

**CITY OF TUPELO CERTIFICATE OF OCCUPANCY APPLICATION**

Department of Development Services  
PO Box 1485, Tupelo, MS 38802-1485  
Phone (662) 841-6510 FAX (662) 841-6550  
E-mail address: [build@ci.tupelo.ms.us](mailto:build@ci.tupelo.ms.us)



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**BUSINESS NAME:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

**NUMBER OF EMPLOYEES:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**OWNER'S MAILING ADDRESS:** \_\_\_\_\_

**OWNER'S TELEPHONE:** \_\_\_\_\_

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**HAVE YOU FILED ANY OTHER TYPE OF APPLICATION WITH THIS DEPARTMENT?  
(CIRCLE THOSE THAT APPLY)**

BUILDING PERMIT

SIGN PERMIT

ZONING ACTION

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or City law regulating the approval of this occupancy nor does it nullify any private covenants, deed restrictions, or other restrictions running with the title to the property upon which this occupancy is allowed.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

ZONING CLASSIFICATION: \_\_\_\_\_ PARCEL: \_\_\_\_\_

PERMITTED USE CLASSIFICATION: \_\_\_\_\_

CONDITIONAL USE CLASSIFICATION: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

NON-CONFORMING USE REPLACED: \_\_\_\_\_