



Village of Marvin

Application Number: ZMA 2025-2Application Date: 4-9-2025

APPLICATION FOR ZONING MAP AMENDMENT

Address of Subject Property:

Marvin School Road- 06-201003D
Applicant(s) Name: Luis Manuel CruzPhone: 704-999-8820Address of Applicant: 714 S. Church St

FAX: _____

Salisbury, NC

Zip

Code: 28144Email: the.spyqueen1@gmail.comOwner(s) Name: Luis Manuel CruzPhone: 704-999-8820Address of Owner: 714 S. Church St

FAX: _____

Salisbury, NC

Zip

Code: 28144Email: the.spyqueen1@gmail.com

Zoning Request Information

Current Zoning District R-RRequested Zoning District SFR-1Current Use of Land VacantSurrounding Uses of Land - ResidentialIs it in a Flood Zone? YesApproval Permit Number N/A

Comments _____

Does the applicant own one hundred percent (100%) of the area involved in the application (yes or no)? yes
If no, a consent form must be completed. _____
☐ 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: 06-201003DAcreage 3 acres Current Zoning Classification: Rural Residential - R-RLand Use Plan recommendation: ResidentialExisting Use of the Subject Property: VacantExisting Improvements on the Subject Property: None

APPLICATION FOR ZONING MAP AMENDMENT – PAGE 2

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

Request to have property rezoned to SFR-1 to allow property to be subdivided to create 1 new lot

Specify any specific ordinance(s), standard(s), condition(s), and/or regulation(s) sought to be modified. Attached additional pages or documentation if necessary.

N/A

Oath: The above information, to my knowledge and belief, is true and correct.

Luis Manuel Cruz

Luis Cruz
Signature(s) of Petitioner(s)

STATE OF NORTH CAROLINA
COUNTY OF UNION

Subscribed and sworn to before me this
9th day of APRIL, 20 25

Poulami Das
Notary Public

POULAMI DAS
Printed Name of Notary Public
My Commission expires: 4/23/2029

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

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me this
____ day of _____, 20 ____

Notary Public

Printed Name of Notary Public
My Commission expires: _____

