (FAR)		X		X
Building and driveway locations (identify existing and proposed)	X	X	X	X
Front, side and rear yard setbacks	X	X	X (If addition only)	X (If addition only)
Street names fronting property	X	X	X	X
If fencing is proposed, clearly identify the location the fence will be erected along with the location of any existing fencing.	X	X	X	X
Drainage/Grading Plan	X	X	X	X
Utility Plan showing location of the following: - Existing and proposed utility lines - Existing and proposed utility poles - Pad mounted transformers - Curb Inlets - Water meter locations - HVAC Location - Dumpster Location, Pad Size & Screening	X	X	X (If changes planned for the exterior)	X (If changes planned for the exterior)

REQUIREMENTS	NEW CONSTRUCTION		ALTER /ADD-ON /ACCESS	
	Residential	Commercial or Multi-Family	Residential	Commercial or Multi-Family
<b>SITE PLAN INFORMATION: (Provide 2 copies; 3 copies required if establishment is health code related)</b>				
Parking / Driveway or Drive Aisles - Show driveway - Show parking spaces - Show Fire Lanes and Drive Lanes - Identify the Number Required - Identify the Number Provided - Location/Size of Handicapped Spaces	X	X	X (If changes planned for the exterior)	X (If addition only)
Identify existing trees on protected tree list (See Design Standards, Section 108.) Identify proposed trees (species) with size caliper of each tree.	X	X		X (If changes planned for the exterior)
North arrow and scale	X	X	X	X
<b>BUILDING FLOOR PLAN: (Provide 2 copies; 3 copies required if establishment is health code related)</b>				
Plans must be stamped and signed by an Architect licensed in Texas	To be determined by Building Official	X	X (If structural changes proposed)	X (If structural changes proposed)
Rooms - Dimensions - Overall room square footage - Identify room use (kitchen, etc) - Floor layout with proposed equipment (Commercial only)	X	X	X (For new area only)	X (Entire area with new area clearly identified)
Windows - Location and square footage - Distance from floor to sill plate - Safety Glazed Windows	X	X	X (For new area only)	X (New area only)
Doors - Location and width	X	X	X (For new area only)	X (New area only)
Restrooms - Identify ADA requirements are met - Identify if provided with windows or artificial ventilation	X	X	X (For new area only)	X (New area only)
Occupancies - Separation Areas - Type of occupancy in room and in adjoining suites - Occupancy load per room	X	X	X (For new area only)	X (New area only)
Location of means of egress systems & their components (corridors, stairs, doors, etc.)	X	X		X (New area only)
Number and width of exits required & number and width of exits provided	X	X		X (New area only)
Exterior and Interior Lighting and Outlet Locations	X	X	X (For new area only)	X (New only)
Exterior and Interior Plumbing Fixture Locations (water heater, meter, faucets, etc)	X	X	X (For new area only)	X (New area only)
Wall and Ceiling Material Detail (Flame Retardant Information – Section 803 IBC)		X		X (New area only)
Floor Detail		X		X (New area only)
Complete door & window schedules with hardware schedule	X	X	X (For new area only)	X (New area only)
Wall Schedule that identifies walls to be demolished, new/existing, bearing/non-bearing, and different height walls	X	X	X (For new area only)	X (New area only)
Identify fire barriers and fire walls	X	X	X (For new area only)	X (New area only)

REQUIREMENTS	NEW CONSTRUCTION		ALTER /ADD-ON /ACCESS	
	Residential	Commercial or Multi-Family	Residential	Commercial or Multi-Family
<b><i>BUILDING ELEVATIONS: (Provide 2 copies; 3 copies required if establishment is health code related)</i></b>				
Exterior grade levels and height from finished floor level to peak of roof	X	X	X (For new area only)	X (Entire area with new area clearly identified)
Elevation of all sides clearly labeled	X	X	X (For new area only)	X (Entire area with new area clearly identified)
Location and height of chimneys and rooftop mounted equipment	X	X	X (For new area only)	X (Entire area with new area clearly identified)
Exterior material and percentage of masonry (This shows the elevations that are identified on the coversheet)	X	X	X (For new area only)	X (Entire area with new area clearly identified)
<b><i>STRUCTURAL PLANS &amp; DETAILS: (Provide 2 copies; 3 copies required if establishment is health code related)</i></b>				
Plans must be stamped and signed by an Engineer licensed in Texas	X	X	X (If altering exterior of main structure)	X (New area only)
Wind Bracing Design and Detail Stamped and signed by an engineer licensed in Texas	X		X	
Details of provisions for lateral bracing	X	X	X (For new area only)	X (New area only)
Type, thickness & rating of floor, roof & structural wall sheathing	X	X	X (For new area only)	X (New area only)
Details of stairs, handrails & guardrails	X	X	X (For new area only)	X (New area only)
Locations, dimensions & Height of exterior decks, stairs & canopies	X	X	X (For new area only)	X (New area only)
Dimensioned floor framing plans & details	X	X	X (For new area only)	X (New area only)
Dimensioned roof framing plans & details	X	X	X (For new area only)	X (New area only)
Details & certifications for manufactured trusses & joists	X	X	X (For new area only)	X (New area only)
Details of bearing wall construction	X	X	X (For new area only)	X (New area only)
<b><i>MECHANICAL PLAN: (Provide 2 copies; 3 copies required if establishment is health code related)</i></b>				
Plans must be stamped and signed by a Mechanical Engineer licensed in Texas		X		X (New area only)
Location and size of combustion air ducts and/or openings	X	X	X (New area only)	X (New area only)
Details and equipment information on product conveying ventilation systems	X	X	X (New area only)	X (New area only)
Location of ventilation systems	X	X	X (New area only)	X (New area only)
Location and rating of fire dampers in ductwork and other openings		X		X (New area only)
Location, size and material of air-distribution ducts and exhaust air ducts	X	X	X (New area only)	X (New area only)
Details and equipment information on commercial kitchen exhaust hood systems		X		X (New area only)
<b><i>PLUMBING / MED GAS PLAN: (Provide 2 copies; 3 copies required if establishment is health code related)</i></b>				
Plans must be stamped and signed by a Civil Engineer licensed in Texas		X		X (New area only)
Location and size of all plumbing fixtures and drains	X	X	X (New area only)	X (New area only)
Drain, waste, and vent sizing isometrics	X	X	X (New area only)	X (New area only)

REQUIREMENTS	NEW CONSTRUCTION		ALTER /ADD-ON /ACCESS	
	Residential	Commercial or Multi-Family	Residential	Commercial or Multi-Family
<b><i>PLUMBING / MED GAS PLAN: (Provide 2 copies; 3 copies required if establishment is health code related)</i></b>				
Water pipe and meter sizing calculations	X	X	X (New area only)	X (New area only)
Location and type of backflow devices (as required)	X	X	X (New area only)	X (New area only)
Location and input rating of all fuel-fired appliances	X	X	X (New area only)	X (New area only)
Specify size and material of all piping	X	X	X (New area only)	X (New area only)
Identify location of proposed and existing water meter(s) with sizes noted	X	X	X (New area only)	X (New area only)
Layout and material of hydronic piping systems	X	X	X (New area only)	X (New area only)
Boiler, furnace, and fan room layouts	X	X	X (New area only)	X (New area only)
Location and elevation information of all water heaters	X	X	X (New area only)	X (New area only)
Location and details on grease traps, sand/oil interceptors, ejectors, etc.	X	X	X (New area only)	X (New area only)
Layout of roof drainage	X	X	X (New area only)	X (New area only)
<b><i>ELECTRICAL PLAN: (Provide 2 copies; 3 copies required if establishment is health code related)</i></b>				
Plans must be stamped and signed by an Electrical Engineer licensed in Texas		X		X (New area only)
Power floor plan showing receptacles, switches, outlets, etc. (identify if new, existing, relocated)	X	X	X (New area only)	X (New area only)
Lighting floor plan including fixture types and wattage	X	X	X	X (New area only)
Show panel location	X	X	X (New area only)	X (New area only)
Exit lighting location		X	(New area only)	X (New area only)
Label all rooms and areas on floor plans	X	X	X (New area only)	X (New area only)
<b><i>FIRE-RESISTIVE CONSTRUCTION PLANS &amp; DETAILS: (Provide 2 copies; 3 copies required if establishment is health code related)</i></b>				
Details of fire-resistive wall, floor/ceiling & roof/ceiling assemblies	X (If applicable)	X	X (New area only – if applicable)	X (New area only)
Details of fire-resistive protection assemblies for structural frame members	X (If applicable)	X	X (New area only – if applicable)	X (New area only)
Details of fire-resistive exit corridor & stairway enclosure construction	(If applicable)	X	(New area only – if applicable)	X (New area only)
Details of fire-resistive shaft enclosure construction	(If applicable)	X	(New area only – if applicable)	X (New area only)
Specify materials & reference applicable listing designation for assemblies	X (If applicable)	X	X (New area only – if applicable)	X (New area only)
Details of penetration and through penetration firestop assemblies	X (If applicable)	X	X (New area only – if applicable)	X (New area only)

REQUIREMENTS	NEW CONSTRUCTION		ALTER /ADD-ON /ACCESS	
	Residential	Commercial or Multi-Family	Residential	Commercial or Multi-Family
<b>ADDITIONAL DOCUMENTS REQUIRED: (Continued -Provide 2 copies unless noted otherwise)</b>				
Asbestos Survey Report	(If demolishing an existing structure)	X (If demolishing an existing structure)	(If demolishing an existing structure)	X (If demolishing an existing structure)
Energy Compliance Reports (and worksheets)	X	X	X	X
Accessibility (TAS) Review Number (If project costs \$50,000 or more)		X		X
Geotechnical Report (Soils Report)	X	X	X (If additional foundation work proposed)	X (Depends on level of renovation)
Water Meter Calculation Sheet	X	X	X (If additional plumbing proposed)	X (If additional plumbing proposed)
Stamped Engineered foundation plan with letter	X	X	X (If addition to main structure or greater than 400 sq. ft.)	X (If addition to primary structure)
Grease Trap (Manufacturer's Information) with plan showing location proposed.		X (if food establishment)		X (if food establishment)
Erosion Control Plan	X	X		
Landscape Plan showing: - Existing trees and sizes - All proposed landscaping - Proposed and existing irrigation	X	X	X	X (if additional landscaping is required)
Letter from U.S. Postal Service approving delivery service	X	X		

**We require all projects to use a company holding a franchise from the City of Decatur for solid waste disposal services. At the present the only company holding such a franchise is Waste Connections.**

**Definitions:**

**Addition** means any construction that increases the size of a structure in lot coverage, height, length, width, or gross floor area.

**Alteration** means any changes to the interior of a building or structure involving:

- a) Structural members such as load and non-load bearing walls, columns, beams, joists, rafters, or girders; or
- b) Relocation, replacement or repair of mechanical, electrical or plumbing fixtures.

Alteration **does not** mean a change in any portion of the building exterior.

I have reviewed the checklist and have provided the required information for completeness and accuracy of my submittal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contractor's Business Name  
(If applicable)