



Building Permit Application

Site Information					
Property Address:		Suite #	Subdivision	Lot	Block
Permit Request	Construction Type	Permit Type			
<input type="checkbox"/> New Permit <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Revision <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Other:	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential, Single-Family <input type="checkbox"/> Other:	<input type="checkbox"/> New Building / Finish-Out* <input type="checkbox"/> Storm Shelter <input type="checkbox"/> Remodel: New Use* <input type="checkbox"/> Remodel: Existing Use* <input type="checkbox"/> Accessory Building <input type="checkbox"/> Patio Cover/Carport <input type="checkbox"/> Outdoor Kitchen/Fire Pit/ Fireplace	<input type="checkbox"/> Foundation <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Roofing <input type="checkbox"/> Demolition <input type="checkbox"/> Flatwork	<input type="checkbox"/> Sign <input type="checkbox"/> Fence* <input type="checkbox"/> Pool/Spa* <input type="checkbox"/> Irrigation <input type="checkbox"/> Deck <input type="checkbox"/> Fire Sprinkler/Alarm <input type="checkbox"/> Other:	
Is this permit requested due to a notification from Code Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
★ Application must be submitted with a corresponding Plan Review Checklist.					
Description of Work:					
Describe work to be done (size, dimensions, materials, etc.):					
Total Sq. Ft.:		Total Value of Work:			
Bldg. Fully Sprinkled: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$			
Responsible Parties					
Owner / Tenant:		Office #:	Cell #:		
Address:	City/State:	Zip:	Email:		
★ All contractors and sub- contractors must be registered with the City of Murphy.					
Contractor Type	Business Name	Address	City, State, Zip	Phone	
General					
Plumbing					
Electrical					
Mechanical-HVAC					
I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances, Adopted Codes and State Laws will be complied with whether herein specified or not. Any approved comments and/or checklists are not all-inclusive. I agree to comply with all property restrictions. I am the owner of the property or a duly authorized agent. Permission is hereby granted to enter the premises and make all inspections.					
APPLICANT NAME:		SIGNATURE:		DATE:	
CONTACT PHONE:		DRIVERS LICENSE #:			
EMAIL:		Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other			
Permit Number:	Received By:		Date:		
Total Fee:	Plans Approved By:		Date:		
Payment Method:	Issued By:		Date:		



COMMERCIAL CONSTRUCTION PLAN REVIEW CHECKLIST

★ This checklist must be submitted with a Building Permit Application for any commercial construction.

Job Information		
Property Address:	Suite #	General Contractor:
Lot:	Block:	Zoning:
New Commercial <input type="checkbox"/> Shell <input type="checkbox"/> Finish-Out <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Other		
For all additions and remodels: modifications to site plans must be approved by Planning & Zoning prior to applying for a permit.		
Proposed Use:		TDLR #:
Description of Work (please be specific):		
Submittal Requirements		
The following documents must be submitted with application: Building Permit Application (1 copy) Plan Review Checklist (1 copy) Construction Plans (New Commercial: 5 sets; 6 if Health Review is required; Finish-Out: 5 sets; 6 if Health Review is required) Permitting Fee (nonrefundable)		

Check which of the following has been included:

Y / N

- Site Plan (Not required for finish out submittals)
- All elements required by code currently adopted by the City of Murphy of the IECC & Comcheck compliance sheet
- Foundation Plan
- Floor Plans and Roof Plans
- Exterior and interior elevation plan
- Structural Plans (to include: foundation plans, roof and floor framing plans, wall sections and details)
- Door, window, and hardware schedule
- Details to include in the scope of work. (Construction details: interior elevations and interior finish schedule)
- Plumbing, mechanical, and electrical plans and risers
- Electrical riser diagram required for all projects \$50,000 in valuation.
- Asbestos Certification Survey for all renovations or demolitions. (See commercial Construction Packet for details.)
- Suite layout if applicable
- Certificate of Occupancy application
- Food Service Application if applicable
- Alcohol Application if applicable

Customer Service Department

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COMMERCIAL CONSTRUCTION PLAN REVIEW CHECKLIST

Business and Building Information		
Business Name (As it is to appear on all signage):	New/Existing Business:	Fire Sprinkler: YES / NO
Type of Business:	Use of Space:	Fire Alarm: YES / NO
Valuation of Work: \$	Square Footage of Project:	Other:
Number of Stories:	Gas Required: YES / NO	

******A separate permit is required for each tenant spaces and/or building. ******

AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. **ALL PERMITS REQUIRE FINAL INSPECTION.**

I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL,

APPLICANTS SIGNATURE:	DATE:
PRINT NAME:	PHONE #:
EMAIL ADDRESS:	FAX NUMBER:

By signing this you have agreed that all boxes have been checked and all information has been submitted. Failure to submit all information may delay the approval of your permit.

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COMMERCIAL CONSTRUCTION PLAN REVIEW CHECKLIST

FOR OFFICE USE ONLY

PERMIT #:	ROLLED PLANS <input type="checkbox"/>	ATTACHED PLANS <input type="checkbox"/>
ZONING:	PERMIT TECHNICIAN APPROVAL:	DATE:
OCCUPANCY GROUP:	PLANS EXAMINER APPROVAL:	DATE:
TYPE OF CONSTRUCTION:	PERMIT RECEIVED BY:	DATE:
FIRE SPRINKLERED:	FIRE ALARM REQUIRED:	All plans stamped & labeled:
Fees Collected: \$	Check #:	<i>All permitting fees must be collected at the time of submittal.</i>
COMMENTS:		

Stamp to include:
Original, Revision 1, 2, or 3

Label to include:
Permit #
Address
Date
Name of Project
Recipient

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Contractor Registration

Registration is valid for 12 months from date of issue.

To register, please provide the following: Driver's License or State issued ID, and Trade License (if applies). The fee for registration is \$100 unless exempt by the State*. *If registering as an Irrigator, calibration report is required. All backflow reports must be submitted to SC TRACKING at www.sctrackingsolutions.com.*

Business/ Contractor Information			
Business Name:	DBA (if applicable):		
Contractor Name:	Driver's license # and State:	Name:	Expiration Date:
Business Address:	Master Trade License # (If applies):	Name:	Expiration Date:
City/State/Zip:	Office Phone #:	Cell Phone #:	
Email:	Owner of Business if other than Contractor:	Owner Phone # (if different):	
Please list the names of persons permitted to pull permits for this company other than the owner:			
Contractor Classification:			
<input type="checkbox"/> General Contractor <input type="checkbox"/> Fence <input type="checkbox"/> Pool <input type="checkbox"/> Roofer <input type="checkbox"/> Foundation <input type="checkbox"/> Flatwork/Concrete <input type="checkbox"/> Window/Door	<input type="checkbox"/> Backflow Tester <input type="checkbox"/> Irrigator <input type="checkbox"/> Fire Backflow Tester* (with State license) <input type="checkbox"/> Fire Sprinkler/ Fire Alarm* (with State license) <input type="checkbox"/> Energy Inspector	<input type="checkbox"/> HVAC <input type="checkbox"/> Master Electrician* <input type="checkbox"/> Master Plumber* <input type="checkbox"/> Sign <input type="checkbox"/> Master Sign Electrician <input type="checkbox"/> Other: _____	
Responsible Parties			
I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF MY CONTRACTOR REGISTRATION AND THE ISSUANCE OF MUNICIPAL CITATIONS. (INCOMPLETE APPLICATION MAY NOT BE ACCEPTED).			
APPLICANT NAME:		SIGNATURE:	
CONTACT PHONE:			

METHOD OF PAYMENT:	RECEIVED BY:
DATE:	EXPIRATION DATE:



Building Permit Application Fee Checklist

PERMIT NUMBER: _____

FOR OFFICE USE ONLY	
Zoning:	
Min. Building Setbacks from Property Line:	
Front:	Front Side: Side: Rear:
No. of off street parking spaces required:	
Special Conditions:	
Type of Construction:	Occupancy Group:
Permit Fees	
Building	\$
Electrical	\$
Mechanical	\$
Plumbing	\$
Plan Review/Addendum Fee	\$
Impact Fees	\$
Sewer Size	\$
Water Meter Fee	\$
Engineering Inspection Fees	\$
Contractor Registration	\$
Service Fee @ 3.5%	\$
Other	\$
Total Due	\$
CSR:	Date:
Building Official/Plan Review:	Date:
Miscellaneous Notes:	

Certificate of Occupancy Application

Site Information			
Property Address:		Suite #	Name of Business:
Reason for CO:	Business Use		
<input type="checkbox"/> New Building <input type="checkbox"/> New Business in Existing Space <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Name <input type="checkbox"/> Clean & Show	<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Wholesale	<input type="checkbox"/> Religious <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Other:	Sq. ft: _____ # of Employees: _____ Fire Sprinklered: Yes / No
Business Information			
Company Name:		DBA:	
Contact Name:		Contact Email:	
Mailing Address:		Office #:	
City/State:	Zip:	Fax #:	
Description of Business:			
<input type="checkbox"/> YES, the occupancy / business involves storage, sale or use of the following (Please check all applicable – below) <input type="checkbox"/> NO, the occupancy or business does NOT involve storage, sale or use of the any of the following.			
<input type="checkbox"/> Alcohol Sales (off-site consumption) <input type="checkbox"/> Alcohol Sales (on-site consumption) <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Dry Cleaning <input type="checkbox"/> Dust Producing Equipment <input type="checkbox"/> Explosives or Ammunition <input type="checkbox"/> Firearms/Accessories Sales or Service <input type="checkbox"/> Fireworks <input type="checkbox"/> Flammable or Combustible Liquids (10 gallons or more) <input type="checkbox"/> Food Sales/Preparation/Products <input type="checkbox"/> High Piled Stock (Over 12 ft. high)	<input type="checkbox"/> Liquid Propane <input type="checkbox"/> Outdoor Storage <input type="checkbox"/> Painting with Flammable Materials <input type="checkbox"/> Poisonous/Hazardous Chemicals/Acids <input type="checkbox"/> Smoking/Tobacco Sales <input type="checkbox"/> Vehicle Repair/Sales/Service <input type="checkbox"/> Vet Clinic/Animal Boarding <input type="checkbox"/> Welding or Cutting <input type="checkbox"/> Other Hazards: _____	<i>*House bill 1112 requires that you provide chemical data sheets to the fire chief showing each hazardous material that you plan to store, use, or dispense with the maximum quantity of each.</i> <i>**Permits for hazardous materials and other materials, storage, functions and/or processes may be required and obtained by application to the fire department.</i>	
Responsible Parties			
Owner of Building:		Office #:	Cell #:
Address:	City/State:	Zip:	Email:
I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF THIS CERTIFICATE OF OCCUPANCY AND THE ISSUANCE OF MUNICIPAL CITATIONS. (INCOMPLETE APPLICATION MAY NOT BE ACCEPTED).			
APPLICANT NAME:		SIGNATURE:	
CONTACT PHONE:		DRIVERS LICENSE #/STATE:	DATE:
Applicant is: <input type="checkbox"/> Business Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other:			
PERMIT#:	R/CVD BY: DATE:	ISSUED BY: DATE:	ZONING:
OCCUPANCY LOAD:	CONSTRUCTION TYPE:	OCCUPANCY GROUP:	BLOCK: LOT:
ADDITION:	INSPECTION APPOINTMENT DATE: TIME:	COMMENTS:	

Certificate of Occupancy Application

PERMIT NUMBER: _____

FOR OFFICE USE ONLY				
APPROVED	DENIED	OFFICIAL	SIGNATURE	DATE
		PARKS OFFICIAL		
		Comments:		
		PUBLIC WORKS OFFICIAL		
		Comments:		
		HEALTH OFFICIAL		
		Comments:		
		FIRE MARSHAL		
		Comments:		
		BUILDING OFFICIAL		
		Comments:		
		DIRECTOR OF COMMUNITY DEVELOPMENT		
		Comments:		
		CUSTOMER SERVICE MANAGER		
		Comments:		

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