

# REQUEST FOR BUILDING PERMIT

## ADDITION, REMODEL AND DEMOLITION APPLICATION

City of Murfreesboro  
Building and Codes Department  
P.O. Box 1139, 111 West Vine Street  
Murfreesboro, TN 37133-1139

Fax: 615-217-3016

Phone: 615-893-3750

*Please use this form when faxing or emailing (planning@murfreesborotn.gov) a building permit request to the City of Murfreesboro for an addition or remodel of detached one and two family dwellings and multiple single-family dwellings (townhouses) not more than 3 stories in height with a separate ingress and egress. Separate permits are required for electrical, plumbing, gas and HVAC work.*

**EMAIL APPLICATION TO PLANNING@MURFREESBOROTN.GOV.**

Lot #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

Permit fees are based on the Cost of Construction. For every \$1,000 of construction cost, the fee is \$10.00 with a \$20.00 minimum permit fee.

Cost of Construction \$ \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

TN State GC License #: \_\_\_\_\_ TN State Home Impr. License #: \_\_\_\_\_ Workers Comp. Insurance #: \_\_\_\_\_

Type of Work: Remodel: \_\_\_\_\_ Addition: \_\_\_\_\_ Finishing Expandable Area: \_\_\_\_\_  
Single Family Detached: \_\_\_\_\_ Duplex: \_\_\_\_\_ Single Family Attached (Townhouse): \_\_\_\_\_ # of Unit: \_\_\_\_\_

**(1) SQUARE FEET OF HEATED AREA TO BE ADDED:**

Heated Square Feet (all levels), including finished basements: \_\_\_\_\_ **Total Heated Sq. Ft.:** \_\_\_\_\_

**(2) SQUARE FEET OF UNHEATED AREA TO BE ADDED:**

**Total Unheated Sq. Ft.:** \_\_\_\_\_

**Describe purpose and use:** \_\_\_\_\_

**SMOKE ALARM REQUIREMENTS**

**The International Residential Code states that when alterations, repairs or additions require a permit, or when one or more sleeping rooms are added or created in existing dwellings, interconnected and hardwired smoke detectors shall be required. Therefore, in order to receive a Certificate of Occupancy, you will be required to install smoke detectors pursuant to the IRC. City of Murfreesboro licensed Electricians are required to permit and install all electrical work including interconnected and hardwired smoke detectors.**

**\*See Reverse Side For Additional Information**

**Contractor/Owner Initials**

**Minimum 5' setback required on all structures**

Flood Zone: \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes Type: FEMA \_\_\_\_\_ CHW \_\_\_\_\_ MPE \_\_\_\_\_ MFE: \_\_\_\_\_

Elevation Certificate Required: \_\_\_\_\_ Yes \_\_\_\_\_ No Planning Dept. Conditions: \_\_\_\_\_

\_\_\_\_\_ Planning Approval by: \_\_\_\_\_

Engineering Dept. Conditions: \_\_\_\_\_  
\_\_\_\_\_ Engineering Approval by: \_\_\_\_\_

I hereby certify that I have read this application and know the same to be true and correct. I understand that construction will be inspected for compliance with the adopted International Residential Code, as amended, and other State and City laws and ordinances governing this work and agree to abide by the same whether specified herein or not. I further understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any State or City ordinance regulating construction or the performance of construction. Issuance of a permit does not imply or represent that proposed construction complies with subdivision or deed restrictions, restrictive covenants, or other conditions which may be applicable to a particular parcel of property.

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_

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**City of Murfreesboro  
Building and Codes Department**

**FINAL INSPECTION DEPOSIT  
AGREEMENT**



*... creating a better quality of  
life*

Project Name: \_\_\_\_\_

**THIS AGREEMENT MUST BE SIGNED PRIOR TO THE ISSUANCE OF A BUILDING PERMIT WHEN EXISTING PERMANENT ELECTRICAL SERVICE IS TO BE USED AS THE SOURCE OF POWER FOR CONSTRUCTION/RENOVATION**

By signing this Agreement and by making the required deposit, if required, the general contractor, owner, and depositor agree that the project will be completed and a Certificate of Occupancy will be requested. In the event the conditions are not corrected/completed within thirty (30) days of the completion date of the time specified, the deposit will not be refunded.

Additionally, unless the permit holder can prove good cause to the Director of Building and Codes, the permit holder will not be eligible for any other building permits until a Certificate of Occupancy is obtained. Forfeiture of the deposit does not constitute authority to violate or to set aside any provisions of the adopted codes or ordinances of the City of Murfreesboro.

**It is the responsibility of those signing this agreement to request all inspections and re-inspections when conditions are corrected/completed.**

Application Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Completion Date Requested: \_\_\_\_\_

Project Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Contractor: \_\_\_\_\_

Designated Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Conditions:**

\_\_\_\_\_  
SIGNATURE OF PERMIT HOLDER: and PRINTED NAME WITNESS

\_\_\_\_\_  
SIGNATURE OF OWNER: and PRINTED NAME WITNESS

\_\_\_\_\_  
SIGNATURE OF DEPOSITOR: and PRINTED NAME WITNESS

**FOR OFFICE USE ONLY:**

REFUNDABLE DEPOSIT: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_

INVOICE NUMBER: \_\_\_\_\_ COMPLETION APPROVAL DATE: \_\_\_\_\_

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**CITY OF MURFREESBORO  
BUILDING AND CODES DEPARTMENT  
CONDITION OF A BUILDING PERMIT**



*... creating a better quality of life*

**Permit Number:** \_\_\_\_\_

**AFFIDAVIT OF EXEMPTION UNDER T.C.A. SECTION 13-7-211**

I hereby swear or affirm that I am applying for a building permit from the Building and Codes Department of the City of Murfreesboro and that I am exempt from the requirements of T.C.A. Section 13-7-211 requiring proof of workers' compensation insurance because:

- A. I am performing work on my own property in my own county of residence; OR
- B. I am directly supervising work on my own property in my own county of residence; OR
- C. I am not required to have coverage under the Tennessee Workers' Compensation Law, Title 50, Chapter 6 of the Tennessee Code Annotated.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Permit Applicant Signature

\_\_\_\_\_  
Permit Applicant Printed Name

STATE OF TENNESSEE        )  
  : ss  
COUNTY OF RUTHERFORD    )

Before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_, with whom I am personally acquainted or who proved to me on the basis of satisfactory evidence, that he/she executed the within and foregoing instrument for the purposes therein contained.

WITNESS MY HAND and seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_ (seal)