

# Rezoning Application

# TOWN OF MARSHVILLE

est. 1877

Permit #: RZA -  
Date Received: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

Contact Information:		
Property Owner	Applicant	
Name: _____		
Mailing Address: _____		
Phone Number: _____		
E-mail address: _____		
Relationship to Property owner: _____		
Property Information		
Location: <input type="checkbox"/> Town Limits <input type="checkbox"/> ETJ		
Flood Hazard Area: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Property Address/Location: _____		
Parcel ID Number(s): _____		
Total Acreage: _____		
Deed Book & Page Number: _____ / _____		
Current Zoning District: _____		
Proposed Zoning District: _____		
Zoning Requirements:		
	Current Zoning Requirements	Proposed Zoning Requirements
Front setback:	_____	_____
Rear setback:	_____	_____
Left setback:	_____	_____
Right setback:	_____	_____
Square Footage:	Lot: _____ (min.) / Structure: _____ (max.)	Lot: _____ (min.) / Structure: _____ (max.)
Owner/Applicant Statement		
<p><i>I/We the owner(s) of the above referenced property, or as the applicant duly authorized by the owner hereby certify that all of the information provided in this application and all attachments are true and accurate to the best of my knowledge, information and belief. I further certify that I am familiar with the requirements of the Town of Marshville Land Use Ordinance concerning the proposed use. I acknowledge that any violation of this ordinance will be grounds for revoking this permit and any subsequent permit issued by the Town of Marshville.</i></p>		
_____	_____	_____
Print Name	Signature of Owner/applicant	Date
_____	_____	_____
Print Name	Signature of Owner/applicant	Date
** Office Use Only **		
<p><i>I, as Planning &amp; Zoning Administrator, believe this application to be complete based on the certification of the owner and/or applicant, and with my signature, accept the application and any corresponding documentation.</i></p>		
_____		_____
Signature of Planning & Zoning Administrator		Date
Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Staff Comments:	
Planning Board Review	Planning Board Review Date:	Property Sign Posted Date:
	First Class Mailing Date:	Decision:
Town Council Review & Public Hearing	Town Council Review Date:	Public Hearing Advertisement Dates:
	First Class Mailing Date:	Decision:
	Property Sign Posted Date:	
Date of Map Change		

## Rezoning Application Instructions

Rezoning applications may be submitted during normal business hours at the Town Hall. Before doing so, please review the following checklist of required information so that your application will not be unnecessarily delayed. The application must be signed by the property owner(s) or their authorized representative. **This application will not be processed unless all information requested is provided. Rezoning applications are not issued on the same day as review, and require review by both the Planning Board and Town Council. Town Council must hold a Public Hearing to receive public comment on the proposed rezoning.**

1. If the property proposed for rezoning is less than the entire lot or tract as currently recorded in the Union County Register of Deeds Office, then three (3) copies of a survey and a legal description for the area to be re-zoned should be attached; OR, if an entire lot or tract is proposed for rezoning, then three (3) copies of a survey map or Union County Tax Map for the property should be attached.
2. The names and addresses of all adjoining property owners including those across streets and highways as currently registered in the Union County Tax Assessor's Office.
3. Any other information that may be needed to insure that the application is in compliance with all provisions of the Land Use Ordinance;
4. A fee (cash, check, or money order made payable to the Town of Marshville) for each application is set out in the Fee Schedule adopted annually by the Marshville Town Council.