

**VILLAGE OF MARVIN  
APPLICATION FOR  
CERTIFICATE OF ZONING COMPLIANCE  
R – Marvin Residential**

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10004 New Town Rd.  
Marvin, NC 28173  
Revised 5/13/2015

ZONING PERMIT NUMBER: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_

EMAIL: \_\_\_\_\_ LOT#: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

LOT ADDRESS: \_\_\_\_\_ TYPE OF STRUCTURE: \_\_\_\_\_

	<u><b>ACTUAL</b></u>	<u><b>REQUIRED</b></u>	
Area of lot	_____	_____	<input type="checkbox"/>
Lot width (at front building line)	_____	130'	other subdivision recorded prior to current requirements shall follow platted setbacks
Front Yard Setback (from r/w line)	_____	50'	
Side Yard Setback (left/right)	_____/_____	20'/20' 30' (corner)	
Rear Yard Setback	_____	50'/75'	
Building Height	_____	35' (Max.)	

**By my signature below, I hereby certify:**

- o that all of the information provided for this application and all attachments are true and correct to the best of my knowledge
- o that I am familiar with all requirements of the Marvin Zoning Ordinance concerning this proposed use and any subsequent permit issued by the Village of Marvin.
- o that the footprint of the house as shown on the attached survey has not changed with the addition of decks, etc.

**I have attached the following:**

- o a fee, in accordance with the current fee schedule adopted by the Village of Marvin. Please note: all fees for regulation approval in the Village of Marvin are non-refundable, and checks that are returned will be subject to a returned check fee in accordance with the current fee schedule adopted by the Village of Marvin.
- o a copy of a scaled, sealed dimensional survey drawn by a registered surveyor or engineer, which affirmatively shows that the building or structure was erected in compliance with the Marvin Zoning Ordinance and the Zoning permit previously issued. The attached survey was completed by \_\_\_\_\_ (name of surveyor), and was sealed on \_\_\_\_\_ (date).

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**RETURN INFORMATION**

\_\_\_ Fax certificate to me \_\_\_ Fax to Union County \_\_\_ EMail permit to me \_\_\_ Call when ready & I will pick up

*THIS SECTION FOR OFFICE USE ONLY*

To the best of my knowledge, this application is complete. Based on such information, I hereby  
\_\_\_\_\_ this zoning permit.

**Approve**      **Disapprove**

Conditions on this permit are as follows: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date

Check #: \_\_\_\_\_