



**Residential Building Permit Application**  
City of Biloxi, Planning Division  
**Mailing Address: P.O. Box 508, Blvd., Biloxi, MS 39530**  
Office Location: 676 Dr. MLK Blvd.,  
Building (228) 435-6270 Planning (228) 435-6266 Fax (228) 435-6188

Application number \_\_\_\_\_ Date issued \_\_\_\_\_

Applicant:  Owner  Engineer  Architect  Contractor  Other \_\_\_\_\_

Owner's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Project Address \_\_\_\_\_ Lot Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Estimated Cost (\$) \_\_\_\_\_

Project Description:  New Construction  Addition  Repair/Renovate  Other

PLEASE DESCRIBE WORK PROPOSED:  
\_\_\_\_\_  
\_\_\_\_\_

Contractor's Name \_\_\_\_\_ City License # \_\_\_\_\_

(If applicable) Contractor Phone # \_\_\_\_\_

Owner/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only**

Parcel \_\_\_\_\_ Old Flood Zone \_\_\_\_\_

Permits since 2012  Yes  No Floodway  Yes  No Cumulative % \_\_\_\_\_

FEMA Flood Zone  A, AE, or AH  CAZ  VE  SX or X Design Flood Elevation \_\_\_\_\_

Flood Plain Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

Are Protected Trees on site?  Yes  No Arborist Signature \_\_\_\_\_

Will this project require an AHRC Hearing? \_\_\_\_\_ No \_\_\_\_\_ Yes Case No. \_\_\_\_\_

Will this project require a Planning Commission Hearing? \_\_\_\_\_ No \_\_\_\_\_ Yes

Current Zoning \_\_\_\_\_ PC Case No. \_\_\_\_\_ (if applicable)

Current Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

Impervious % \_\_\_\_\_

Planning Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF BILOXI**  
**HOME OWNER CERTIFICATE OF COMPLIANCE**

**\* \* \* NOTICE TO HOME OWNER\* \* \***

It is strongly suggested that you contract this project with a licensed general contractor. Acting as your own general contractor makes you responsible for all construction and code requirements. You may not have any recourse against any subcontractors you hire to complete this project. You could also be liable should anyone be injured during project construction. It is not recommended that you act as your own general contractor.

City of Biloxi Application # \_\_\_\_\_

Physical Address of Home \_\_\_\_\_

**THE UNDERSIGNED HEREBY CERTIFIES UNDER PENALTY OF PERJURY THAT:**

1. I am the legal owner of record of the property described above, and
2. The property described above is my principal place of residence, or if the application is for a permit to construct a new residence, the new residence will be my principal place of residence upon completion, and
3. I am familiar with applicable construction codes, city ordinances, and state laws for such construction activity, and
4. All work under the permit issued, as a result of this application, will be performed by me or under my direct supervision, and
5. All work must be completed in conformance with current applicable construction codes and must pass inspections by City Inspectors, and
6. I will pay any fees as a result of work not being ready for inspection or not being in conformance with the applicable codes when inspected, and
7. If after the work has been inspected the Building Official determines that I do not have the knowledge and /or experience to complete the work in conformance with applicable construction codes, city ordinances, and state laws, the Building Official may stop the work and require me to engage a licensed and bonded contractor to complete the permitted work.

**A COPY OF THIS CERTIFICATE WILL BE SENT TO  
THE MISSISSIPPI STATE BOARD OF CONTRACTORS.**

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_