



APPLICATION FOR FINAL PLAT
 Community Development Department
 Planning Division
Mailing Address: P.O. Box 508, Biloxi, MS 39530
 Office Location: 676 Dr. MLK Blvd.,
 Planning (228) 435-6266 Fax (228) 435-6188

Case No. □□-□□□□

_____ Date Submitted

_____ Ward Number

Tax Parcel Number(s):

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_____ 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

Maintenance Bond (if applicable) Yes No

Copy proposed Final Plat attached. Yes No

_____ 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: _____