



**Franklin County**  
*A Natural Setting for Opportunity*

**Planning & Community Development**  
**ZONING FORM APPLICATION**  
(ZONED AND NON-ZONED AREAS)

**\*\*If the property owner has recently purchased the property, please include proof of ownership\*\***

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DAY TIME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DAY TIME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TAX MAP & PARCEL #: \_\_\_\_\_ ZONING: \_\_\_\_\_

SUBDIVISION NAME AND LOT #: \_\_\_\_\_

DIRECTIONS TO PROPERTY FROM ROCKY MOUNT: \_\_\_\_\_

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

**DESCRIPTION OF DWELLING:**

STICK BUILT HOME       MODULAR

SINGLEWIDE    DOUBLEWIDE    TRIPLEWIDE    OTHER: \_\_\_\_\_

**(PLEASE CONTINUE TO THE NEXT PAGE OF FORM)**

WILL THIS BE THE ONLY HOME ON THE PROPERTY?  YES  NO

IF NO, HOW MANY HOMES ARE CURRENTLY ON THE PROPERTY? \_\_\_\_\_

WHO OCCUPIES EXISTING HOME ON THE PROPERTY? \_\_\_\_\_

WHO WILL OCCUPY 2<sup>ND</sup> HOME, AND WHAT IS THEIR RELATIONSHIP TO THE PROPERTY OWNER?

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

IF MOBILE HOME:

YEAR OF MOBILE HOME: \_\_\_\_\_

IS THE MOBILE HOME CURRENTLY LOCATED IN FRANKLIN COUNTY?  YES  NO

If NO, where: \_\_\_\_\_

IF PART OF A BUSINESS:

PLEASE DESCRIBE THE BUSINESS: \_\_\_\_\_

HOW MANY EMPLOYEES, EXCLUDING THOSE LIVING IN THE RESIDENCE: \_\_\_\_\_

WILL CUSTOMERS COME TO THE RESIDENCE?  YES  NO

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_