

Application #



**Application for
Certificate of Occupancy**

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

Proposed Use of Building: _____

Physical Location of Business: _____

Business Owner Information

Business Name: _____

Owner/Applicant Name: _____

Business Mailing Address: _____

City, State Zip _____

Work: _____ Cell Phone: _____

Email _____

Previous Business Occupancy in Building _____

Previous Business Name (if known) _____

Applicant's Signature: _____ **Date** _____

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**CZC - Commercial
Commercial Project Detail Worksheet**

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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: _____

Project Address: _____ Unit/Apt# _____

Current Property Use _____

Proposed Property Use _____

Applicant Signature: _____ **Date** _____

Planning Staff Only

Tax Parcel # _____

Current Zoning _____ Use _____

Setbacks: Front _____ Back _____ Left _____ Right _____

Lot Sq. Ft or Acres _____ Impervious % _____

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

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

FEMA Flood Zone _____ Base Flood Elevation _____ Design Flood _____

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