



**DEPARTMENT OF COMMUNITY DEVELOPMENT
ZONING CLEARANCE APPLICATION**

APPLICATION NUMBER: _____

FEE: \$25.00

DATE: _____

APPLICANT NAME: _____

CITY OF FRANKLIN: SOUTHAMPTON COUNTY:

ADDRESS: _____

PHONE (HOME): _____ (BUSINESS): _____

EMAIL ADDRESS: _____

PROPERTY ADDRESS: _____ ZONED: _____

CURRENT/PRIOR USE: _____

OWNER (If other than applicant) : _____ PHONE: _____

OWNER ADDRESS: _____

NEW BUSINESS NAME IF APPLICABLE: _____

DESCRIBE PROPOSED USE: (also attach narrative) _____

HEALTH DEPARTMENT APPROVAL NEEDED: YES: NO:

SITE PLAN REQUIRED: YES: NO:

FLOOR PLAN LAYOUT: YES: NO:

IS PROPERTY LOCATED IN THE SPECIAL FLOOD HAZARD AREA? (100 year flood plain) 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.

SIGNED: _____ DATE _____
APPLICANT

OFFICE USE ONLY
APPROVED: CONDITIONAL APPROVAL: DENIED: REASON FOR DENIAL: _____

CONDITIONS: _____

SIGNED: _____ DATE: _____
ZONING OFFICER

FRANKLIN 6 SOUTHAMPTON
DEPARTMENT OF COMMUNITY DEVELOPMENT
207 WEST SECOND AVENUE, FRANKLIN VIRGINIA 23851
OFFICE: 757-562-8580 FAX: 757-562-0870