



TEMPORARY COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION

City of Tupelo | Department of Development Services

Mail: P O Box 1485, Tupelo, MS 38802-1485

Phone: (662) 841-6510 Fax: (662) 841-6550

Email: permits@tupeloms.gov

MUNIS _____

Received By: _____

Date Received: _____

(for office use only)

Permit Fee: \$75.00 (Non-refundable)

PROJECT DESCRIPTION

PROJECT LOCATION:

(ADDRESS OR PARCEL REQUIRED): _____

PROJECT TYPE:

Business Owner Change _____ Business Name Change _____ Business Location Change _____

New Business _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

CONTACT INFORMATION

PROPERTY OWNER CONTACT INFORMATION:

Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

BUSINESS OWNER CONTACT INFORMATION:

Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

PERSON OF CONTACT INFORMATION:

Owner Name: _____ Email: _____

Phone Number(s): _____

Required Attachments (all required attachments must be submitted BEFORE a permit can be issued):

1. Recorded deed; if owner and applicant are not the same, current lease and owner permission _____

I hereby certify the above information is true and correct and completed in accordance with the Tupelo Development Code. I further understand that if I am not the property owner, notarized permission from the property owner is required for application to be processed.

Applicant Signature: _____ Date: _____