

111 West Vine Street  
Murfreesboro, TN 37133

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**City of Murfreesboro  
Building and Codes Department**

**FINAL INSPECTION DEPOSIT  
AGREEMENT**



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

**THIS AGREEMENT MUST BE SIGNED PRIOR TO THE ISSUANCE OF A REMODEL, ADDITION OR SIGN  
BUILDING PERMIT**

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: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Contractor: \_\_\_\_\_

\_\_\_\_\_

Contact Person for Project: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

SIGNATURE OF OWNER \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ WITNESS \_\_\_\_\_  
(not required for Sign Permit)

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

**FOR OFFICE USE ONLY:**

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

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