

**TOWNSHIP OF FRANKLIN  
APPLICATION TO THE LAND USE BOARD**

Application Fee \_\_\_\_\_ Date \_\_\_\_\_

Escrow Fee \_\_\_\_\_ Date \_\_\_\_\_

Docket # \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

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**Type of Application: Check one**

**Subdivision:**     Minor                       Preliminary Major                       Final Major  
Number of new lots to be created \_\_\_\_\_ Number of proposed dwelling units \_\_\_\_\_

Net Area of Tract before subdivision (acres) \_\_\_\_\_

**Proposed Use Type:**     Conventional                       Cluster                       Lot Averaging

**Site Plan:**     Minor     Preliminary     Final     Conditional Use     Amendment

**Proposed Category:**             Commercial             Residential

**Variations:** “A” Variance ( Appeal) \_\_\_\_\_  
                  “B” Variance (Interpretation) \_\_\_\_\_ (attach statement)  
                  “C” Variance (Relief from Ordinances) \_\_\_\_\_  
                  “D” Variance (Special Use) \_\_\_\_\_  
If “D” Variance – does it involve a site plan \_\_\_\_\_ or subdivision \_\_\_\_\_  
Describe Variance Relief Requested: \_\_\_\_\_

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Relief is being sought from Section \_\_\_\_\_ of the Code of Franklin

Proposed Use Type: \_\_\_\_\_

Area of Lot to be developed (sq. ft.) \_\_\_\_\_

Building Floor Area (sq. ft.) \_\_\_\_\_

Proposed dwelling units \_\_\_\_\_

Conceptual/Informal \_\_\_\_\_

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**Applicant’s Name** \_\_\_\_\_

Project Name (if any) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Applicant is a:  Corporation  Partnership  Individual  Other (Specify) \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

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**Applicant's Attorney:**

(Required for all corporations)

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax # \_\_\_\_\_

**Name(s) and address(es) of person(s) preparing plans and reports (Attach sheet if necessary):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Profession: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Location of Property:**

Tax Map Block \_\_\_\_\_ Lot #'s \_\_\_\_\_ Total Tract Area \_\_\_\_\_

Street Address: \_\_\_\_\_

Number of Proposed Lots: \_\_\_\_\_ Zone \_\_\_\_\_ # of Dwelling Units \_\_\_\_\_

Brief description of proposed and present use:

Does the property owner or applicant own or have any interest in any adjoining property? \_\_\_\_\_

Has any prior application been made to this Board or any other Township agency regarding this property? \_\_\_\_\_ If yes, attach a copy of the resolution.

Is the property located on: state road ( ) county road ( ) within 200 feet of a municipal boundary ( )

Is there any existing or proposed deed restrictions? \_\_\_\_\_ If so, attach copies.

Are there any existing or proposed easements? \_\_\_\_\_ If so, attach copies

Size of proposed structure: Square footage \_\_\_\_\_ Height \_\_\_\_\_

Setbacks of structure: Front \_\_\_\_\_ Rear \_\_\_\_\_ Sides \_\_\_\_\_

% of building coverage \_\_\_\_\_

Are there exceptional conditions relating to the property which prevent applicant from complying with Zoning Ordinance? If so, state here \_\_\_\_\_

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If the applicant is a corporation or partnership, list the names and addresses of all stockholders or partners owning a 10% or greater interest in said corporation or partnership shall be set forth below in accordance with P.L. 1977 Ch. 336

Name \_\_\_\_\_ % of Interest: \_\_\_\_\_

Address \_\_\_\_\_

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**I certify** that all the information submitted and the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Signature of Co-Applicant

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**Consent of Owner:** If applicant is not owner of property, have owner sign below.

I the undersigned, being the owner of the lot or tract described in this application, hereby consent to the making of this application and the approval of the plans submitted. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency. (If owned by a corporation, attach copy of resolution authorizing application and officer signature.

**Affidavit:** The foregoing application is hereby consented to on \_\_\_\_\_ (date).

(Owner) \_\_\_\_\_

(Print Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Telephone #) \_\_\_\_\_

**Notary Public:** Sworn and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**Place seal here**

\_\_\_\_\_ (Notary Public)