## APPLICATION FOR ZONING MAP AMENDMENT

## TOWN OF FRANKLINTON

Applicant Information
Name of Applicant:
Address of Applicant:
Phone Number:
Email Address:
Property Information
Address For Zoning Map Amendment:
Tax Map and Parcel ID Number:
Other Description Attached (if applicable)
Name(s) and Address(es) of Owner(s) of Lot Proposed to be Rezoned:
197
Zoning Designation of Adjacent Properties
Property Address:
Zoning District:
Property Address:
Zoning District:
Property Address:

Zoning District:
Property Address:
Zoning District:
(Attach additional sheets if necessary)
Current Zoning Information
Present Zoning District:
Current Use(s):
Proposed Zoning Information
Proposed Zoning District:
Proposed Zoning Uses:

## Acknowledgments

For a rezoning request, the applicant must be an owner of the property proposed to be rezoned. If the applicant is not the property owner, an authorized agent form must be completed and signed by the owner. All required documents and supporting materials must be submitted along with this application.

Signatures	
Signature of Applicant:	
Date:	

Signature of Property Owner (if different from applicant):

Date: \_\_\_\_\_

## Authorized Agent (If Applicable)

If the applicant is submitting this request on behalf of the property owner, an authorized agent form must be completed.

I, the undersigned property owner, hereby authorize the applicant listed above to act as my authorized agent in submitting this request for a zoning change.

Authorized Agent Name:	
Authorized Agent Address:	
Authorized Agent Phone:	
Authorized Agent Email:	
Owner's Name:	
Owner's Signature:	
Date:	C *