

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

	CONTRACTOR INFORMATION		
		NAME	MAILING ADDRESS- NUMBER, STREET, CITY, STATE ZIP CODE
GENERAL CONTRACTOR	FIRST		
	LAST		LICENSE 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

BUILDING INFORMATION			
TYPE OF IMPROVEMENT		BUILDING AREA	
<input type="radio"/> Single Family <input type="radio"/> Two Family <input type="radio"/> Other ( <i>Describe</i> ) _____	<input type="radio"/> Manufactured Home <input type="radio"/> Modular Home <input type="radio"/> Addition <input type="radio"/> Moving Home	Total Area: _____ sq. ft. Under Construction: _____ sq. ft. # of Stories: _____ # of Bedrooms _____ # of Bathrooms _____	ZONING DISTRICT <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
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	_____ Sq. Ft.	TOTAL UNHEATED BASEMENT	_____ Sq. Ft.
			TOTAL PROJECT COST
			\$ _____
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: \_\_\_\_\_