



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:	



Pool & Spa Plan Review Checklist

★ *This checklist must be submitted with a Building Permit Application for any Pool/Spa construction or remodeling.*

Job Information		
Property Address:	Suite #	Contractor Name, Address, and Phone Number:
<input type="checkbox"/> Residential In-Ground Pool <input type="checkbox"/> Commercial In-Ground Pool <input type="checkbox"/> HOA In-Ground Pool <input type="checkbox"/> Spa <i>(Please check all that apply.)</i>		
Submittal Requirements		
The following documents must be submitted with application: <ul style="list-style-type: none"> ▪ Building Permit Application (1 copy) ▪ Plan Review Checklist (1 copy) ▪ Plot plan or survey (3 copies) showing property lines with location of pool/spa clearly indicated and marked ▪ Construction Plans (3 copies) 		
Signature Required		
Applicant's Signature:	Date:	
Printed Name:	Contact Phone #	

Each of the following are required, please check which of the following have been included:

Y / N

- Survey of property showing pool location.
- Show distance from residence or building (minimum of 5 ft. from residence to water's edge).
- Show distance from side property line (min. 5 ft. setback not to encroach into any easement includes deck).
- Show distance to rear property line (not to encroach into any easements, including deck).
- Provide elevation of highest portion of the pool.
- Provide pool and deck design drawings showing: size, shape, profile, location of equipment and grounding.
- Provide pool, deck and equipment specifications.
- All pools shall be completely surrounded by a fence or wall, no less than 4 ft in height with self-latching gate. (Applies to an interior fence only.)
- Certification of House-Pool Protection Device Installation form.
- Provide a Letter of Certification by the CONTRACTOR stating that work to be done will not alter the existing drainage of the property. It shall be the pool contractor's responsibility to see that these requirements are met and a final inspection by the City is conducted before the pool is placed into operation.

By signing this you have agreed that all required information has been submitted. Failure to submit all information may result in a delay of your permit being issued. *Applicant's Initials: _____*

Permit Number:	Notes:
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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: