

## Marion County Assessor's Office

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## Procedure For Obtaining Development & Occupancy Permits

### Step 1

Contact Assessor's Office either by phone, email or in person to determine what the cost of your permit(s) and make payment at the Marion County Treasurer's Office. \$100 Development Permit & possible additional \$100 Occupancy Permit. **(Keep receipt of payment, it will be needed more than once)**

### Step 2

Take or email copy of receipt and Address Application to Addressing Office @ 491 Hwy 62 W, Yellville, AR 72687, [mcfema@yelcot.net](mailto:mcfema@yelcot.net) or call **870-449-5800** with questions. Copy of receipt will be made and address will be given upon completion. The process takes 3-5 business days and you will be emailed a letter to register your new address.

### Step 3

Upon receipt of your new address contact your energy provider for a new account number. Let them know this is a new address and may not show up on a map at this time.

### Step 4

Return all documentation to the Assessor's Office for completion of the permit process. Documentation needed: Receipt of payment from Treasurer's Office, 911 Address Letter and completed Permit Application. If all steps above have been completed:

- Permit number will be assigned
- Entergy will be notified and a copy of the permit will be sent
- County Inspector will be notified of the permit issued and copy of permit will be sent

### Step 5

Schedule Inspection with Inspector

- It is the responsibility of the applicant to make an appointment with the County Inspector.

Before calling for inspections, please do the following:

- ✓ Post your 911 address on the road and at the entrance of the building location.
- ✓ **Do not cover electrical or plumbing.** Open-faced plumbing and electrical connections are required.
- ✓ Have your permit number available when calling to scheduled inspection appointment.

### Important #s:

**Marion County Inspector** – Bill Higgins ----- (870) 715-2544

**Marion County Health Unit for Septic Systems** ----- (870) 449-4259

#### **Perc Testing:**

- Lee Hunter – (870) 436-6296
- John Pearson – (870) 427-2334

**Entergy Arkansas** ----- (800) 368-3749

### Treasurer's Use

Receipt #: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_

## **Marion County Development/Occupancy Permit Application**

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Entergy Account Number: \_\_\_\_\_ of Builder or Resident

911 Address given: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please Circle:

Is this a New Construction? **Y or N**

Is this a Mobile Home? **Y or N**

Are you buying this property on Land Contract? **Y or N**

If yes, please provide landowner's name and number:

\_\_\_\_\_

What is the estimated value of the dwelling? \_\_\_\_\_

The property is in which school district? \_\_\_\_\_

The property is in which fire district? \_\_\_\_\_

- **This development permit shall be effective for six (6) months from the date of payment to the Marion County Treasurer.**
- **The permit is non-transferable.**
- **Abandonment of construction/installation for the six (6) months makes this permit null and void.**

### **DESCRIPTION OF PROPOSED NEW CONSTRUCTION**

Type of new construction (i.e.: house, mobile home, etc.): \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

Please give sizes for the following (place X if none):

Basement \_\_\_\_\_ Finished \_\_\_\_\_ Unfinished \_\_\_\_\_ Slab or Crawl Space: \_\_\_\_\_

Will this be your Primary Residence or Second Home? \_\_\_\_\_

**Estimated Date of Completion:** \_\_\_\_\_

**MARION COUNTY OFFICE OF EMERGENCY MANAGEMENT/E911**

**PO Box 777, Yellville, AR 72687**

**Phone: 870-449-5800, Fax: 870-449-8700**

[mcfema@yelcot.net](mailto:mcfema@yelcot.net)

**Marion County 911 Address Application**

**Application must be completely filled out in ink. Address process typically takes between 3-5 business days under normal circumstances. Please print this form and return into Marion County Office of Emergency Management.**

**\*\*All fields are required and copy of receipt of payment for permit in order to receive 911 address.\*\***

Owner's Name(s): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Directions to site from Yellville:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Circle:**

- **Has there ever been existing electrical service?    Y   or   N**
- **Are you sharing a driveway with another property owner?    Y   or   N**
- **Is there an existing structure on the property?    Y   or   N**
- **Is the location of the new driveway clearly marked with paint, tape, flags, etc.?   Y or N**

- **By signing this form for a 911 address, the applicant understands that he/she is responsible for securing any and all local, state, or federal permits that may be required.**
- **If you move your driveway after the address has been assigned, you must apply for a new E911 address.**
- **Applicant agrees that the application and any other attachments submitted are true and accurate.**
- **Applicant acknowledges that the Marion County Addressor may need to enter the applicant's property.**
- **Applicant MUST post the E911 address at the end of the driveway and on the structure, if the structure cannot be seen from the road.**
- **If any of the information provided by the applicant is determined by Marion County to be inaccurate and it changes the address you were given, Marion County will re-address at the owner's expense.**
- **Applicant(s) understands this address will be for ONE home per driveway. If any other structure is to be addressed on the same driveway, all will be readdressed.**

By signing this application, you will agree to the terms and conditions set forth.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| COUNTY USE ONLY: |                              |                      |                       |
|------------------|------------------------------|----------------------|-----------------------|
| ESN: _____       | Address Assigned: _____      | Zip: _____           |                       |
| PO City: _____   | MSAG: _____                  | Database: _____      | Sign Requested: _____ |
| Mapped: _____    | Letter Mailed/Emailed: _____ | Fire District: _____ |                       |