

# Franklin County Planning and Zoning Department

## Zoning Verification Form – Medical Marijuana

*Submit the following information:*

1. Completed Application
2. Review Fee (Refer to Section C)

Section A: Applicant Information			
Applicant Name			
Mailing Address			
City, State, Zip +4			
Phone	Fax	Email	
Section B: Property Location and Description			
Township(s) <div style="text-align: right;">North</div>	Range(s)	Section(s)	
Tax/Parcel ID Number(s) (16 Digits) - <b>REQUIRED</b>			
Development Site Address(es)			
Zoning District(s)	Political Township(s)	Total Acres	
Subdivision Name(s)			
Section C: Type of Action Requested (Please 'x' the appropriate box)			
<b>Cultivation (Indoor Only)</b>	<b>\$35.00</b>	<b>Testing Facility</b>	<b>\$35.00</b>
<b>Manufacturing (more than 5)</b>	<b>\$35.00</b>		
<b>Manufacturing (less than 5)</b>	<b>\$35.00</b>		
<b>Dispensary</b>	<b>\$35.00</b>		
Purpose of Request. <b><i>Additional documentation may be required to support the application.</i></b>			
Signature of Applicant <i>(If a business, please provide documentation of authorization to sign)</i> X			Date

**Office Use Only**

Paid Date	Amount Paid	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card
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