

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 (buildingpermits@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.

A Development Tax Receipt must be obtained from the Rutherford County Building and Codes Dept. prior to permit issuance.

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: _____