



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"/> 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 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:	



RESIDENTIAL CONSTRUCTION PLAN REVIEW CHECKLIST

★ *This checklist must be submitted with a Building Permit Application for residential construction.*

Job Information	
Property Address:	General Contractor:
Lot: Block: Subdivision:	Zoning:
Single-Family <input type="checkbox"/> Townhome <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Other	
Description of Work:	
Total Square Footage (to include patios & porches):	TDLR#:
Submittal Requirements	
The following documents must be submitted with application: Building Permit Application (1 copy) Plan Review Checklist (1 copy) Construction Plans (3 sets) Permitting Fee (<i>nonrefundable</i>)	

Check which of the following has been included:

Y / N

- 3 Sets of Builder Plans (folded not rolled) include Design Plan and Engineer Design Plan
- 3 Plot Plans (detached from Builder Plan, minimum 1" to 30' scale)
- 2 Engineered Foundation Letters
- 2 Sets of foundation drawings stamped by a Professional Engineer registered in the State of Texas with letter
- 3 Completed Residential Energy Code Compliance Form (with signature)
- Minimum masonry product coverage specified on plan submittals
- Site specific soils report
- Foundation design based on site specific soils report
- Engineered Truss Plan for 2/2.5 story homes
- Electric plan with smoke and CO2 alarms shown and concrete-encased electrode if required
- Is house over 6,000 sq. ft.? If yes, fire sprinkler plans are required and a 1" domestic water meter at a min.

APPLICANTS SIGNATURE:	DATE:
PRINT NAME:	PHONE #:
RECEIVED BY:	DATE:

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.

Customer Service Department

206 North Murphy Road • Murphy, Texas 75094 • Tel: 972.468.4100 • Fax 972.468.4127

Email: customerservice@murphytx.org Website: www.murphytx.org



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	\$
Credit/Debit Card Transaction Fee @ 2%	\$
Other	\$
Total Due	\$
CSR:	Date:
Building Official/Plan Review:	Date:
Miscellaneous Notes:	Date: