

**BUILDING PERMIT APPLICATION
TOWN OF WALLS
9087 NAIL RD. PO BOX 35
www.townofwalls.com**

**PH: 662-781-282
Fax: 662-781-5444**

Contractor: _____ Date: _____
(As Listed of License)

Address: _____ City: _____ Zip: _____

Phone: _____

Building Permit Fee: _____ Walls Sewer Tap Fee: _____ *DRUCA: _____

Total: \$ _____ *DRUCA – Make check payable directly to DRUCA.

CASH CHECK Receipt # _____

Job Site Address: _____ Lot #: _____

Subdivision: _____ Occupancy Type: _____

Valuation: _____ Sanitary Sewer Type: _____

Heated Square Footage (Finished): _____ Heated Square Footage (Unfinished): _____

Unheated Square Footage: _____ Total Square Footage (Under Roof): _____

Building Size: _____ x _____ Type Construction: _____ Number Stories: _____

NOTE: Once the Tap has been placed, it is the responsibility of the Contractor to pay for expenses, should repair or replacement be required. Under no circumstances can the Tap be placed in concrete. Also, Construction must begin within (6) months from the date of this application, otherwise the permit will be voided and must be renewed.

In addition to the Building Permit Application, the following is also required:

- For residential, a set of plans is needed;
- For commercial – Sets plot plan, foundation survey, and all subcontractor permit applications must be received before permit number can be assigned or any inspections conducted.

I, the undersigned applicant, certify that the described work listed on the Building Permit Application, and all supporting documents submitted with this application are true and correct. I acknowledge that any permit granted on this representation may be revoked at any time, without notice, on a breach of representation or violation of the standard building codes.

This permit must be finalized within two (2) years, or it becomes void.

Contractor's Signature

Date