



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: 1st _____ 2nd _____ 3rd _____

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	=
TOTAL				=

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 _____