

**SOUTH FRANKLIN TOWNSHIP
CONDITIONAL USE APPLICATION**

PARCEL ID# _____

Applicant's Name: _____

Address: _____

Telephone: _____ Fax: _____

Date of Application: _____

Check One: Owner of Record Option Holder
 Agent for the Owner Other

If other, list relationship: _____

If not the owner of record, list the owner of record's name and address

(Please note that a letter of authorization from the owner of record is required)

Name: _____

Address: _____

Location of the proposed conditional use:

(Please attach a complete legal description and a map or site development plan which is drawn to scale)

How many lots of record are included in the proposal? _____

What is the current zoning classification of this property? _____

What is/are the current land use(s) of the property? _____

Describe the proposed development of this property: _____

List the proposed conditional use(s): _____

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List other notes or comments which may help explain your proposal: _____

Applicant Signature: _____ Date: _____

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Staff review and recommendation to the Planning Commission: _____

Preliminary review by the Planning Commission: _____

Date of public meeting before the Planning Commission: _____

Date of final review and recommendation by the Planning Commission: _____

Date of public hearing before Council: _____

Date of final disposition before Council: _____

Approved: _____ or Rejected _____ by Council on: _____

FEE AMOUNT: _____ Paid on: _____

Specific CONDITIONS of approval: _____

OTHER NOTES: _____
