



**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**

# 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	_____
<b>SEPARATE PERMIT REQUIRED PER DEVICE:</b>	
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)	_____