



CITY of MARION

ADVISORY PLAN DEPARTMENT

Date _____

Commercial Improvement Location Permit Application

ILP# _____

	APPLICANT	CONTRACTOR	LOT OWNER
First/Last Name			
Mailing Address			
City/State/Zip Code			
Phone #			

Address at Job Site _____

Zoning District _____

Is there a nearby tile, open ditch or stream: Yes No Distance _____ Flood District _____ BFE _____

Type of Improvement: _____

Estimated Cost of Proposed Improvement: _____

Are Proposed Improvements and Property Lines Clearly Marked or Staked: **Yes No**

Applicant Certification

"I hereby certify that to my best knowledge, the information provided herein is true and correct. I certify that the property owner has authorized me to apply for this permit and that I will inform the owner of the permit conditions. I understand that if I knowingly provide any false information herein, I am subject to any penalties which ordinance or law prescribes. I assume responsibility for being aware of restrictive covenants (plat or deed), which may effect this proposed improvement. I know that all structures that are authorized with this permit must be completed before the certificate of occupancy will be issued. I recognize that I have one year to start this improvement. If I do not start within this one year time frame than the permit is void." I hereby certify that I have the authority to make the foregoing application and that the application and accompanying floor plan are correct and that all construction will comply with all ordinances currently adopted by the City of Marion and any applicable State and Federal regulations. I further certify that the construction will not be used and/or occupied in any manner until all inspections have been made and the City of Marion Advisory Plan Office has issued a certificate of occupancy.

Applicant Signature _____ Date _____

Released for Construction by: _____ Date _____

Application # _____ ILP Fee _____ Building Permit Fee _____

Total Fee _____ Receipt # _____

ILP Commercial/Industrial Buildings		
New Construction: \$50 Base Rate + \$.04 per square feet of building	\$50.00 MIN.	\$500.00 MAX.
Room Addition/Additional Square Footage: \$50 Base Rate Only		

ALL FEES NON-REFUNDABLE

Builder:

First /Last Name _____

Address _____

City/State/Zip Code _____

Phone _____

Contractor /Sub-Contractor:

Heating Contractor _____ Type of Heat _____

Plumbing Contractor _____ State Plumbing License # _____

Electrical Contractor _____

Foundation Work _____

Mechanical (HVAC) Work _____

Masonry Work _____

-FOR OFFICE USE ONLY-

Lot or Tract Sizes	Proposed	Required	PLAN COMPLIES/ DOES NOT COMPLY	Initial Field Check	Compliance Review
Width					
Depth					
Area					
Proposed Improvement					
Front Yard SB					
Right Side SB					
Left Side SB					
Rear Yard SB					
Basement					
Height					
Dimensions					
Total Ground Cover					
% of Lot Cover					
ON SITE PARKING					
# of Spaces					
Total lot size					
Number of Entrances					
Entrance width					
Aisle width					
Loading Berths					
Number					
Size					
Setback					
Display					
Buffering					
Size					
Type					
Parking lot setback					
Fencing					
Type					
Height					
Corner Vision Clearance					

BZA CONDITIONS/REQUIREMENTS:

OTHER: