

APPLICATION FOR ZONING CHANGE  
TOWN OF FRANKLINTON

Zoning map change.

Zoning text change.

Name of applicant: \_\_\_\_\_

Address of applicant \_\_\_\_\_

Phone Number \_\_\_\_\_

For Map Change: Tax Map and Parcel Number \_\_\_\_\_

Other Description attached

Name(s) and Address (es) of Owner(s) of Lot Proposed to be rezoned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use of Each Adjacent Property:

Property

Zoning

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Zoning Regulation/District/District Boundary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Zoning Regulation/District/District Boundary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (if other than applicant)

\_\_\_\_\_  
\*For a rezoning request, applicant must be an owner of the property proposed to be rezoned.