

**Franklin Township
Zoning Office
Application for Zoning Permit**

Application is hereby made for a Zoning Permit (description)_____

on a lot on the _____ side of _____
(North, South, East or West) (Road or Street)

between _____ and _____ otherwise
(Road or Street) (Road or Street)

known as _____, in accordance with the attached plot plan(s),
(number)

at an estimated cost of \$_____. The application agrees that such work will be done
as described, and that will comply with all the provisions of the zoning ordinance and all other
applicable ordinances of the Township of Franklin.

LOT SPECIFICATIONS: Size of Lot _____ acres

Tax Parcel ID # _____

Zoning District _____

1. Owner's name and address: _____

2. Contractor's name and address: _____

Contractor must file a certificate of Insurance showing Workman Compensation insurance. If the contractor does not
carry Workman's Compensation Insurance, an exemption form must be submitted. The form is available from the
zoning officer.

3. USE – Building will be Used for _____

(Signature) _____

(Address) _____

(Phone #) _____

(email) _____

Note: This permit will expire within six (6) months from above date, if work described is not commenced. This permit will expire within two (2) years from the above date if work described is not completed.

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on the diagram attached hereto of this sheet and/or to use the premises for the purposes herewith. The information which follows, together with a location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this application, such as might or would operate to cause a refusal of this application, or any change in location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the zoning officer, shall constitute sufficient ground for the revocation of this permit.

I/We have read and understand the above statements:

Signature(s): _____

Print: _____

Official use below this line _____

Date Denied: _____

Date Approved: _____

REQUIRED SETBACKS: Front: _____ Side: _____ Rear: _____

This is the applicant's receipt of fee: Date paid: _____

Amount: _____

Permit Number _____

Franklin Township Zoning Officer