



CITY OF DECATUR, TEXAS

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

MISCELLANEOUS PERMIT APPLICATION
Permit #: _____
Permit Fee: \$ _____

*Incomplete application and/or submittal will delay the review process.
Provide three (3) full sets of plans and an electronic .pdf formatted disk is required to be submitted with application (if applicable).
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 2 copies of survey or plat*)
- Tent (*provide three (3) 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

Name of applicant _____ Phone _____

Email _____

Property Owner

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contractor

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Fax _____ 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? NO YES
 I hereby certify that an asbestos survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) for the area(s) being renovated and/or demolished.

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 _____