



CITY OF DECATUR, TEXAS

1601 S. State Street
Phone 940-393-0250
Inspections Line 940-393-0259 development@decaturtx.org

Accessory Structure Permit Application

(To be completed by City Staff)

Permit #: _____
Valuation: \$ _____
Permit Fee: \$ _____
Review Fee: \$ _____

THIS APPLICATION IS FOR THE CONSTRUCTION OF ACCESSORY STRUCTURES INCLUDING: CARPORTS, DETACHED GARAGES, PATIOS AND DECKS, PATIO COVERS, ARBORS, GAZEBOS, PERGOLAS AND STORAGE BUILDINGS & TEMPORARY BUILDINGS.

- Incomplete application and/or submittal will delay the review process.
- Two (2) full sets of plans, an electronic .pdf of all documents by USB or email is required to be submitted with application.
- If electronic version is not provided, a \$5.00 per page archiving fee will be assessed.
- ***A Certificate of Occupancy Application may be required in conjunction with this application. Contact Building Department.**
- **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.**

Commercial Residential

New Construction Interior Remodel Exterior Remodel / Addition

Carport Detached Garage Patio/Deck Patio Cover/Arbor/Gazebo/Pergola Storage Building Temporary Building

Job Address: _____ Valuation: _____
Property Legal Description: _____ Subdivision: _____ Zoning: _____
Lot: _____ Block: _____ Lot Size: _____ % of ALL bldg. coverage on lot: _____
Total sq. footage of proposed building: _____ Total sq. footage of all existing structures on the property: _____
Description of work: _____

Primary Contact Contractor Tenant Property Owner

Contractor: Company Name _____ Business Phone _____
Address _____ City _____ State _____ Zip _____
General Contractor _____ Cell Phone _____
Company E-mail _____ General Contractor Email _____

Property Owner: Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
E-mail _____

Electrician

Company Name _____ Office Phone _____
Master Electrician _____ Cell Phone _____

Plumber

Company Name _____ Office Phone _____
Master Plumber _____ Cell Phone _____

Mechanical

Company Name _____ Office Phone _____
License Holder _____ Cell Phone _____

Applicant / Contractor 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 LEGIBLY) _____

Applicant / Contractor Signature _____ Date _____