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.
Owner's Home Address		

City:	State:	County:	Zip	Telephone

Business Information
Business Name:

Mailing Address:

City:	State:	County:	Zip	Telephone

Proposed Use of Building (PROVIDE DETAILED DESCRIPTION OF ALL PROPOSED USES)

Proposed Use in Zoning Compliance? Yes No

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
Existing Code Violations on property: (please circle):	Yes No
DRC review for Certificate of Development Required?	Site Plan attached: (please circle): Yes No
Certificate of Zoning Compliance attached?	Yes No
Approved By:	Date:
Denied By:	Date:
Remarks:	
Fee Schedule:	
Payments:	