

COMMERCIAL PERMIT APPLICATION

CITY OF MURPHY BUILDING INSPECTION DEPARTMENT

Application Number: _____

Project Address: _____
(Street address) (Suite no. / building no.)

Subdivision: _____ Block: _____ Lot: _____

Property Owner: _____ (Name) _____ (Address) _____ (City, state, & zip code) _____ (Phone)

	Name	Address	City, State & Zip Code	Phone Number
Contractor				
General:				
Electric:				
Plumbing:				
Mechanical:				
Other:				

Type of Work:

- Interior Finish New Construction Shell Only Addition
 Alteration/Remodel Demolition Other

Description of Work (please be specific): _____

Business Name: _____ New/Existing Business: _____ Gas Required: YES / NO
 Type of Business: _____ Use of Space: _____ Fire Sprinklered: YES / NO
 Valuation of Work: \$ _____ Square Footage of Project: _____ Fire Alarm: YES / NO
 Number of Stories: _____ Number of Dwelling Units (for apartments): _____

****** 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, STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant: _____ Date: _____

Contact Name: _____ (Please print) Phone: _____

Email Address: _____ Fax Number: _____

*******For Office Use Only*******

Comments: _____

Zoning: _____ Permit Technician Approval: _____ Date: _____

Occupancy Group: _____ Plans Examiner Approval: _____ Date: _____

Type of Construction: _____ Permit Received By: _____ Date: _____

Fire Sprinklered: _____

Fire Alarm Req'd: _____

Rolled Plans

Attached Plans



Proof of Plan Submittal to Texas Department of Licensing and
Regulation (TDLR) for Texas Accessibility Standards (TAS) Review
City of Murphy, Building Inspections Department

Project Address: _____ Permit Number: _____

Project Name: _____

On application to a local governmental entity for a building construction permit related to the plans and specifications, the owner shall submit to the entity proof that the plans and specifications have been submitted to the Texas Department of Licensing and Regulation (TDLR). Article 9102, Section 5(k) - Senate Bill 959

I hereby certify that I comply with the requirements of Article 9102, Section 5(k) and have submitted plans and specifications for Texas Accessibility Standards (TAS) review to TDLR as required or this project is exempt.

Signature of Owner or Authorized Agent

Date

TDLR Project Number
(may be obtained at <http://www.license.state.tx.us>)
or reason for exemption: _____

Asbestos Survey Texas Department of Health, <http://www.tdh.state.tx.us>
1-800-572-5548 or 1-512-834-6610

Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP)? Yes ___ No* ___

Date of survey: ___/___/___

TDH Inspector License No. _____

***If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Murphy.**



CITY OF MURPHY BACKFLOW PREVENTION INFORMATION SHEET



PROJECT ADDRESS: _____

Application Number: _____

PROJECT NAME: _____

CONTACT PERSON: _____

Phone Number: _____

Please indicate by placing an X in the appropriate box with regard to the backflow items provided. Completion of this form will be forwarded to the Utility Operations Department. To prevent delays at time of final inspection this form must be completely and accurately filled out.

Place "X" here	Backflow Items **	Type of Protection Required	Type of Protection Provided	Number of Assemblies Provided
	Auxiliary water supply mainline and isolation	R.P.Z.		
	Boilers/ Chillers for space heating mainline and isolation	R.P.Z.		
	Building containing a reclaimed water system mainline and isolation	R.P.Z.		
	Carbonated Drink Dispenser	STAINLESS STEEL R.P.Z.		
	Car Washed mainline and isolation	R.P.Z.		
	Chemical Mop Bucket Washers	A.V.B. with no downstream shut-off Valves and an Air Gap on Hose		
	Commercial Laundry Washers, Dry Cleaners mainline and isolation	AIR GAP or R.P.Z.		
	Cooling Towers/Evaporative Coolers mainline and isolation	AIR GAP or R.P.Z.		
	Dishwasher (Residential type)	AIR GAP fitting on drain line (loop option prohibited)		
	Fire protection system utilizing chemicals or additives (new installations only or completed remodel)	R.P.Z. (Assembly must have U.L or F.M and U.S.C. ratings)		
	Fire protection commercial and residential systems without chemicals or additives	D.C. (Assembly must have U.L or F.M and U.S. C. ratings)		
	Food and beverage processing plants	R.P.Z.		
	Fountains/Outdoor Decorative Pool	AIR GAP, R.P.Z. or P.V.B. with no downstream pump.		
	Funeral home and mortuary mainline and isolation	R.P.Z.		
	Green house or nursery (with toxic chemicals)	R.P.Z.		
	Hospital/Dental/Doctor/Veterinarian Equipment (All medical equipment) mainline and isolation	R.P.Z. or AIR GAP		
	Ice Cream/Yogurt/Custard Machine with antifreeze circulating system connected to the water supply	R.P.Z.		
	Irrigation Commercial/Residential	D.C., P.V.B. or R.P.Z.		
	Irrigation Chemical Injection	R.P.Z.		
	Laboratories (including medical, dental and research labs and labs at educational facilities) mainline and isolation	R.P.Z.		
	Main supply line for: Hospital mainline and isolation	R.P.Z. (parallel system required)		
	Main supply line for Buildings 3 or more stories in height	R.P.Z.		
	Manufacturing plant (toxic) mainline and isolation	R.P.Z.		
	Mixing Valves with Hose Attachments	R.P.Z. or A.V.B. with no downstream shut-off		
	Photography Equipment	R.P.Z.		
	Plants using radioactive material mainline and isolation	R.P.Z.		
	Plating or chemical plants mainline and isolation	R.P.Z.		
	Temporary construction fire hydrant meters	R.P.Z. or AIR GAP		
	Trap Primers	AIR GAP (1 inch minimum)		
	Sewage lift stations mainline and isolation	R.P.Z.		
	Sewage treatment plants mainline and isolation	R.P.Z.		
	Stationary construction fire hydrant meters	R.P.Z. or AIR GAP		
	Swimming Pools	R.P.Z. or AIR GAP		
	Wall Hydrants/Commercial Landscape Areas	A.V.B. unless chemical injectors are to be used		
	Wall Hydrants/Commercial Garage Areas	A.V.B. unless it is a Radiator Shop, Chemical Tanker Repair Shop etc. then R.P.Z.		
	Wall Heaters	AIR GAP (6-inch minimum) on T&F Drain Line		
	Water Injected Garbage Disposals	A.V.B. water supply line, with an AIR GAP on drain line		
	Water Injected Soap Dispenser	R.P.Z. or AIR GAP		
	Water Softeners	R.P.Z.		
	Other: _____	R.P.Z., P.V.B., D.C., A.V.B.		
	None of the Above			

** Situations which are not covered in the Table above shall be evaluated on a case-by-case basis by the City, and the required backflow prevention assembly shall be determined by the Public Works Superintendent.

Mainline; Reduced Pressure Backflow Assembly or Air Gap only. No closer than 3ft from meter and no tee's or branches before assembly

Isolation; Backflow Assembly to be installed at point of water connection to eq.

R.P.Z.-Reduced Pressure Backflow Assembly (Assembly required to be tested-see reverse side)

A.V.B-Atmospheric Vacuum Breaker

D.C.-Double check Valve Backflow Assembly (Assembly required to be tested-see reverse side)

Air Gap-A separation of 1-inch minimum or twice the diameter of the pipe whichever is greater

P.V.B's can have a down stream shut-off valve

A.V.B's are not allowed in any Health situation and no downstream shut-off valves.

No Vacuum Breaker shall be subjected to any type of back pressure situation.

Spill Proof Vacuum Breakers are not allowed in Murphy

P.V.B.-Pressure Vacuum Breaker (Assembly required to be tested- see reverse side)

CITY OF MURPHY BACKFLOW PREVENTION INFORMATION SHEET

REGISTRATION: Prior to performing any testing of backflow prevention assemblies within the City of Murphy, a certified backflow prevention assembly technician must be registered with the City of Murphy Public Works Department.

TESTING OF BACKFLOW PREVENTION ASSEMBLIES: The backflow prevention assemblies shall be tested by a certified backflow prevention assembly technician. In order to properly register a backflow prevention assembly with the Public Works Department of the City of Murphy, a Backflow Prevention Assembly Test Report form shall be completed by a certified technician on each backflow prevention assembly tested. Each completed form, together with the records of such tests, repairs, or replacement, shall be forwarded to the Public Works Department of the City of Murphy within ten (10) days after the testing, repair or replacement.

BACKFLOW PREVENTION ASSEMBLIES REQUIRED:

- (a) Each service connection from the public water system to premises having an auxiliary water supply shall be protected against backflow of water from the premises into the public water system with a Reduced Pressure Backflow Prevention Assembly.
- (b) For all newly constructed premises on which a substance is handled so that it may enter the public water system, each service connection from the public water system to such premises shall be protected against the backflow of water from the premises into the public water system. This requirement shall apply to each premise on which persons handle process water and water originating from the public system, which has been subjected to deterioration in sanitary quality.
- (c) For all existing premises on which a substance is handled so that it may enter the public water system, each service connection from the public water system to such premises may be required to be protected against the backflow of water from the premises into the public water system upon the determination of the Superintendent. This requirement shall apply to each premise on which persons handle process waters and waters originating from the public water system, which have been subjected to deterioration in sanitary quality.
- (d) Backflow prevention assemblies shall be installed on a service connection to premises: (1) having internal cross-connections that cannot be permanently corrected and controlled, (2) upon the appropriate City official's determination that an intricate plumbing and piping arrangement exists which makes it impractical to ascertain whether cross-connections therein, or (3) where a portion of the Premises cannot be readily accessed for inspection purposes making it impractical or impossible to ascertain whether cross-connections exist. The customer connected to the public potable water system shall make all necessary arrangements, at its sole expense, to remove without delay security barriers or other obstacles to access by the Superintendent.
- (e) If an interstreet main flow may result from two or more service supplying water from different street mains to the same building, structure, or premises, then a standard check valve shall be installed adjacent to the respective meters and on the owner's property. If a check valve is not adequate to protect the public water system's mains from pollution or contamination, the installation of an approved backflow prevention assembly may be required by the Public Works Superintendent. Approval will be given if a backflow prevention assembly is functioning. A determination by the Public Works Department Superintendent, Building Official, or their respective designee(s) that a check valve is inadequate or that an approved backflow prevention assembly is required may be appealed.

For more information, contact the City of Murphy, Public Works Department
206 North Murphy Road
Murphy, Texas 75094
972-468-4000