



CITY OF DECATUR, TEXAS

1601 S. State Street
Phone 940-393-0250
Inspections Line 940-393-0259 * Fax 940-626-4629

**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.*

Permit Type

Type of Work

Commercial Residential New Installation Replacement

Mechanical Electrical Plumbing

Re-Roof Siding Master # _____

Foundation Repair (provide two (2) copies of Engineer sealed plans)

Window/Door [provide two (2) copies of U-factor (.35 or less) and solar heat gain co-efficiency (.25 or less)]
ALL LABELS SHALL REMAIN ON WINDOW/DOOR UNTIL FINAL INSPECTION IS COMPLETE

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:

New or 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