

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
Email: gladys.ruff@tupeloms.gov



BUSINESS NAME: _____

BUSINESS PHYSICAL ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS TELEPHONE: _____

TYPE OF BUSINESS: _____

CONTACT PERSON: _____

CONTACT TELEPHONE: _____

BUSINESS OWNER: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S TELEPHONE: _____

PROPERTY OWNER: _____

PROPERTY OWNER'S ADDRESS: _____

**PROPERTY OWNER'S
TELEPHONE NUMBER:** _____

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 NUMBER:** _____

PERMITTED USE CLASSIFICATION: _____

CONDITIONAL USE CLASSIFICATION: _____

NON-CONFORMING USE REPLACED: _____

APPLICATION NUMBER: _____