



APPLICATION FOR FINAL PLAT
Community Development Department
Planning Division
Mailing Address: P.O. Box 508, Biloxi, MS 39533
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: _____