



City of Ocean Springs Planning Department  
1018 Porter Avenue / PO Box 1800 Ocean Springs, MS 39564  
(228) 875-4415

## Application for Property Tax Exemption

Date of Application: \_\_\_\_\_

### APPLICANT INFORMATION:

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### PROJECT INFORMATION:

Project Address: \_\_\_\_\_

Jackson County Tax Assessor PIDN Number: \_\_\_\_\_ Zone: \_\_\_\_\_

Purchase Date (attached copy of property deed): \_\_\_\_\_

Building Permit Number (attach copy of building permit): \_\_\_\_\_

Project is in:

- Central Business District
- Historic District

Project is for:

- Redevelopment Project
- Demolition/New Construction
- Rehabilitation to existing structure

Current Municipal Ad Valorem tax on structure excluding Ad Valorem tax for school purposes. (attach most recent tax receipt): \$ \_\_\_\_\_

Legal Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Project:

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Estimated Project Amount: \_\_\_\_\_

Estimated Project Beginning Date: \_\_\_\_\_

Estimated Project Completion Date: \_\_\_\_\_

By signing this application, the undersigned acknowledges that the above information is true, correct, and complete, to the best of his/her knowledge.

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Date

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Applicant/Property Owner Signature