

Phone: (704) 843-1680
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**FOUNDATION PERMIT
VILLAGE OF MARVIN
R Marvin Residential**

10004 New Town Rd.
Marvin, NC 28173
Revised 10/08

ZONING PERMIT NUMBER: _____ APPLICATION DATE: _____

NAME: _____ PHONE #: _____ FAX#: _____

LOT ADDRESS: _____ EMAIL: _____

SUBDIVISION: _____ LOT#: _____ TYPE OF STRUCTURE: _____

	<u>ACTUAL</u>	<u>REQUIRED (Please circle applicable neighborhood)</u>				
		Wedd Chase Phase 1	Wedd Chase Phase 2	Therrell Farms	Providence Glen	Willow Creek
Area of lot	_____	15,000 sq. ft.	N/A	N/A	N/A	N/A
Lot width (at front building line)	_____	N/A	N/A	N/A	N/A	N/A
Front Yard Setback (from r/w line)	_____	40'	30'	20'	20'	25'
Side Yard Setback (left/right)	_____/_____ (If road side of corner lot:	5'/5' 15'	5'/5' 15'	5'/5' 10'	5'/5' 10'	8'/8' 15')
Rear Yard Setback	_____	40'	40'	20'/40'E	20'	40'

I hereby certify that all of the information provided for this application and all attachments are true and correct to the best of my knowledge and **I have attached the following:** a copy of a scaled, sealed dimensional survey drawn by a registered surveyor or engineer, which shows the exact shape, dimensions and location of the actual foundation and required setback lines and should indicate the date that the foundation was surveyed. If this structure is located on a lot of 10+ acres and is located no closer than two-hundred (200) feet from any lot boundary line, no foundation permit is required. No application shall be considered complete unless accompanied by all information required above. The attached survey was completed by _____ (name of surveyor), and was sealed on _____ (date).

Applicant's Signature

Date

RETURN INFORMATION Please Check one:

Fax permit back to me. Mail permit to me. Call when ready. I will pick up.

CERTIFICATES OF COMPLIANCE ARE REQUIRED FOR NEW AND EXPANDED STRUCTURES.

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 placed on this permit are as follows: _____

Zoning Administrator

Date