Franklin County Planning and Zoning Department

Second Dwelling Agreement

Submit: Completed Application, Sketch Plan, General Warranty Deed, and Application & Recording Fees - $86

Applicant Name			
Marital Status (Required)			
Mailing Address			
City, State, Zip +4			
Phone	Email		
Township North		Range	Section
Tax/Parcel ID Number (16 Digits)			
Development Site Address			
Zoning District		Political Township	Total Acres
Subdivision Name			

I am requesting to place a second dwelling on the property listed above. I agree to abide by the following conditions:
1) the new dwelling being built for occupancy by my family and I will receive an approved final building inspection **within one year** of the approval of this permit. **I may request in writing one 6-month extension; 2)** the pre-existing dwelling, now occupied by my family and I, will be removed from the premises within 60 days of the final building inspection; **3)** all applicable requirements of the Franklin County Building Codes, Planning & Zoning Land Use Regulations and all appropriate state agencies will be complied with.

Signature of Applicant ➡	**Date**
Printed Name of Applicant ➡	

STATE OF MISSOURI, County of Franklin }

On _____, 20_____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that _____ executed the same as _____ free act and deed. **IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year last above written.

_____

Notary Public

Office Use Only - To Be Completed Upon Approval

Your request to place more than one dwelling on a single tract of land on a temporary basis is hereby granted, subject to the conditions to which you hereby agree as evidenced by your signature above. This request shall in no way be interpreted to be a variance or exemption to Franklin County Unified Land Use Regulations and may be revoked for just cause.

Signature of Planning Director ➡	**Date**
Printed Name of Planning Director ➡	

****ONCE COMPLETED, THIS FORM IS NOT AVAILABLE TO THE PUBLIC****

Application Addendum

Applicant/Signer Information Form

_____
Full Name (First, Middle(s), and Last)

_____ /_____ /_____
Date of Birth

_____ - _____ - _____
Social Security Number

_____
Street Address (if different than application) – **CANNOT BE P.O. BOX**

_____ _____ _____
City State Zip