

Application # _____



Certificate of Zoning Compliance (CZC)
Commercial Project Detail Worksheet
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

Note: This certificate must accompany your requests for business licensure, building permit, and/or certificate of occupancy. No request through the Biloxi planning department can be initiated without this form. A site plan depicting what is proposed must be attached to complete this application. (If applicable)

Project Description: _____

Applicant: ☐ Owner ☐ Engineer ☐ Architect ☐ Type of Contractor _____

Project Address: _____ Lot/Unit/Apt# _____

Current/Proposed Property Use _____ Ward _____

(OWNER) BUSINESS DETAILS

Owners Name: _____

Mailing Address: _____ Telephone _____

(SEPARATE PERMIT REQUIRED FOR SIGN AND/OR PARKING) SIGN DETAIL

Setback from property line _____ Overall height above grade _____

Sign Height _____ Sign Width _____

Sq. Ft of this sign _____ Total sq. ft. of all signs _____

☐ Freestanding ☐ Attached to Building Illuminated: ☐ Yes ☐ No

PARKING DETAILS

Total spaces _____ ADA spaces _____

Parking surface type: ☐ Asphalt ☐ Concrete ☐ Other _____

Parking lot lighting: ☐ Poles ☐ Building Mounted ☐ Other _____

CELL TOWER DETAILS

☐ Antenna Upgrade ☐ Keesler Flight Plan area – Tower MSL _____ Latitude _____ & Longitude _____

Applicant Signature _____ Date _____

Planning Staff Only

Tax Parcel # _____

Current Zoning _____ Use _____

Setbacks: Front _____ Back _____ Left _____ Right _____

Lot Sq. Ft or Acres _____ Impervious % _____ PC Case # _____

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

Does the project require DRC review? ☐ Yes ☐ No / if yes, Hearing Date is _____

Are Protected Trees on site? ☐ Yes ☐ No Arborist Signature _____

Date: _____

Planning Division Approval

Flood Plain Manager Only

Old Flood Zone _____ Permits since 2015 ☐ Yes ☐ No

FEMA Flood Zone ☐ A, AE, or AH ☐ CAZ ☐ VE ☐ SX or X

Floodway ☐ Yes ☐ No Design Flood Elevation _____ Cumulative % _____

Date: _____

Flood Plain Manager Approval

AHRC Staff Only

Will this project require an AHRC Hearing? ☐ Yes ☐ No / if yes, Hearing Date is _____

Case No. _____

Date: _____

AHRC Staff Approval



Building Permit Application

City of Biloxi, Planning Division

Mailing Address: P.O. Box 508, Blvd., Biloxi, MS 39533

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

Planning (228) 435-6266 Fax (228) 435-6188

A BUILDING CODE SUMMARY WORKSHEET MUST ACCOMPANY THIS APPLICATION

Project Address _____ Project Cost \$ _____

Type of Structure: ☐ New ☐ Existing ☐ Demolition ☐ Fence ☐ Addition ☐ Sign

Fully Describe Work Proposed: _____

GENERAL CONTRACTOR

Name/Address _____

City License # _____ Phone # _____

SUBCONTRACTORS

Electrical: _____ Mechanical: _____

Plumbing: _____ Other: _____

If new construction, Gross Sq. Ft.: _____ Net Sq. Ft. _____

Multi-family information (if applicable) proposed # of Units _____ # of Buildings _____

ASBESTOS CERTIFICATION

Demolition/Remodel/Repair: I understand that it is my responsibility to verify if there are any asbestos containing materials. I will abide by the regulations of the MS Dept. of Environmental Quality for removal and disposal of any asbestos materials.

Applicant's Signature: _____ Date: _____

I hereby make application for permit to perform work as described herein and if permit is granted i agree to conform to all regulations and ordinances of the city of Biloxi pertaining hereto and in accordance with the plans submitted. I acknowledge that this permit will expire six (6) months from the date of approval.

Applicant's Signature: _____ Date: _____