

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

\_\_\_\_\_

**STOP! FOR OFFICIAL USE ONLY**

\_\_\_\_\_

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: **\$1,500** Paid on: \_\_\_\_\_

Specific CONDITIONS of approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_