



**Application for
Certificate of Occupancy**
City of Biloxi, Planning Division
Mailing Address: P.O. Box 508, Biloxi, MS 39533

Office Location: 676 Dr. MLK Blvd.,
Building (228) 435-6270 Planning (228) 435-6266 Fax (228) 435-6188

APPLICATION # _____

Proposed Use of Building: _____

Address 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) _____

Current Property Use _____

Proposed Property Use _____

Applicant Signature: _____ **Date** _____

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Certificate of Zoning Compliance CZC
Commercial Project Detail Worksheet
City of Biloxi, Planning Division
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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