



**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  
Phone: 615-893-3750

Use this application 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 may be required from Rutherford County for additional living space 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: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

Type of Work: Remodel: \_\_\_\_\_ Addition: \_\_\_\_\_ Finishing Expandable Area: \_\_\_\_\_

Single Family Detached: \_\_\_\_\_ Duplex: \_\_\_\_\_ Single Family Attached (Townhouse): \_\_\_\_\_ # of Units: \_\_\_\_\_

Square Footage to be added: \_\_\_\_\_ How is the area being renovated currently used? \_\_\_\_\_

How will the area be used after renovation? \_\_\_\_\_

If an addition, how will the addition be used? \_\_\_\_\_

At the completion of this project, how many kitchens will there be? \_\_\_\_\_

**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. Carbon monoxide detectors may be required in addition to smoke detectors. \*See reverse side for additional information**

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

I hereby certify that I have read this application and know the same to be true and correct. I understand that I must call for the required foundation, framing, insulation, house wrap and final inspections and obtain a Certificate of Occupancy prior to occupying the structure. 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.

**Please submit this completed application and other required documents to [planning@murfreesborotn.gov](mailto:planning@murfreesborotn.gov) or submit directly to the Planning Department on the 2<sup>nd</sup> floor of Murfreesboro City Hall**

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

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

# **International Residential Code**

## **SMOKE ALARMS AND CARBON MONOXIDE DETECTORS**

### **Smoke detection and notification.**

All smoke alarms shall be listed in accordance with UL 217 and installed in accordance with the provisions of this code and the household fire warning equipment provisions of NFPA 72.

Household fire alarm systems installed in accordance with NFPA 72 that include smoke alarms, or a combination of smoke detector and audible notification device installed as required by this section for smoke alarms, shall be permitted. The household fire alarm system shall provide the same level of smoke detection and alarm as required by this section for smoke alarms in the event the fire alarm panel is removed or the system is not connected to a central station.

### **Location.**

Smoke alarms shall be installed in the following locations:

1. In each sleeping room.
2. Outside each separate sleeping area in the immediate vicinity of the bedrooms.
3. On each additional story of the dwelling, including basements but not including crawl spaces and uninhabitable attics. In dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.

When more than one smoke alarm is required to be installed within an individual dwelling unit the alarm devices shall be interconnected in such a manner that the actuation of one alarm will activate all of the alarms in the individual unit.

### **Alterations, repairs and additions.**

When alterations, repairs or additions requiring a permit occur, or when one or more sleeping rooms are added or created in existing dwellings, the individual dwelling unit shall be equipped with smoke alarms located as required for new dwellings; the smoke alarms shall be interconnected and hard wired.

### **Exceptions:**

1. Interconnection and hard-wiring of smoke alarms in existing areas shall not be required where the alterations or repairs do not result in the removal of interior wall or ceiling finishes exposing the structure, unless there is an attic, crawl space or basement available which could provide access for hard wiring and interconnection without the removal of interior finishes.
2. Work involving the exterior surfaces of dwellings, such as the replacement of roofing or siding, or the addition or replacement of windows or doors, or the addition of a porch or deck, are exempt from the requirements of this section.

### **Power Source.**

In new construction, the required smoke alarms shall receive their primary power from the building wiring when such wiring is served from a commercial source, and when primary power is interrupted, shall receive power from a battery. Wiring shall be permanent and without a disconnecting switch other than those required for over-current protection. Smoke alarms shall be permitted to be battery operated when installed in buildings without commercial power or in buildings that undergo alterations, repairs or additions regulated by Section R313.2.1.

**Carbon monoxide alarms** are required outside sleeping areas and in sleeping rooms or rooms connected to the bedrooms when the structure is served by fuel fired appliances or has a garage that opens directly into the structure.

**Examples of work that WOULD require the installation of detectors would be: Sunrooms, home additions, electrical work inside a residence, interior remodeling, any structural work inside a residence that would require a permit.**

**Examples of work that WOULD NOT require the installation of smoke detectors per would be: Detached garages, decks, porches, electrical work that is completely outside the structure, storage buildings, fences and swimming pools.**

111 West Vine Street  
Murfreesboro, TN 37133

TELE: 615-893-3750

FAX: 615-217-3016

**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: \_\_\_\_\_

111 West Vine Street  
Murfreesboro, TN 37130  
Tele: 615-893-3750  
Fax: 615-217-3016

**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)