Franklin County Board of Zoning Adjustment
Appeal

Submit the following information:

1. Completed Application **2. General Warranty Deed (if applicable)** **3. $750.00**

Section A: Applicant Information		
Applicant Name		
Mailing Address		
City, State, Zip +4		
Phone	Fax	Email
Section B: Property Location and Description *(if applicable)*		
Township North	Range	Section
Tax/Parcel ID Number (16 Digits)		
Development Site Address		
Zoning District	Political Township	Total Acres
Subdivision Name		Lot Number

Section C: Appeal

Now comes the above-listed applicant, living at the above mailing address, appealing an order or determination of the:

☐ *Planning Director or Zoning Enforcement Officer (Article 4, Section 103 (C));* ***OR***

☐ *Planning & Zoning Commission (Article 4, Section 103 (B))*

of Franklin County, made on the _____day of _____, 20____, arising out of the following situation *(please include File Number, if applicable, and attach additional pages, if needed)*:

involving the property described above in Section B (if applicable).

It is alleged by the applicant that the decision made is erroneous because:

WHEREFORE, it is requested that a hearing be had in such matter, and the order or determination of the Planning Director, Zoning Enforcement Officer, or the Planning and Zoning Commission, be modified or reversed.

Signature of Applicant **X**		**Date**
Paid Date	**Amount Paid**	☐ **Cash** ☐ **Credit Card** ☐ **Check #**_____

Revised 10/07/15

FILE NUMBER: