



Village of Marvin

Application Number: 2025-1

Application Date: 1-12-2025

APPLICATION FOR ZONING MAP AMENDMENT

Address of Subject Property:

9709 Marvin School Rd Marvin NC 28173

Applicant(s) Name: Rosemarie Hall LLC
Address of Applicant: 9935D Real Rd. Ste 261
Charlotte NC 28277
Email: rosemariehallllc@gmail.com

Phone: _____
FAX: _____
Zip Code: _____

Owner(s) Name: Rosemarie Hall LLC
Address of Owner: 9935D Rea Rd. Ste 261
Charlotte NC 28277
Email: rosemariehallllc@gmail.com

Phone: _____
FAX: _____
Zip Code: _____

Zoning Request Information

Current Zoning District RR

Requested Zoning District SFR1

Current Use of Land _____

Surrounding Uses of Land _____

Is it in a Flood Zone? No

Approval Permit Number _____

Comments This property was zoned the same as SFR1 before MDO approval.

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. Yes

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: 06204004 and 06-204530

Acres 7.01 Current Zoning Classification: RR

Land Use Plan recommendation: 7 one acre lots

Existing Use of the Subject Property: One residential property

Existing Improvements on the Subject Property: None

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

7 single family one acre lots to front Marvin School Rd., Robinwood Ln. and Dovewood Pl. A preliminary scratch plan is attached.

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.

Will Owens - Rosemarie Hill LLC
[Signature]
Signature(s) of Petitioner(s)

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

STATE OF North Carolina
COUNTY OF Union
Subscribed and sworn to before me this
13th day of January, 20 25

STATE OF _____
COUNTY OF _____
Subscribed and sworn to before me this
_____ day of _____, 20 _____

Mary Canongo
Notary Public
Mary Canongo
Printed Name of Notary Public
My Commission expires: 04/23/2029

Notary Public

Printed Name of Notary Public
My Commission expires: _____

