

# CITY OF MARION

## Planning & Development Services

194 N. Main Street • P.O. Drawer 700• Marion, NC 28752  
Phone 828-652-3551/Fax 828-652-1983

OFFICE USE:	
PERMIT #:	_____
PERMIT FEE:	_____
PAYMENT TYPE:	_____

### ONE AND TWO FAMILY RESIDENTIAL DWELLING BUILDING PERMIT APPLICATION

**ALL INFORMATION MUST BE COMPLETE AND ACCURATE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

PLEASE PRINT CLEARLY OR TYPE	PROPERTY INFORMATION		
	911 ADDRESS	NAME	
PROPERTY OWNER	FIRST	NUMBER AND STREET	NUMBER
	LAST	CITY, STATE, & ZIP	PHONE NUMBER EMAIL

GENERAL CONTRACTOR	CONTRACTOR INFORMATION		
	NAME	MAILING ADDRESS- NUMBER, STREET, CITY, STATE ZIP CODE	PHONE NUMBER
ELECTRICAL CONTRACTOR	FIRST		
	LAST		LICENSE NUMBER
PLUMBING CONTRACTOR	FIRST		
	LAST		LICENSE NUMBER
MECHANICAL CONTRACTOR	FIRST		
	LAST		LICENSE NUMBER
OTHER CONTRACTOR	FIRST		
	LAST		LICENSE NUMBER

<b>BUILDING INFORMATION</b>					
TYPE OF IMPROVEMENT		BUILDING AREA		ZONING DISTRICT	
<input type="radio"/> Single Family <input type="radio"/> Manufactured Home <input type="radio"/> Two Family <input type="radio"/> Modular Home <input type="radio"/> Other (Describe) <input type="radio"/> Addition <hr/>		Total Area: _____ sq. ft. Under Construction: _____ sq. ft. # of Stories: _____ # of Bedrooms _____ # of Bathrooms _____		<input type="radio"/> R1 <input type="radio"/> R2 <input type="radio"/> R3 <input type="radio"/> OTHER _____ <b>FLOOD HAZARD AREA</b> <input type="radio"/> Yes <input type="radio"/> No	
<b>FOUNDATION TYPE</b>					
<input type="radio"/> Basement <input type="radio"/> CrawlspacE <input type="radio"/> Slab <input type="radio"/> Piers <input type="radio"/> Other _____					
TOTAL HEATED BASEMENT		TOTAL UNHEATED BASEMENT		TOTAL PROJECT COST	
<input type="radio"/> Yes <input type="radio"/> No				\$ _____	
DESCRIPTION OF WORK: _____					

<b>MANUFACTURED HOME SECTION ONLY</b>				
NAME OF MANUFACTURER		YEAR OF MANUFACTURE		TOTAL SQ. FT.
MANUFACTURED HOME DEALER		ADDRESS, CITY, STATE, ZIP		WIDTH: _____ LENGTH: _____
SET-UP CONTRACTOR		ADDRESS, CITY, STATE, ZIP		PHONE NUMBER

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for permit and inspection of work described and agrees to comply with all applicable local, State, and Federal laws regulating the work. Further that this permit will expire if work is not commenced and inspected within six months of the date of issue. This permit will also expire if work stops at any time for 12 months or more and no inspections are performed to verify work in progress.

**DOUBLE FEE CHARGED FOR WORK STARTED PRIOR TO OBTAINING PERMIT.**

X \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

Signature of landowner or person authorized to act as his/her agent      DATE: \_\_\_\_\_