

# 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		
<b>PROPERTY OWNER</b>	911 ADDRESS		PARCEL IDENTIFICATION NUMBER (PIN)
	NAME	MAILING ADDRESS- NUMBER, STREET, CITY, STATE ZIP CODE	NUMBER
FIRST	NUMBER AND STREET		PHONE NUMBER
LAST	CITY, STATE, & ZIP		EMAIL

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

BUILDING INFORMATION			
TYPE OF IMPROVEMENT	BUILDING AREA	ZONING DISTRICT	FLOOD HAZARD AREA
<input type="radio"/> Single Family <input type="radio"/> Manufactured Home <input type="radio"/> Two Family <input type="radio"/> Modular Home <input type="radio"/> Other ( <i>Describe</i> ) <input type="radio"/> Addition <input type="radio"/> Moving Home	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 _____	<input type="radio"/> Yes <input type="radio"/> No
FOUNDATION TYPE		BASEMENT FINISHED	
<input type="radio"/> Basement <input type="radio"/> Crawlspace <input type="radio"/> Slab <input type="radio"/> Piers <input type="radio"/> Other _____		<input type="radio"/> Yes <input type="radio"/> No	
TOTAL HEATED BASEMENT	TOTAL UNHEATED BASEMENT	TOTAL PROJECT COST	
_____ Sq. Ft.	_____ Sq. Ft.	\$ _____	
DESCRIPTION OF WORK: _____			

MANUFACTURED HOME SECTION ONLY				
NAME OF MANUFACTURER	YEAR OF MANUFACTURE	TOTAL SQ. FT.	WIDTH:	LENGTH:
MANUFACTURED HOME DEALER	ADDRESS, CITY, STATE, ZIP		PHONE NUMBER	
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: \_\_\_\_\_