



CZC - Commercial

Application # _____

Commercial Project Detail Worksheet

City of Biloxi, Planning Division

676 Dr. Martin Luther King Jr., Blvd., Biloxi, MS 39530 Ph. (228)435-6266 Fax (228)435-6188

NOTE: THIS CERTIFICATE MUST ACCOMPANY YOUR REQUESTS FOR BUSINESS LICENSURE, BUILDING PERMIT, AND/OR CERTIFICATE OF OCCUPANCY. NO REQUEST THROUGH THE BILOXI PLANNING COMMISSION CAN BE INITIATED WITHOUT THIS FORM. A SITE PLAN DEPICTING WHAT IS PROPOSED MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Project Description _____ Date _____

Applicant: Owner Engineer Architect Type of Contractor _____

Project Address: _____ Unit/Apt# _____

Tax Parcel Number(s): _____

Current Property Use _____

Proposed Property Use _____

Stories _____ Height _____ Total Units _____

OWNER DETAILS

Owner: _____

Mailing Address: _____

Telephone _____ Fax _____ Email _____

PROPERTY DETAIL

Planning Staff Only

Current Zoning and Use _____

Setbacks: Front _____ Back _____ Left _____ Right _____

Lot Sq. Ft or Acres _____ Impervious % _____

FEMA Flood Zone and Base Flood Elevation _____

Lowest Finish Floor Elevation or bottom of lowest horizontal member (Base Flood) _____

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SIGN DETAIL (Must be certified to meet 140 MPH design load)

Setback from street _____ Overall height above grade _____

Sign Height _____ Sign Width _____

Sq Ft of this sign _____ Total sq. ft. of all signs _____

Freestanding Attached to Building Illuminated: Yes No

SIGN DURATION

Permanent Temporary, Date sign will be removed _____

PARKING DETAILS

Total spaces _____ ADA spaces _____

Parking surface type: Asphalt Concrete Other _____

Parking lot lighting: Poles Building Mounted Other _____

Applicant Signature _____

Planning Staff Only

Is this project in compliance with the Zoning Requirements? Yes No

If No, what must be done to make this project compliant? _____

Does the project require DRC review? Yes No / if yes, Hearing Date is _____

_____ Date: _____

Planning Division Approval

Flood Plain Manager Only

Is this project in compliance with the FEMA Requirements? Yes No

If No, what must be done to make this project compliant? _____

_____ Date: _____

Flood Plain Manager Approval

AHRC Staff Only

Will this project require an AHRC Hearing? Yes No / if yes, Hearing Date is _____

_____ Date: _____

AHRC Staff Approval



Building Permit Application

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

A BUILDING CODE SUMMARY WORKSHEET MUST ACCOMPANY THIS

APPLICATION.

Application # _____ Project Address _____

Type of Structure: New Existing Attached Detached
 Addition Sign Demolition

Fully Describe Work Proposed: _____

Project Cost: _____ Issue
date _____

GENERAL CONTRACTOR

Name _____ Insurance _____ Exp.

Date _____

Address _____ City License # _____ Exp.

Date _____

Phone # _____ Email _____

SUBCONTRACTORS

Electrical: _____ Mechanical: _____

Plumbing: _____ Other: _____

IF NEW CONSTRUCTION, Gross Sq. Ft.: _____ Net Sq. Ft. _____

MULTI FAMILY INFORMATION (IF APPLICABLE)

Proposed # of Units _____ # of Buildings _____

***ASBESTOS CERTIFICATION**

Demolition/Remodel/Repair: I understand that it is my responsibility to verify if there are any asbestos containing materials. I will abide by the regulations of the MS Dept. of Environmental Quality for removal and disposal of any asbestos materials.

Applicant's Signature: _____ Date: _____

I HEREBY MAKE APPLICATION FOR PERMIT TO PERFORM WORK AS DESCRIBED HEREIN AND IF PERMIT IS GRANTED I AGREE TO CONFORM TO ALL REGULATIONS AND ORDINANCES OF THE CITY OF BILOXI PERTAINING HERETO AND IN ACCORDANCE WITH THE PLANS SUBMITTED. I ACKNOWLEDGE THAT THIS PERMIT WILL EXPIRE SIX (6) MONTHS FROM THE DATE OF APPROVAL.

Applicant's Signature: _____ Date: _____