

Ocean Springs Planning Commission
 PO Box 1800
 Ocean Springs, MS 39564
 228-875-6712 (Phone) 228-872-5427 (fax)

Office Use	
Date Received	_____
Received by	_____
<input type="checkbox"/> App Fee Paid / Cash/Ck#	_____
<input type="checkbox"/> Mailout Fee: \$	_____
<input type="checkbox"/> Mailout Pd: Cash / Ck#	_____

CHANGE IN ZONING / USE PERMIT APPLICATION

Effective June 11, 2006, the following application fees apply:

Application Fee Required*: **\$ 250.00** (*NON REFUNDABLE*)

* *Does not include mail fee, to be determined by City.*

Certified mail fee required for notification of property owners within 500' of applicant property. Exact fee to be determined by City, based on current postage rates. AND MUST BE PAID FOR BY THE APPLICANT BEFORE MAILING.

Application Date: _____

(Applications are due by the 7th of each month for the meeting scheduled for the subsequent month.)

Indicate Request: Change In Zoning District _____ Use Permit _____ Conditional Use Permit _____

Applicant Information

Address of Lot(s): _____ Parcel ID(s): _____

- | | |
|---------------------------|--------------|
| 1. Applicant: _____ | Phone: _____ |
| Address: _____ | Email: _____ |
| 2. Owner of Record: _____ | Phone: _____ |
| Address: _____ | Email: _____ |

COMPLETE THE FOLLOWING:

1. Current Zoning classification of property: _____
New Zoning District Requested (if applicable): _____

2. Explain the present use of the property and condition of any existing structures:

3. Describe the intended use of property:

4. Reason for request: *Must include 1) A description of the change/changes in the neighborhood that justify the change (when/where) OR the mistake made in the zoning map if applicable; AND 2) The public need for the new zoning district type.*

ATTACHMENTS REQUIRED:

- _____ 1. Application Fee. Amount \$ 250.00
- _____ 2. Map of the property and the surrounding neighborhood.
- _____ 3. Diagram of intended use, showing dimensions and distances of property, building and their setbacks; parking spaces, entrances and exits.
- _____ 4. Legal description; street address.
- _____ 5. Copy of protective covenants or deed restrictions, if any.
- _____ 6. Copies of approvals or requests of approval from other agencies such as: Health Department, Miss. Air and Water Pollution Control Commission, Corps of Engineers, Department of Marine Resources Council, etc.

***** If applicant is authorized to represent property owner, applicant must provide documentation signed by the property owner.**

Signature of Property Owner

Signature of Applicant

Print name

Print name

Date

Date

Office Use Only: APPROVALS

_____ Public Works Date: _____ / _____ Planning Department Date: _____
 _____ City Engineer Date: _____