



Building Permit Application

Site Information					
Property Address:		Suite #	Subdivision		
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"/> Foundation <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:					
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:	
Contractor Type	Business Name	Address	City, State, Zip	Phone	
★ All contractors and sub- contractors must be registered with the City of Murphy.					
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 no 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:		



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:	Date: