JUSTIFICATION FOR REZONING

The Planning and Zoning Commission, as well as the County Commission, will study the rezoning request to determine the need and justification for the proposed change in terms of public health, safety, and general welfare of Franklin County. Please answer the following questions as thoroughly as possible. Attach additional paper if necessary.

Please explain how the request furthers the purpose found at the beginning of the applicable zoning district classification in the Unified Land Use Regulations.

Please explain how the proposed rezoning conforms to the Franklin County Master Plan.

What is the future use of this property according to the Future Land Use Map and how does the proposed zoning compare.

Were there any changes or changing conditions in the area affected that make the rezoning necessary?

Are the ranges of uses in the proposed zoning district classification compatible with the uses permitted on other property in the immediate vicinity?

How does the proposed rezoning promote the health, safety and general welfare of Franklin County?

OFFICE USE ONLY

Date Filed:	**Date Payment Received:**	**File Number:**
Staff Recommendation: ___ Approve ___ Deny	**P&Z Recommendation:** ___ Approve ___ Deny	**County Commission Action:** ___ Approve ___ Deny