CITY OF MARION APPLICATION FOR USE PERMIT

Date:	Zone:
	Use Permit for the following premises and use(s) to be issued on ined herein, all of which the applicant says are true:
Address of Property:	
Applicant:	Phone:
Applicant Home Address:	
Property Owner:	Phone:
Property Owners Home Address:	
Previous Use:	
Proposed Use (explain in detail):	
Physical Changes Required (explain):	
	Signature of Applicant/Owner
NOTE: AFTER CONSTRUCTION IS CON OFFICE TO OBTAIN INSPECTION AND U	MPLETE RETURN THIS APPLICATION TO THE ZONING INSPECTOR'S
ZONING I	NSPECTOR TO COMPLETE THIS SECTION
Building Permit Required? Yes _	No
If yes, date issued:	Permit Number:
To whom permit issued:	
	OFFICE USE ONLY
Fee:	Site Visited:
Permit Number:	Ву:
Date Issued:	Approved? Yes No
	Date Approved: