

Post Office Box 639  
Tunica, MS 38676  
Phone: 662-363-2515  
Fax: 662-363-4232

Permit # \_\_\_\_\_

Receipt # \_\_\_\_\_

## Tunica County Office of Planning and Development Commercial Building Permit

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

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

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

MS license # and expiration date: \_\_\_\_\_

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

**\*Requires contract, a property deed, and a site plan which includes parking.**

Permit Fees:

Total cost of construction: _____	
Basic permit fee.....	\$10.00
\$2.00 per \$1,000.00 of value of construction.....	+
Total.....	\$

Proposed square footage: \_\_\_\_\_

Sewage Disposal: Public \_\_\_\_ Private \_\_\_\_ **\* IF PUBLIC, CONTACT TCU D 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 Floor 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
County Planner

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Director of the Planning and Development