



**CITY OF DECATUR, TEXAS**

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

<b>MISCELLANEOUS PERMIT APPLICATION</b>
Permit #: _____
Permit Fee: \$ _____
Review Fee: \$ _____

*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 fees will be assessed.**

**THIS APPLICATION IS FOR PERMITS THAT ARE NOT COVERED UNDER ANY OTHER APPLICATION. PLAN REVIEW FEES COLLECTED ARE NON-REFUNDABLE.**

Commercial  Residential

Commercial Demolition  Residential Demolition *(indicate structure(s) to be demolished on plan)*  Construction Trailer

Relocating a Structure  Tree Removal *(provide two (2) plans only)*  Form Board *(provide two (2) copies of survey or plat)*

Tent *(provide two (2) copies of location map and Fire Retardant Certificate for Tent Material)*  Other: \_\_\_\_\_

Job Address: \_\_\_\_\_

Description of work: \_\_\_\_\_ Valuation of work: \$ \_\_\_\_\_

Contact person:  Applicant  Property Owner  Contractor E-mail \_\_\_\_\_

Name of applicant \_\_\_\_\_ Phone \_\_\_\_\_

**Property Owner**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

**Contractor**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

**Electric**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Plumbing**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mechanical**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has an asbestos survey been performed? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Provide two copies of asbestos survey with application)</i>
<input type="checkbox"/> I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and

**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 \_\_\_\_\_