

CITY OF TUPELO CERTIFICATE OF OCCUPANCY APPLICATION

Department of Development Services
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E-mail address: gladys.ruff@tupeloms.gov



BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____

TYPE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____

CONTACT PERSON: _____

OWNER: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S TELEPHONE: _____

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

BUILDING PERMIT

SIGN PERMIT

ZONING ACTION

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:** _____

FOR OFFICE USE ONLY

ZONING CLASSIFICATION: _____

PARCEL: _____

PERMITTED USE CLASSIFICATION: _____

CONDITIONAL USE CLASSIFICATION: _____

APPLICATION NUMBER: _____

NON-CONFORMING USE REPLACED: _____