



**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

ZONING CLEARANCE CHECKLIST

PURPOSE: To insure that the proposed business or use of the property will be in conformance with the zoning ordinance and the allowable uses within the zoning district in which it is located.

To help us streamline this review please include the pertinent information below along with your application. If you have any questions please call the Department of Community Development at (757) 562-8580 OR visit the city's web site at www.franklinva.com and click on Business License Information on the right side of the home page.

NEW BUSINESS GOING INTO EXISTING BUILDINGS

- Provide a narrative outlining the type of Goods and Services to be offered and the general operation of the business affecting the use of the property including any on site or outdoor display or storage.
- Material Safety Data Sheets (MSDS) for Hazardous materials, etc.
- Floor plan identifying the use of each space/any alterations that are proposed.
- Property owner approval letter or a copy of lease agreement allowing the described use and building changes.

MINIMUM REQUIREMENTS FOR A SITE PLAN SUBMITTAL (IF APPLICABLE)

- Lot dimensions. Address and adjacent street names. A scaled plat is preferred and may be required.
- Provide the location and sizes of all existing, proposed buildings and accessory structures on property **including (if applicable) the location of private wells and sewerage disposal systems (septic tanks and drain fields)**. Include the distances in feet from all property lines to the main structure and accessory structures including detached garages, sheds swimming pools, walls, fences and wells, septic tanks / drain fields, etc.
- The location of existing and proposed driveways and surface type. (gravel, concrete, asphalt).
- Land area in acres or square feet to be disturbed including land that is to be cleared, graded or excavated.
- Fences to include the height and type (privacy, chain link, wire, picket or 50% open).
- Temporary use of trailers serving as contractor's offices, on-site storage yards for construction materials and containers for construction debris in conjunction with construction of improvements to real property during the construction period, are permitted in all zoning districts, but limited to 180 days in residential districts. Submittal of site plans of improvements should indicate all locations and setbacks of such trailers.