FRANKFORD TOWNSHIP

SITE PLAN REVIEW COMMITTEE

APPLICATION #: _____ DATE:_____

APPLICANT NAME:_____

ADDRESS AND PHONE:_____

CONTACT:_____

SURVEY:_____ BUILDING PLANS:_____

TAXES PAID:_____ OTHER:_____

SENT TO:

SHARON TUFARO	**JEFFREY FETTE**	**HAROLD PELLOW**
Zoning Officer_____	**Construction Official_____**	**Twp. Engineer_____**
Returned:_____	**Returned:_____**	**Returned:_____**

COMMENTS:_____

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Application Approved_____ Denied_____