



# RESIDENTIAL PERMIT APPLICATION

<b>Permit Number</b>	
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Project Address: \_\_\_\_\_  
 (Street address)

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

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

	Name	Address	City, State & Zip Code	Phone Number
<b>Contractor:</b>				
<b>Electric:</b>				
<b>Plumbing:</b>				
<b>Mechanical:</b>				
<b>Other:</b>				

- Type of Work:**
- |   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Arbor/Patio Cover | <input type="checkbox"/> Demolition           | <input type="checkbox"/> Fence/Gate        | <input type="checkbox"/> Fire Pit /Fire Place |
| <input type="checkbox"/> Flatwork           | <input type="checkbox"/> Foundation Only   | <input type="checkbox"/> Foundation Repair    | <input type="checkbox"/> Garage Conversion | <input type="checkbox"/> Garage, Detached     |
| <input type="checkbox"/> Irrigation         | <input type="checkbox"/> Mechanical/HVAC   | <input type="checkbox"/> New Building         | <input type="checkbox"/> Outdoor Kitchen   | <input type="checkbox"/> Plumbing             |
| <input type="checkbox"/> Pool - In Ground   | <input type="checkbox"/> Remodel/Alter/Add | <input type="checkbox"/> Retaining Wall < 2ft | <input type="checkbox"/> Roofing           | <input type="checkbox"/> Spa or Hot Tub       |
| <input type="checkbox"/> Screen Wall        | <input type="checkbox"/> Structure Moving  | <input type="checkbox"/> Other                |  |   |

FOR OFFICE USE ONLY			Description of Work (please be specific):		
Zoning			*The City encourages you to have approval from your HOA prior to submittal.		
Min. Building Setbacks from Property Line					
Front=	Front Side=	Side=			Rear=
No. of off street parking spaces required=					
Special Conditions:			Valuation of Work:		
Type of Construction:	Occupancy Group:		Plan #	Stories:	Fire Sprinkler: Y / N
Permit Fees			Sq Footage:	Garage Sq Ft:	
Building	\$		NOTICE		
Electrical	\$		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. <b>ALL PERMITS REQUIRE FINAL INSPECTION.</b> 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. <b>NO REFUNDS ON EXPIRED, DUPLICATE, OR WITHDRAWN PERMITS. NO REFUNDS WILL BE ISSUED FOR ANY PERMIT FEES.</b>		
Mechanical	\$				
Plumbing	\$				
Plan Review	\$				
Impact Fees	\$				
Sewer Size	\$				
Engineering Inspection Fees	\$				
Other	\$				
<b>Total Due</b>	<b>\$</b>				
Accepted By:	Plans Checked & Approved By:	Issued By:	Contact Name: (Please print)		
			Phone: _____		Fax Number: _____
Date:	Date:	Date:	Email Address: _____		

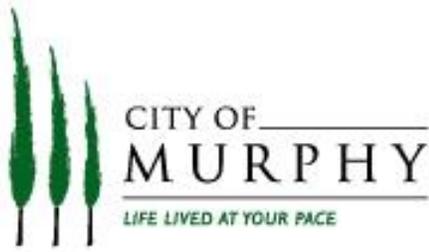
**Complete the following only if paying permit fees by MasterCard or Visa. There is a 3.5% fee on credit card transactions made online and over the telephone.**

CREDIT CARD #: \_\_\_\_\_ CARD EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CURRENT BILLING ADDRESS ASSOCIATED WITH CARD: \_\_\_\_\_

**Customer Service Department**  
 206 North Murphy Road • Murphy, Texas 75094 • Tel: 972.468.4100 • Fax 972.468.4127  
 Email: [customerservice@murphytx.org](mailto:customerservice@murphytx.org) Website: [www.murphytx.org](http://www.murphytx.org)



## RESIDENTIAL FENCE CHECKLIST

Fence shall not exceed property lines. Fences located behind the front building line may be a maximum of 8' in height. Fences crossing easements require prior approval. Products manufactured for other uses such as plywood, corrugated steel, chain link, barbed wire and fiberglass panels are prohibited as fencing materials.

Permit is required when replacing, repairing, moving, or installing a fence. When submitting for a fence permit please fill out the Permit Application and include two copies of plot plans/survey with an outline of where the fence is being installed. If using a Contractor they must register with the City of Murphy and pull the permit.

**FEE SCHEDULE:** \$150.00 Commercial Fence     \$75.00 Residential Fence

What is the fence height? \_\_\_\_\_ Address: \_\_\_\_\_

What is (are) the fence material(s)? \_\_\_\_\_ \*(if masonry, see requirements below)

What is the zoning district? \_\_\_\_\_

**Please circle Y or N**

- |   |   |   |  |
|---|---|---|--|
| 1. Does the fence enclose a pool or spa?<br>(If yes, see pool barrier requirements)   | Y | N |  |
| 2. Does the fence have brick columns?<br>(If yes, see requirements below)   | Y | N |  |
| 3. Will a retaining wall be built?<br>(If yes, height of retaining wall: _____)<br>(Retaining wall over 4', see requirements below)                                     | Y | N |  |
| 4. Is this property on a corner lot?<br>If the answer to the above question is yes,<br>Does a street intersect a street?<br>(If yes, a 25' visibility clip is required) | Y | N |  |
| 5. Is this permit requested due to a notice from Code Enforcement?  | Y | N |  |

\*Masonry fences and brick columns (over 4' in height measured from the bottom of the footing to the top) shall be dated, designed, signed and sealed by a State of Texas Registered Engineer.