

PERMIT TYPE: [ ] B [ ] E [ ] P [ ] Other

[ ] Commercial [ ] Residential

Application Date: \_\_\_\_\_

**City of Marion**  
**Planning & Development Services**  
194 N. Main St. – PO Drawer 700  
Marion, NC 28752  
Phone 828-652-3551/Fax 828-652-1983

PERMIT # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Issuance Date: \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

**THIS SECTION TO BE FILLED OUT APPLICANT**

Please Print or Type

Applicant: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Project Name: \_\_\_\_\_ Map/Block/Lot(PIN): \_\_\_\_\_

Address: \_\_\_\_\_

Type of Structure: [ ] New [ ] Addition [ ] Existing [ ] Mobile Home [ ] Manufactured Unit [ ] NA

**Proposed Use/Occupancy of Building:**

[ ] Assembly [ ] Business [ ] Educational [ ] Factory [ ] High Hazard [ ] Institutional [ ] Mercantile [ ] Residential [ ] Storage [ ] Utility and Miscellaneous

Type of Construction: [ ] Type I A or B [ ] Type II A or B [ ] Type III A or B [ ] Type IV A or B [ ] Type V A or B

Dimensions of Building: Width \_\_\_\_\_ Ft. Length \_\_\_\_\_ Ft. Height \_\_\_\_\_ Ft. Building Area \_\_\_\_\_ Sq. Ft.

Description of Work: \_\_\_\_\_

Estimated Cost of Construction: \$ \_\_\_\_\_

**Residential Unit Information**

Number of Stories \_\_\_\_\_ [ ] Single Family Dwelling [ ] Duplex [ ] Apt/Other  
No. of Baths \_\_\_\_\_ Type of Heat \_\_\_\_\_ A/C [ ] size \_\_\_\_\_

Basement \_\_\_\_\_ Sq. Ft. Porches, Decks, Etc. \_\_\_\_\_ Sq. Ft.

**Contractors Information**

	Name	License #	Phone #	Contact Person
General	_____	_____	(____) _____	_____
Electrical	_____	_____	(____) _____	_____
Mechanical	_____	_____	(____) _____	_____
Plumbing	_____	_____	(____) _____	_____
Other	_____	_____	(____) _____	_____

Method of Payment: [ ] Check # \_\_\_\_\_ or [ ] Cash Fee Amt. Paid \$ \_\_\_\_\_

**Certification**

I agree to conform to all Federal, State and local codes and ordinances. I furthermore certify that all information provided is correct and that I am authorized to grant and do in fact, grant permission to the local zoning officer and local building official and designated agents, to enter on the property noted on the City of Marion permit(s) for the purpose of inspection.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of landowner or person authorized to act as his/her agent

PERMIT ISSUED BY: \_\_\_\_\_