

City of Ocean Springs
APPEAL – PLANNING COMMISSION DETERMINATION
PUBLIC HEARING APPLICATION

Community Development and Planning Department
1014 Porter Avenue, Ocean Springs, MS 39564 / Ph: (228) 875-4415 / Fax: (228) 875-2543

**A PUBLIC NOTICE FOR THIS PUBLIC HEARING WILL BE SENT TO ALL PROPERTY OWNERS
WITHIN 500FT. OF SUBJECT PROPERTY, INCLUDING VACANT LOTS.**

**PUBLIC NOTICES ARE MAILED BY CERTIFIED MAIL – THIS COST MUST BE PAID BY
APPLICANT PRIOR TO MAILOUT**

ALL FEES ARE NON-REFUNDABLE – DELAY IN PAYMENT MAY RESULT IN DELAY OF PUBLIC HEARING

Type of Request: CHANGE IN ZONING DISTRICT SPECIAL USE PERMIT
USE PERMIT

Date of Public Hearing with Planning Commission: _____

Planning Commission Recommendation: Approval Denial

SUBJECT PROPERTY ADDRESS: _____

Current Property Zoning Classification: _____

Property Owner Information:

NAME: _____

ADDRESS: _____

PHONE: _____ Fax: _____

EMAIL: _____

Applicant Information (if different):

NAME: _____

ADDRESS: _____

PHONE: _____ Fax: _____

EMAIL: _____

***If Applicant is authorized to represent Property Owner, Applicant must provide
documentation signed by the Property Owner.***

REQUEST SUMMARY: _____

IS THERE ANY ADDITIONAL INFORMATION SUBMITTED WITH THIS APPEAL APPLICATION THAT WAS NOT INCLUDED IN THE ORIGINAL PUBLIC HEARING? YES NO

If yes, Please describe: _____

NOTE: The date of the public hearing will be set based on the receipt of fees associated with mailout of the public notice and indicated in the space below.

PROPERTY OWNER:

APPLICANT (if different):

Printed Name – Property Owner

Printed Name – Applicant

Date

Date

.....

OFFICE USE ONLY

Date Received: _____ Received by: _____

Number of Certified Mail Envelopes Required: _____ Cost/Mailout: \$ _____

Total Mailout Fees Due: \$ _____ Date Fees Received: _____

Received by: _____

DATE OF PUBLIC HEARING: _____

Date Notices Mailed: _____ By: _____