

Phone: (704) 843-1680
Fax: (704) 843-1660

VILLAGE OF MARVIN
ZONING CHANGE
APPLICATION

10004 New Town Rd
Marvin, NC 28173

Application #: _____ Application Date: _____

Zoning Map Change: _____ Zoning Text Change: _____

Applicant's Name: _____ Telephone Number: _____

Applicant's Mailing Address: _____

_____ Email: _____

Property Owner's Name: _____ Telephone Number: _____

Property Owner's Mailing Address: _____

_____ Email: _____

Property Location: _____

Property Identification Number *(If the property Identification Number is not available, a legal description of the property(ies) will be necessary)*

Existing Zoning: _____ Proposed Zoning: _____

If zoning text changes, section(s) of text proposed to be changed? _____

Existing Text Wording: _____

Proposed Text Wording: _____

Reason for Text Change: _____

Attach additional pages if needed.

An application shall not be complete unless it is accompanied by all required information and a fee in accordance with fee schedule adopted by the Village Council.

I do hereby certify that all information which I have provided for this application is, to the best of my knowledge, correct.

Applicant

Date

Zoning Administrator

Date

For Village Use

Reviewed by Planning Board on _____.

Planning Board Action: _____

Reviewed by Village Council on _____.

Village Council Action: _____

Public Hearing Notice Filed in _____ on _____.
(Newspaper affidavit attached) Name of newspaper date published

Notification of Adjacent Property Owners Mailed: _____
(Certification of notification is attached)

Village Council Public Hearing Held: _____

Village Council Action: _____

