



Town of Franklin

Petition for Rezoning

P.O. Box 1479
Franklin, NC 28744
Phone: 282-524-2516

Name of Applicant _____

Address of Applicant _____

Owner of Property _____

Location of Property _____ Size of Property _____

Parcel Number _____ Tax Map Number _____ in Town in ETJ

Current Zoning Designation: _____

Current Use _____ Change in Use _____

Current Development on all Adjoining Lots:

North _____

South _____

East _____

West _____

Site served by Municipal Water Yes _____ No _____

Site served by Municipal Sewer Yes _____ No _____

Petitioner is required to submit three (3) copies of a registered survey indicating the exact boundary lines of the parcel to be rezoned, the names of the owners of adjoining properties, and the location of any existing buildings on the subject property.

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 Planning Board recommended that this petition be Approved
Denied

Chairman

On _____ the Board of Aldermen held a Public Hearing concerning this request. By vote
of _____ the Board they Approved Denied

Mayor

Attest: _____
Clerk