Franklin County Planning and Zoning Department General Application Form

Submit the following information:

1. Completed Application

2. General Warranty Deed(s)

3. Sketch Plan

4. Review Fee (Refer to Section C)

<u> </u>	Skettii i iaii					4. ICTICW	1 66 (11	erer to section e		
			Section A: A	pplicar	nt Information					
Αŗ	oplicant Name									
М	ailing Address									
Ci	City, State, Zip +4									
Phone Fa			Fax			Email				
Section B: Property Location and Description										
Tc	wnship(s)	North	Range(s)	•	·	Section(s)				
Tax/Parcel ID Number(s) (16 Digits) - REQUIRED										
Development Site Address(es)										
Zoning District(s)		Political Township(s)		Total Acres						
Su	Subdivision Name(s)									
Section C: Type of Action Requested (Please 'x' the appropriate box)										
	Conditional Use Permit		\$650.00		Zoning Permit			\$35.00		
	Rezoning/Amendment Re	quest	\$750.00		Zoning Permit (T	Tower)		\$75.00		
	Administrative Permit I (T	ower)	\$250.00		Administrative F	Permit II (Tow	er)	\$1,500.00		
	Conditional Use Permit (T	ower)	\$1,500.00		Temporary Plant	t (per Article :	10)	\$1,000.00		
		•								
Purpose of Request. Additional documentation may be required to support the application.										
Signature of Applicant (If a business, please provide documentation of authorization to sign) X Date										
Office Use Only										
_	id Date	Amount	Paid		Cash			Credit Card		
					Check #			Cicuit Calu		

Revised 04/21/2022 FILE NUMBER:

ONCE COMPLETED, THIS FORM IS NOT AVAILABLE TO THE PUBLIC

Application Addendum

Applicant/Signer Information Form

Full Name (First, Middle(s), and Last)		
//		
OR	Driver/e Lieunes Number	1147
Social Security Number	Driver's License Number	
Street Address (if different than applic	cation) – CANNOT BE P.O. BOX	
City	State Zip	