



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 _____

Note: New construction and substantial improvement of any building shall have the lowest floor (including basement) at least one foot above the base flood elevation or above the centerline of the designated street, unless the topography of the property does not allow for strict adherence as determined by the administrator.

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 2016 ☐ 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, Building Division

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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: _____