



Town of Franklin

Change of Classification Application

**P.O. Box 1479
Franklin, NC 28744
828-524-4540**

Name of Applicant _____

Address of Applicant _____

Owner of Property _____

Location of Property _____ Size of Property _____

Parcel Number _____ Current Zoning Designation: _____

Current Use Classification _____

Requested Change in Use Application _____

Current Development on all Adjoining Lots:

North _____

South _____

East _____

West _____

Site served by Municipal Water Yes No

Site served by Municipal Sewer Yes No

I certify that all information provided in this application is accurate to the best of my knowledge, information, and belief. Furthermore, by signing this request, I agree to pay for advertising costs associated with this petition.

Signature of Applicant

Date

OFFICE USE ONLY

On _____ the Board of Aldermen recommended by vote of _____ that this petition be Approved ___ Denied ___

Reviewed by _____ Date _____