OXFORD
PLANNING
DEPARTMENT

City of Oxford
Shared Use Permit

Date_____

Name of Property Owner _____

Business Address _____

PPIN(s) #_____

Applicant's Address _____

Applicant's Phone # _____ **Email Address** _____

☐ **Outdoor Dining/Seating** ☐ **Retail Display**

Will this location be serving alcohol? ◯ **Y** ◯ **N** ◯ **N/A**

Will there be anything affixed to the building? ◯ **Y** ◯ **N** ◯ **N/A**

How many feet along the curb will be utilized? _____

Please reference the Shared Space Permit & Design Guidelines for additional required submission materials.

APPLICANT SIGNATURE _____**DATE**_____

Please contact the City of Oxford Planning Department for More Information
(662) 232-2305 planning@oxfordms.net