

Phone: (704) 843-1680
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**VILLAGE OF MARVIN
ZONING TEXT CHANGE
APPLICATION**

10004 New Town Road
Marvin, NC 28173

Application Number: _____ Application Date: _____

Applicant's Name: _____ Telephone Number: _____

Applicant's Mailing Address: _____

_____ Email: _____

(Please attach a separate sheet showing names and contact information for any co-applicants.)

State the exact nature of requested text change. Please make references to sections, page number, etc. Please make specific references to language which you are requesting be deleted, added or changed. Interrelated changes may be made a part of the same application. Any change which is not interrelated to this change shall require a separate application. (An example of an interrelated change would be a change in one section causing a change in another section.) Please attach additional pages as needed.

Existing Text Wording: _____

Proposed Text Wording: _____

Reason for Text Change: _____

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. All fees for regulation approval in the Village of Marvin are non-refundable. Returned check fees will apply.

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

Applicant's Signature

Date

Check # _____

I do hereby certify that this application is, to the best of my knowledge, complete.

Zoning Administrator

Date

For Village Use Only

Reviewed by Planning Board on: _____

Planning Board Action: _____

Village Council called for Public Hearing on _____

Public Hearing Notice Published in _____ on _____
Name of newspaper dates published

Public Hearing held on: _____

Application reviewed by Village Council on: _____

Village Council Action: _____
