

**SOUTH FRANKLIN TOWNSHIP**  
**APPLICATION FOR ZONING OR USE PERMIT # \_\_\_\_\_**

**\*REQUIRED ITEMS**

Township

\*Documents required with application – incomplete applications will be returned:  Driveway Permit  State

Sewer Permit  E & S Plan  NPDES Permit or Department Letter  9-1-1 Address

Proof of Workers Compensation Insurance

\*Date: \_\_\_\_\_ \*Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

\*Name of Applicant: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Owner (if other than Applicant): \_\_\_\_\_

\*Location (9-1-1 Address): \_\_\_\_\_

\*Nature of Proposed use (check):  Agricultural  Residential  Commercial  Change of Use

Home Occupation  Expansion of Non-Conforming Use  Oil & Gas Development

Other: \_\_\_\_\_

\*Specified Use or Building Proposed: \_\_\_\_\_

Nature of Proposed Building (check):  New  Addition  Alteration  No new building

Type of Construction (check):  Masonry  Steel  Wood Frame  Pre-Fabrication  Other: \_\_\_\_\_

\*Proposed Building Size or Footprint: \_\_\_\_\_ Size of Property: \_\_\_\_\_ Acres

\*Number of Existing Buildings on Property (if any): \_\_\_\_\_ Parking Spaces Available or to be Provided: \_\_\_\_\_

Water Supply (check):  Individual Well  Public Water  Spring  Cistern  No Water

Sewage Permit # \_\_\_\_\_ State Highway Occupancy Permit # \_\_\_\_\_  No Sewage  Existing Driveway

Sewage Disposal (check):  Septic System  Public Sewer  Individual Treatment Plant  Other: \_\_\_\_\_

\*Estimated Cost of Proposed Buildings: \$ \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Zoning District:  R-1  R-2  C-1  MU  A-1  I/C

\*Tax Parcel Number: \_\_\_\_\_ Subdivision Required:  Yes  No

\*Attach list of contractors and provided proof of Workers Compensation Insurance for each contractor that will be on the site.

\*On the second page of this form, or attached drawings, maps or aerial photographs, draw simple sketch of the property. Include the following: the propose building, indicating building size, distance to street and distance to property lines. Indicate location of existing buildings, water supply and sewage disposal facilities. Also, show the areas of earth disturbance anticipated. Attach an Erosion and Sediment Control Plan and Self-certification letter. Any earth disturbance or 1 acre or more requires a NPDES Permit.

\*Draw a simple sketch in the area on the next page of this form showing the **property** with the **proposed building**, indicating **building size, distance to street and distance to property lines**. Indicate location of **existing buildings, water supply and sewage disposal** facilities, **OR** attach a survey map or aerial photograph with the required information.

**SOUTH FRANKLIN TOWNSHIP**  
**APPLICATION FOR ZONING OR USE PERMIT # \_\_\_\_\_**

I acknowledge that South Franklin Township Officials or authorized representatives are hereby granted permission to enter the property for inspections as they relate to this project. I certify that the above information is true and correct to the best of my knowledge:

\_\_\_\_\_  
\*Signature of Applicant

---

**TOWNSHIP USE ONLY**

The application herein is in conformance with requirements of South Franklin Township Zoning Ordinance and permit number \_\_\_\_\_ has been issued.  UCC Permit Required  UCC Permit Not Required

Permitted Use  The above Application indicates (check):  Conditional Use  Special Exception

Variance Required and is therefore referred to the \_\_\_\_\_ for review. Referral Date \_\_\_\_\_  
Issue Date \_\_\_\_\_

DENIED: \_\_\_\_\_

Construction and Zoning Officer: \_\_\_\_\_

**Fee = \$15** Paid  Check No. \_\_\_\_\_ Cash \_\_\_\_\_