



Application for Certificate of Occupancy

City of Biloxi Office of the Building Official
 676 Martin Luther King Jr., Boulevard
 Biloxi, MS 39530 (228) 435-6270 Fax (228) 435-6188

Date:	
Fee:	
No. Assigned	

TO BE COMPLETED BY APPLICANT

Shaded Areas for Staff Only

Physical Location of Business:

Business Owner Information:

Last Name:	First:	M.I.
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Owner's Home Address

City:	State:	County:	Zip	Telephone
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Business Information

Business Name:

Mailing Address:

City:	State:	County:	Zip	Telephone
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Proposed Use of Building (PROVIDE DETAILED DESCRIPTION OF ALL PROPOSED USES)

	Proposed Use in Zoning Compliance?	Yes	No
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Last Occupancy in Building:

Previous Business Name:

Application is hereby made for a Certificate of Occupancy for the use of a building, structure, or premises as identified and described within this application. I agree to comply with all the laws, ordinances, and regulations enforced by the City of Biloxi Community Development Department in pursuit of this Certificate.

Applicant's Signature: _____

Date: _____

STAFF COMMENTS

AHRC District (please circle):	Yes No	If located in an AHRC District, Certificate of Appropriateness attached:(please circle):	Yes No
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Existing Code Violations on property: (please circle):	Yes No
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DRC review for Certificate of Development Required?	Site Plan attached: (please circle):	Yes No
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Certificate of Zoning Compliance attached?	Yes No
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Approved By:	Date:
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Denied By:	Date:
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Remarks:

Fee Schedule:

Payments: