



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

**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

**STAND ALONE TRADE PERMIT APPLICATION**

Please Type or Print Legibly

**ALL INFORMATION MUST BE COMPLETE AND ACCURATE PRIOR TO APPLICATION SUBMISSION**

PARCEL NUMBER (PIN): \_\_\_\_\_

PHYSICAL ADDRESS OF JOB SITE: \_\_\_\_\_

PERMIT TYPE: [ ] Building (No Addition) [ ] Electrical [ ] Plumbing [ ] Mechanical [ ] Gas Piping [ ] Combo

USE OF STRUCTURE/OCCUPANCY: [ ] Commercial, [ ] Institutional, [ ] Industrial, [ ] Manf. Home, [ ] Multifamily, [ ] Public, [ ] Single Family

PROPERTY OR BUSINESS OWNER FULL NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GENERAL CONTRACTOR NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

CONTRACTOR INFORMATION			
LICENSE TYPE	LICENSEE NAME	LICENSE NUMBER	CONTACT PHONE NUMBER
GENERAL			
ELECTRICAL			
MECHANICAL			
PLUMBING			
OTHER			

CONTRACT AMOUNT: \_\_\_\_\_ TOTAL SQUARE FOOTAGE: \_\_\_\_\_

**Certification**

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

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