

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 <div style="text-align: right; margin-right: 50px;">North</div>	Range	Section	
Tax/Parcel ID Number (16 Digits)			
Development Site Address			
Zoning District	Political Township	Total Acres	
Subdivision Name			Lot Number
Section C: Appeal			
<p>Now comes the above-listed applicant, living at the above mailing address, appealing an order or determination of the:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> <i>Planning Director or Zoning Enforcement Officer; OR</i> <input type="checkbox"/> <i>Planning & Zoning Commission</i> </p> <p>of Franklin County, made on the _____ day of _____, 20____, arising out of the following situation (<i>please include File Number, if applicable, and attach additional pages, if needed</i>):</p> <p style="text-align: center; margin-top: 20px;">involving the property described above in Section B (if applicable).</p> <p style="text-align: center;">It is alleged by the applicant that the decision made is erroneous because:</p> <p style="margin-top: 40px;">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.</p>			
Signature of Applicant X			Date
Paid Date	Amount Paid	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card