



**PLANNING COMMISSION SUPPLEMENT**  
**Preliminary Subdivision Review**

City of Biloxi 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

Name of Subdivision: \_\_\_\_\_  
 Ward No. \_\_\_\_\_  
 Most nearly bounded by (street names)  
 To the North by: \_\_\_\_\_  
 To the South by: \_\_\_\_\_  
 To the East by: \_\_\_\_\_  
 To the West by: \_\_\_\_\_  
 Developer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**VICINITY MAP**  
 ATTACH MAP, IF AVAILABLE

**DEVELOPMENTAL DATA**

	<i>Existing</i>	<i>Proposed</i>
Front Yard Setback	_____	_____
Rear Yard Setback	_____	_____
Side Yard Setback	_____	_____
Zoning	_____	_____
Minimum Lot Size	_____	_____
Minimum Lot Width	_____	_____
Minimum Lot Depth	_____	_____
Number of Lots	_____	_____
Total Acres	_____	_____
Average Lot Size(s)	_____	_____
Tax Parcel Number(s)	_____	_____

Proposed Street Name(s): \_\_\_\_\_

Paved Area, Location and Width of Sidewalks: \_\_\_\_\_

R.O.W. Width: \_\_\_\_\_

Is Planned Unit Development (PUD) approval requested?  Yes  No

PUD Application attached?  Yes  No

Case No. PC-□□-□□□□		
Is the Supplement complete?		
- Has Pre-application Conference been held? (please circle)	Yes	No
- DRC Case No: □□-□□□□		
- <b>DRC Letter and Engineering Letter MUST be attached to schedule PC meeting.</b>		
- Site Plan attached? (please circle)	Yes	No
- Is proposed project located in a Historic District? (please circle)	Yes	No
- Certificate of Appropriateness, if applicable? (please circle)	Yes	No
The DRC and/or Planning Commission recommend that the City Council impose the following conditions upon the issuance of the Conditional Use Permit?	Yes	No
1.	3.	
2.	4.	
Staff Initials	Date	