

Phone: (704) 843-1680
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www.marvinnc.org

VILLAGE OF MARVIN
APPLICATION FOR
CERTIFICATE OF ZONING COMPLIANCE
Marvin Non-Residential

10004 New Town Rd.
Marvin, NC 28173
Revised 01/09

ZONING PERMIT NUMBER: _____ APPLICATION DATE: _____

NAME: _____ PHONE #: _____ FAX#: _____

EMAIL: _____ LOT#: _____ SUBDIVISION: _____

LOT ADDRESS: _____ TYPE OF STRUCTURE: _____

ACTUAL

REQUIRED (Please circle applicable neighborhood)

Firethorne, Marvin Creek, Innisbrook
Wyndham Hall, Bridle Path Estates
Canterfield Creek, Providence Downs IV

All other R-Marvin
residential neighborhoods

Area of lot	_____	_____	_____
Lot width (at front building line)	_____	120'	130'
Front Yard Setback (from r/w line)	_____	50'	50'
Side Yard Setback (left/right)	<u> / </u> (If road side of corner lot:)	15'/15' 25'	20'/20' 25')
Rear Yard Setback	_____	40'	40'
Building Height	_____	35' (Max.)	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 structure as shown on the attached survey has not changed with the addition of decks, etc.
- o that I am aware that all security alarms must be registered at www.marvinnc.org.

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 Please Check one:

Fax certificate to me Fax to Union County Mail 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**

Zoning Administrator

Date

For Office Use Only: Check # _____