

TOWN OF FRANKLIN
APPLICATION FOR ZONING PERMIT

The undersigned hereby requests a building permit for the following use, to be issued on the basis of the representations contained herein. Permit WILL BE VOIDED in the event of misrepresentation.

Location of Property _____

Name of Landowner _____ Address _____ Phone _____

Name of Applicant _____ Address _____ Phone _____

Project Description _____

Existing Use and Occupancy _____ Proposed Use and Occupancy _____

Lot Size _____ Frontage on Public Road _____

Building Length _____ Width _____ No. Stories _____ No. Bedrooms _____

Size of Proposed:

Garage _____ Porch(es) _____ Deck(s) _____ Shed(s) _____

Setback from: Road Right of Way _____ Rear _____ Side _____ Side _____

Type Water System _____ Type Sewer System _____

A general plot plan showing property location and buildings must be attached to each copy of this application. This is a LOCAL PERMIT ONLY. Other permits may be required application.

To determine if other permits are required, contact the State District Environmental Office at (802) 477-2241 and the VT Dept. of Public Safety and Fire Safety at (802)879-2306.

I/We certify that all information, including attachments are true and accurate and agree to allow Town personnel access to the property to review all aspects of this application.

Signature of Landowner(s) _____ Date _____

Signature of Applicant(s) _____ Date _____

Permit # _____ Date Received _____ Permit Fee Paid _____

Approved _____ Denied _____ E-911 Address _____

Conditions: _____

Date _____ Signed _____ Effective Date _____

Zoning Administrator

The applicant may appeal the Administrative Officer's decision to the Zoning Board of Adjustment. Such appeal must be made in writing within 15 days. This permit shall not take effect until the time for such appeal has passed. Permit valid for one year from date of issuance.