



Development Services / permits@maranaAZ.gov
 11555 West Civic Center Drive / Marana, AZ 85653
 Ph (520) 382-2600 / Fax (520) 382-2641 / maranaAZ.gov

PERMIT APPLICATION

APPLICATION TYPE

BUILDING: <input type="checkbox"/> Demo <input type="checkbox"/> Sign <input type="checkbox"/> Temporary Use <input type="checkbox"/> Commercial <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Wall Permit <input type="checkbox"/> Residential <input type="checkbox"/> Solar <input type="checkbox"/> Other _____	WIRELESS COMMUNICATION FACILITIES: <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> 6409(a) Permit <input type="checkbox"/> Administrative Wireless Facilities Permit
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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.:		

Email for Inspection Results:

OWNER/APPLICANT AUTHORIZATION

I hereby certify that the information 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
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FOR OFFICIAL USE ONLY

Revision Date 11/08/2018

Permit No. _____

Date Received _____