



CITY OF DECATUR, TEXAS

1601 S. State Street, Bldg. C

Phone 940-393-0250

Inspection Request Line 940-393-0259

development@decaturtx.org

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

Permit #: _____

Permit Fee: \$ _____

FEES ARE NON-REFUNDABLE

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

THIS APPLICATION IS ONLY FOR COMMERCIAL PERMITS FOR WATER AND SEWER FROM PROPERTY LINE TO NOT LESS THAN 5' OF THE STRUCTURE (MAY REQUIRE PRIOR REVIEW/APPROVAL)

Permit Type

Commercial

Type of Work

New Installation

Replacement

Job Address: _____ Suite / Unit #: _____

Building / Complex Name: _____ Valuation of work (commercial): _____

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

Company Name _____ Office Phone _____

Master or Contractor Name _____ Cell Phone _____

E-mail _____

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 _____