



Development Services / permits@maranaAZ.gov

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PERMIT APPLICATION

APPLICATION TYPE

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

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

FOR OFFICIAL USE ONLY

Revision Date 11/08/2018

Permit No. _____

Date Received _____