



ADVISORY PLAN DEPARTMENT

Commercial, Industrial, and Public Buildings
 Improvement Location Permit Application & Certificate of Occupancy

Date _____
 Township _____
 Map _____
 Parcel _____

ILP # _____

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

Address at Job Site _____
 Legal Description Attached _____ Acreage _____ Subdivision _____
 Lot # _____ Quarter Section _____ Township _____ Range _____
 Zoning District _____ Existing Structures/Use _____

Is there a nearby tile, open ditch or stream: Yes No Distance _____
 Flood District _____ Elevation Certificate due in 6 months Yes No

BZA/APC Docket # _____ Final Action _____

Type of Improvement: *CHGU*- Change of Use: From _____ to _____

- | | |
|---|--|
| <i>CBLD</i> -Commercial Bldg | <i>IBLD</i> - Industrial Bldg |
| <i>CBLDA</i> -Commercial Bldg Addition | <i>IBLDA</i> -Industrial Bldg. Addition |
| <i>CACCB</i> -Commercial Accessory Bldg | <i>IACCB</i> -Industrial Accessory Bldg |
| <i>CACCSA</i> -Comm. Accessory Bldg Add | <i>IACCSA</i> -Industrial Accessory Bldg Add |
| <i>PRKLT</i> -Parking Lot | <i>Other</i> _____ |

Estimated Cost of Proposed Improvement _____

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

County Sanitation Permit # _____ Highway Permit # _____
 Commercial/Industrial Building Permit Application State Project Release # _____

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."

Signature _____ Date _____
 Staff _____ Date _____

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 _____
Manufactured home setup _____

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.

Signature _____ Date _____

-FOR OFFICE USE ONLY-

Application # _____
ILP Fee _____ Building Permit Fee _____ Total Fee _____ Receipt # _____

Released for Construction by: _____ Date _____
****HOLD TO APPROVED SITE PLAN****

Inspection Date _____ Inspected by _____ Approval Date _____ Approved By _____

-FOR OFFICE USE ONLY-

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Parcel _____
Township _____
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ILP # _____ **Address at Job Site:** _____

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

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:
