

FRANKLIN TOWNSHIP, MERCER, COUNTY
APPLICATION FOR
ZONING VARIANCE OR APPEAL

Permit # _____
Date Filed: _____
Zoning District: _____
Fee: _____ Paid _____

Address of property: _____

Subdivision and lot#: _____

Owner's name: _____

Owner's address: _____

Owners phone: _____

Hearing date: _____ 20 ____

This form must be accompanied by a completed Zoning Permit Application for the proposed use. For example: New Dwelling, Non-Residential Building, etc.

DIRECTIONS TO THE PROPERTY, FROM THE NEAREST HIGHWAY, MUST BE PROVIDED

The Zoning Inspector denied the Zoning Permit Application you applied for on

_____ 20 ____ because it conflicts with the requirements of Section(s)

_____ of the Zoning Code of Franklin Township.

Specifically, the Regulations require _____

You propose _____

