

**SOUTH FRANKLIN TOWNSHIP
ZONING VARIANCE 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 property for which the variance is being requested:

(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 this petition? _____

What is the current zoning classification of this property? _____

Describe the proposed development of this property: _____

List each variance being requested and the specific requirement(s) which cannot be met: _____

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My request for a building permit or certificate of occupancy was denied by:

_____ Date: _____

List other notes or comments which may be helpful in explaining your variance: _____

Signature: _____

STOP! FOR OFFICIAL USE ONLY

Confirmation that the building permit or occupancy permit has been denied:

Denied by: _____ Date: _____

Staff review and recommendation to the Zoning Hearing Board: _____

Date of public hearing before the Zoning Hearing Board: _____

Date of final review and disposition by the Zoning Hearing Board: _____

Approved: _____ or Rejected _____ by Board on: _____

FEE AMOUNT: _____ Paid on: _____

Specific CONDITIONS of approval: _____

OTHER NOTES: _____
