



**CITY OF DECATUR, TEXAS**

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

**Residential Permit Application  
(New Construction / Remodel / Addition)**

Permit #: \_\_\_\_\_

Valuation: \_\_\_\_\_ \$

Permit Fee: \$ \_\_\_\_\_

*(To be completed by City Staff)*

**THIS APPLICATION IS FOR NEW CONSTRUCTION OR RENOVATION OF ONE AND TWO FAMILY DWELLINGS.**

*Incomplete application and/or submittal will delay the review process.  
Five (5) full sets of plans and an electronic .pdf. formatted disk is required to be submitted with application.  
If electronic version is not provided, a \$5.00 per page archiving fee will be assessed.*

**\*Note: All property must be properly platted, zoned, and all required public improvements either installed or addressed prior to issuance of a building permit. Note that an engineer, when required by the Texas Engineering Practice Act, must seal plans.**

**Single Family Detached**

**Duplex**

**Townhome**

New Construction

Interior Remodel

Exterior Remodel / Addition

Job Address: \_\_\_\_\_ Valuation of work: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Zoning: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Description of work: \_\_\_\_\_

# Dwellings: \_\_\_\_\_ # Stories: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_

Overall Height of Building (ft): \_\_\_\_\_ Exterior Building Material: \_\_\_\_\_ % Masonry: \_\_\_\_\_

Total Sq Ft of Building: \_\_\_\_\_ Sq Ft per floor: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Garage Sq Ft: \_\_\_\_\_ Patio/Porch Sq Ft: \_\_\_\_\_ % of building coverage on lot: \_\_\_\_\_ Remodel Sq Ft: \_\_\_\_\_

Foundation Type:  Slab (rebar)  Slab (cable)  Pier and beam

Type of Garage Entry:  Front  Side  Rear Alley

Type of Bearing Wall Construction:  Wood Frame  Structural Steel  Concrete/Masonry

Type of Framing:  Conventional  Truss

Primary Contact  Contractor  Property Owner

**Contractor**

Company Name \_\_\_\_\_ Office Phone \_\_\_\_\_

General Contractor \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Property Owner**

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

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

**Electrician (MUST SIGN Signature line provided if applicable)**

Company Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Master Electrician \_\_\_\_\_ Cell Phone \_\_\_\_\_

Master Electrician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Plumber (MUST SIGN Signature line provided if applicable)**

Company Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Master Plumber \_\_\_\_\_ Cell Phone \_\_\_\_\_

Master Plumber Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mechanical (MUST SIGN Signature line provided if applicable)**

Company Name \_\_\_\_\_ Office Phone \_\_\_\_\_

A/C & Refrig. Contractor \_\_\_\_\_ Cell Phone \_\_\_\_\_

A/C & Refrig. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Utilities:**

**A. Water:**

City of Decatur\*\* Meter Size Requested: \_\_\_\_\_

Private Well (existing only)

Other: \_\_\_\_\_

*\*\*First time customers must pay meter, water and sewer impact fees.*

**B. Sewer:**

City of Decatur\*\* Tap Size Requested: \_\_\_\_\_

Septic, Leach Field (existing only)

Septic, Aerobic System (existing only)

*\*\*First time customers must pay meter along with water and sewer impact fees.*

**Energy Code Compliance Information:**

**ALL PROPOSED CONSTRUCTION (NEW AND REMODEL) MUST COMPLY WITH THE 2015 IECC.**

**Applicant Statement:**

I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances, or regulations.

I understand that I must notify the Building Inspections Department of any changes in the approved plans and specifications for the project in which I am applying for.

\_\_\_\_\_  
Applicant/Contractor Printed Name

\_\_\_\_\_  
Applicant/Contractor Signature

\_\_\_\_\_  
Date

**Residential Water Meter Size Calculator**

	Type of Fixture	Fixture Value	# of Fixtures	Total
BATHROOM	Full-Bath Group (toilet, sink, shower or tub)	3.6	x	=
	Half-Bath Group (toilet & sink)	2.6	x	=
	Toilet - Tank Type	2.2	x	=
	Bidet	2	x	=
	Urinal - Pedestal Flush Valve	3	x	=
	Urinal - Wall Flush Valve	5	x	=
	Shower stall (shower only, no tub)	1.4	x	=
	Bathub (with or without overhead shower head)	1.4	x	=
	Lavatory (bathroom sink)	0.7	x	=
LAUNDRY	Laundry Group (washer & sink)	2.5	x	=
	Laundry Sink	1.4	x	=
	Washing Machine (8 lb)	1.4	x	=
KITCHEN	Kitchen Group (dishwasher & sink)	2.5	x	=
	Kitchen Sink	1.4	x	=
	Dishwasher	1.4	x	=
OUTSIDE	Hose Bibb (Outside faucets)	2.5	x	=
<b>TOTAL</b>				<b>=</b>

Maximum Developed Length in feet from meter to furthest plumbing fixture? \_\_\_\_\_ =

**See P2903.7 in the 2012 IRC.**

Meter Size Requested? \_\_\_\_\_

Distribution Pipe Size \_\_\_\_\_

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