



Development Services / permits@maranaaz.gov

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PERMIT APPLICATION

PROJECT INFORMATION

Project Name:

Description of Work:

Parcel No. (s):

Gross Area (Acres):

Project Address:

Lot/Building No.:

Total Sq. Footage:

Livable:

Non Livable:

Ref Plan or Permit No.:

Project Valuation:

CONTACT INFORMATION

Owner:

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

Applicant:

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

Contractor:

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

Town of Marana License No.:

Registrar of Contractor License No.:

OWNER/APPLICANT AUTHORIZATION

I, the undersigned, certify that all of the facts set forth in this application are true and correct to the best of my knowledge and that I am either the owner of the property or that I have been authorized in writing by the owner to file this application. (If applicant is not the owner, attach written authorization from the owner.)

Applicant Name (PRINT)

Signature

Date

FOR OFFICIAL USE ONLY

Permit No. _____

Date Received _____

- | | | | | | |
|--------------------------------------|---|--|--|--|-------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> MH/MB | <input type="checkbox"/> Permanent Sign | <input type="checkbox"/> Form A | <input type="checkbox"/> Marana Water (MW) | <input type="checkbox"/> T1 Grading |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Pool | <input type="checkbox"/> Temp Use Permit | <input type="checkbox"/> Form B | <input type="checkbox"/> Marana Sewer (MS) | <input type="checkbox"/> T2 Grading |
| <input type="checkbox"/> Deferred | <input type="checkbox"/> Wall | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> ROW | <input type="checkbox"/> Flood Plain Use | <input type="checkbox"/> T2 Grading |
| <input type="checkbox"/> Revision | <input type="checkbox"/> Sewer Card No. _____ | | <input type="checkbox"/> Address Verified By _____ | | |