

Post Office Box 639  
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Permit # \_\_\_\_\_  
Receipt# \_\_\_\_\_

## Tunica County Office of Planning & Development Commercial Building Application

Permit Address \_\_\_\_\_

Beat # \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Zone \_\_\_\_\_ Lot# \_\_\_\_\_ Subdivision \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

General Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

MS License No. and Expiration Date: \_\_\_\_\_

Project Description: \_\_\_\_\_

Cost of Construction \_\_\_\_\_

Permit Fees \_\_\_\_\_

Sewage Disposal Public \_\_\_\_\_ Private \_\_\_\_\_ **\*IF PUBLIC, CONTACT TCUD OR THE CITY WATER DEPARTMENT FOR ANY FEES THAT MAY APPLY.**

**\*State Health Department approval is required before any work is started. A state report will be required for all L.P. installations.**

Flood Zone requirements: Base Flood Elevation \_\_\_\_\_ Finish Flood Elevation \_\_\_\_\_  
**(Certification at or above flood elevation is required prior to occupation of any new structure)**

Firm Map # \_\_\_\_\_ Zone \_\_\_\_\_

Water Company: \_\_\_\_\_ Electric Company \_\_\_\_\_

**I HEREBY CERTIFY** that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinance governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate and cancel the provisions of any other State or Tunica County law regulating construction nor does it nullify any private covenants, deed restrictions or other restrictions running with the title to the property upon which construction is allowed. All excess waste building material will be removed from the building site at the expense of the owner or the owner's agent. No existing easement shall be infringed upon.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Building Official or Planning Director