



TOWN OF MARION

138 W. Main St. Marion, Va. 24354

(276) 783-4113 www.marionva.org

RESIDENTIAL ZONING PERMIT APPLICATION Application Fee \$75

Parcel Tax Map Number	Zoning District	Permit Number	Date
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LOT INFO:

Street frontage linear footage _____

My lot is _____ wide X _____ deep and contains _____ square feet of area.

Is this a corner lot? _____

CHECK ONE:

Request a Zoning Permit to erect / enlarge / move / place a _____ located at _____ for use as a _____

and the height will be _____. This property is owned by _____.

Does the property owner reside at this location? _____, if No then what is the address of the property owner? _____ . The property owner's phone number is _____.

DISTANCES ARE MEASURED TO THE CLOSEST PART OF THE ROOFLINE TO THE PROPERTY LINES:

Distance from Front Lot Line _____ Distance from Rear Lot Line _____ Distance from Left Lot Line _____

Distance from Right Lot Line _____

IF IT IS AN ACCESSORY STRUCTURE:

Is it behind the rear plane of the primary structure? _____

Distance from Rear Lot Line _____ Distance from Side Lot Line _____

CHECK ONE:

Does the property have Town water _____ Does the property have Town sewer _____ Does the property have a sanitary sewer system _____

Contractor's contact information:

Will a contractor be used? _____ Name of Contractor? _____

Cell Phone Number: _____

Address: _____

Does the contractor have a current Town of Marion Business License? _____ License #: _____

Is the project in a flood zone? _____

I hereby make an oath that the above information is true and correct. I also understand that, by signing this zoning permit, I am bound by the current Town of Marion, Va. Zoning Ordinances and any variations not discussed about this improvement which would make it non-conforming with the current zoning may result in additional legal fees and/or relocation of the improvement discussed in this application.

Signature of Applicant _____

Zoning Administrator _____

Sketch Pad

