

# Franklin County Planning and Zoning Department

## Subdivision Application Form

*Submit the following information:*

- 1. Completed Application
- 3. Sketch Plan (11x17 or smaller)

- 2. General Warranty Deed(s)
- 4. Review Fee (Refer to Section D)

Section A: Applicant Information			
Applicant Name			
Mailing Address			
City, State, Zip +4			
Phone	Fax	Email	
Section B: Property Location and Description			
Township(s) <div style="text-align: right; margin-top: 5px;">North</div>	Range(s)	Section(s)	
Tax/Parcel ID Number(s) (16 Digits)- <b>REQUIRED</b>			
Development Site Address(es)			
Zoning District(s)	Political Township(s)	Total Acres	
Subdivision Name			
Section C: Proposed Subdivision Activity			
Proposed Subdivision Name			
Gross Acreage of All Lots	Net Acreage of All Lots	Number of Proposed Lots	
Surveyor	Surveyor Email/Address		
Section D: Type of Action Requested (Please 'x' the appropriate box)			
<input checked="" type="checkbox"/> Sketch Plan	\$70.00	<input type="checkbox"/> Preliminary Plat	\$650
<input type="checkbox"/> Cluster Development	\$400/\$650	<input type="checkbox"/> Charter Exemption	\$70.00
<input type="checkbox"/> Family Exemption	\$70.00	<input type="checkbox"/> Large Lot or Tract Adjustment	\$125.00
<input type="checkbox"/> PUD - Sketch Plan	\$70.00	<input type="checkbox"/> PUD - Preliminary Development plan	\$650/\$750
<b><i>These amounts may be subject to recording fees charged by the Recorder of Deeds</i></b>			
Purpose of Request ( <i>additional documentation may be required to support the application</i> ):			
Signature of Applicant ( <i>if a business, please provide documentation of authorization to sign</i> ) X			Date
Paid Date	Amount Paid	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card

**\*\*ONCE COMPLETED, THIS FORM IS NOT AVAILABLE TO THE PUBLIC\*\***

**Application Addendum**  
*Applicant/Signer Information Form*

\_\_\_\_\_

Full Name (First, Middle(s), and Last)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ **OR** \_\_\_\_\_

Social Security Number

Driver's License Number

\_\_\_\_\_

Street Address (if different than application) – **CANNOT BE P.O. BOX**

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

CLOSED RECORD