



**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