



APPLICANT INFORMATION						
Applicant Name:				Business Name:		
Mailing Address:				City:		State: ZIP:
Phone Number:				E-mail Address:		
Applicant's Relationship to Site:	Owner <input type="checkbox"/> Renter <input type="checkbox"/> Agent <input type="checkbox"/> <i>If agent, please specify:</i>					
SITE DESCRIPTION						
Site Address:				City:	OXFORD	State: MS ZIP: 38655
Site/Property Owner Name:				Site/Property Owner Phone Number:		
Current Zoning:				Current Use:		
Property PPIN:				Parcel Size (in acres):		
SPECIAL USE REQUEST						
Please describe the proposed change in use and intent for this property below. Indicate how the use will meet all requirements in the Land Development Code. Submit addendum on separate sheet, if more space is needed.						

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 herein or not. The granting of a permit does not presume to give authority to violate and/or cancel the provisions of any other state or local laws.

Applicant Name (Please Print): _____ Date: _____

Applicant Signature: _____ Date: _____

Department Authorization: _____ Date: _____

FOR OFFICE USE ONLY						
Application No.:		Associated Planning Case File(s):		Staff Initials:		Date: