



CITY OF DECATUR, TEXAS

1601 S. State Street, Bldg. C

Phone 940-393-0250

Inspections Line 940-393-0259

development@decaturtx.org

**General Permit Application
(OVER THE COUNTER PERMITS)**

Permit #: _____

Permit Fee: \$ _____

Incomplete application and/or submittal will delay the review process.

THIS APPLICATION IS FOR PERMITS THAT ARE ISSUED OVER THE COUNTER (OTHER THAN THOSE THAT MAY REQUIRE PRIOR REVIEW/APPROVAL)

Permit Type

Type of Work

Commercial Residential

New Installation Replacement

Mechanical

Electrical

Plumbing

Re-Roof

Siding

Master # _____

Foundation Repair **(provide PDF of Engineer sealed plans)**. Review required prior to permit issuance.

Window/Door **[provide PDF documentation of U-factor (.32 or less) and solar heat gain co-efficiency (.25 or less)]**

ALL LABELS SHALL REMAIN ON WINDOW/DOOR UNTIL FINAL INSPECTION IS COMPLETE. Review is required prior to permit issuance.

Job Address: _____ Suite / Unit #: _____

Building / Complex Name: _____ Valuation of work: _____

Description of work: _____

Is the work related to a Building Permit? Yes No Permit #: _____

Property Owner

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Contractor Type

Electrical Mechanical Plumbing Other: _____

Company Name _____ Office Phone _____

Master or Contractor Name _____ Cell Phone _____

E-mail _____ Fax _____

If this permit is for the installation or replacement of a Backflow Prevention Assembly Device please complete the following information:

Replacement Backflow Prevention Device Information (Separate Permit Required Per Device):

***Final Plumbing Inspection must include an original copy of the completed City of Decatur Backflow Test Report**

Water Meter: New Existing Size _____

Type of Assembly: Reduced pressure Double check Pressure vacuum breaker

Applicant 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) _____

Applicant Contractor Signature _____ Date _____

MEP CONTRACTORS COMPLETE BACK SIDE OF APPLICATION

WORK TO BE PERFORMED

(Please mark proposed work... fees will be calculated upon submittal)

MECHANICAL PROPOSED WORK

QUANTITY

Addition, Repair or Alteration (Duct work)	_____
Air Handling Unit – Up to 10,000 CFM	_____
Air Handling Unit – Over 10,000 CFM	_____
Appliance Vent	_____
<u>Boiler, Compressor or Absorption System (BCA)</u>	
Up to 100,000 Btu/h (To 3 HP)	_____
100,000 to 500,000 Btu/h (3.1 to 5 HP)	_____
500,001 to 1 Million Btu/h(5.1 to 30 HP)	_____
1 Million to 1.75 Million Btu/h (30.1 to 50 HP)	_____
Over 1.75 Million Btu/h (Over 50 HP)	_____
<u>Furnace</u>	
Up to 100,000 Btu/h (29.3 kW))	_____
Over 100,000 Btu/h (29.4 kW)	_____
Hood w/ Mechanical Exhaust, Includes Ducts	_____
Vent Fan on a Single Duct	_____
Unclassified or Unlisted (All Others)	_____

ELECTRICAL PROPOSED WORK

QUANTITY

Appliance (Residential or Commercial)	_____
Light Fixture (Socket & Lamp Holding)	_____
Outlet (Receptacle)	_____
Power Apparatus	
To 1 HP, KW, KVA or KVAR	_____
Over 1 Not Over 10	_____
Over 10, Not Over 50	_____
Over 50, Not Over 100	_____
Over 100,000 Btu/h (29.4 kW)	_____
Service	
600 Volts or Less, < 200 Amps	_____
600 Volts or Less, > 200 Amps	_____
Over 600 Volts, > 1000 Amps	_____
Sign and Outline Lighting	_____
Temporary Power Service	_____
Temporary System (Christmas Tree Lot)	_____
Unclassified or Unlisted (All Others)	_____

PLUMBING PROPOSED WORK

QUANTITY

Addition, Repair or Alteration - Water Pipe	_____
Alter or Repair - Drain or Vent Pipe	_____
SEPARATE PERMIT REQUIRED PER DEVICE:	
Backflow Device - 2" (51 MM) or less	_____
Backflow Device - Over 2" (51 MM)	_____
Gas Piping	_____
Gas Test	_____
Grease Trap	_____
Water Heater	_____
Industrial Waste Pretreatment Interceptor	_____
Lawn Sprinkler System - On Any One Meter	_____
Plumbing Fixture or Set of Fixtures on 1 Trap	_____
Rainwater System (per drain inside building)	_____
Sewer (building or trailer park sewer)	_____
Unclassified or Unlisted (All Others)	_____