



Paid
check # 897

Village of Marvin

Application Number: 2MA-2026-1Application Date: 8/16/26

APPLICATION FOR ZONING MAP AMENDMENT

Address of Subject Property:

9803 Chestnut Rd Waxhaw NC 28173

Applicant(s) Name: Sridhar TellaPhone: 704-840-9007Address of Applicant: 11555 Winnower Loop

FAX: _____

Noblesville INZip
Code: 46060Email: sridhar.tella@gmail.comOwner(s) Name: Sridhar TellaPhone: 704-840-9007Address of Owner: 11555 Winnower Loop

FAX: _____

Noblesville INZip
Code: 46060Email: sridhar.tella@gmail.com

Zoning Request Information

Current Zoning District RRRequested Zoning District SFR-1

Current Use of Land _____

Surrounding Uses of Land _____

Is it in a Flood Zone? No

Approval Permit Number _____

Comments _____

Does the applicant own one hundred percent (100%) of the area involved in the application (yes or no)?
If no, a consent form must be completed. _____
☐ Consent Form
Attached
Was this property the subject of any **previous application** (yes or no)?No

If yes, list the previous application number(s): _____

Tax Parcel Numbers: 06-222-011Acreage 2.89Current Zoning Classification: RR

Land Use Plan recommendation: _____

Residential

Existing Use of the Subject Property: _____

Residential

Existing Improvements on the Subject Property: _____

SFH

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Provide a **detailed description** of the proposal. Attached additional pages or documentation if necessary.

Want to split the land into two parts. Currently I don't have any plans.

Specify any specific ordinance(s), standard(s), condition(s), and/or regulation(s) sought to be modified. Attached additional pages or documentation if necessary.

Oath: The above information, to my knowledge and belief, is true and correct.

Sridhar Tella



Signature(s) of Petitioner(s)

STATE OF South Carolina
COUNTY OF Lancaster

Subscribed and sworn to before me this

16 day of August, 20 26



Notary Public

Caitlyn W. Rycroft

Printed Name of Notary Public

My Commission expires:

09-25-2035

Signature(s) of Owner(s) (if different than petitioner)

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this

_____ day of _____, 20 _____

Notary Public

Printed Name of Notary Public

My Commission expires: _____



