



FRANKLIN
DEPARTMENT OF COMMUNITY DEVELOPMENT
207 WEST SECOND AVENUE,
FRANKLIN VIRGINIA 23851
OFFICE: 757-562-8501

ZONING CLEARANCE APPLICATION

FEE: ___\$25___

DATE: _____

APPLICANT NAME: _____

ADDRESS: _____

PHONE (HOME): _____ (BUSINESS): _____

EMAIL ADDRESS: _____

PROPERTY ADDRESS: _____ ZONED: _____

CURRENT/PRIOR USE: _____

OWNER: _____ PHONE: _____

OWNER ADDRESS: _____

NEW BUSINESS NAME IF APPLICABLE: _____

DESCRIBE PROPOSED USE: (also attach narrative) _____

IS PROPERTY LOCATED IN THE SPECIAL FLOOD HAZARD AREA? (100 year flood plain) YES ☐ NO: ☐

IS PROPERTY LOCATED IN HISTORIC DISTRICT? YES ☐ NO ☐

THE APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING ALL APPLICABLE STATE AND/OR FEDERAL PERMITS REGULATING THE USE OF THE PROPERTY. IT IS UNDERSTOOD THAT NO CHANGE IN USE SHALL BE MADE WITHOUT THE APPROVAL OF THE ZONING ADMINISTRATOR. SIGNATURE GRANTS CITY STAFF PERMISSION TO ACCESS THE PROPERTY FOR THE PROCESSING OF THIS PERMIT

SIGNED: _____ DATE: _____

OWNER

SIGNED: _____ DATE: _____

APPLICANT (IF OTHER THAN OWNER)

OFFICE USE ONLY

APPROVED: ☐ CONDITIONAL APPROVAL: ☐ DENIED: ☐ REASON FOR DENIAL: _____

CONDITIONS: _____

SIGNED: _____ DATE: _____

ZONING OFFICER

APPLICATION NUMBER: _____