



**APPLICATION FOR FINAL PLAT**  
**Community Development Department**  
**Planning Division**  
**676 Martin Luther King Blvd**  
**Biloxi, MS 39530**  
**228-435-6266 fax: 228-435-6188**

Case No.   -

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Ward Number

Tax Parcel Number(s):

-   -    .

-   -    .

\_\_\_\_\_  
Name of Subdivision

\_\_\_\_\_  
Number of lots in Subdivision

Is this a phased subdivision?  Yes  No

\_\_\_\_\_  
Phase (if applicable)

\_\_\_\_\_  
No. of lots in this phase

Letter of Approval from City Engineer Attached?  Yes  No

Blue Line of the Final Plat attached?  Yes  No  N/A

If no, explain

\_\_\_\_\_  
Name of Rightful Owner

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Mailing Address (If different)

\_\_\_\_\_  
Mailing Address (If different)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
City, State and Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Office Phone

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Office Phone

( ) \_\_\_\_\_  
Fax Number e-mail address

( ) \_\_\_\_\_  
Fax Number e-mail address

\_\_\_\_\_  
Signature of Rightful Owner

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Signature  
(Seal)

\_\_\_\_\_  
Notary Signature  
(Seal)

If someone other than the applicant needs to be notified concerning this case, please note name(s), address (es), phone numbers and e-mail address(es) below:

\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

DATE RECEIVED: \_\_\_\_\_ PRELIMINARY SUBDIVISION CASE NO.: \_\_\_\_\_

FEE RECEIVED: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

PLAT REVIEWED BY: \_\_\_\_\_ CITY COUNCIL AGENDA DATE: \_\_\_\_\_