

TOWNSHIP OF FRANKFORD

APPLICATION FOR ZONING PERMIT

* Please use ball pen or typewriter; do not use pencil. Please answer all questions. If the answer is "none", state none.

Date: _____ Block: _____ Lot: _____ Zone: _____

Physical Location: Street (road) _____
nearest crossroad _____

Name of Applicant: _____ Phone No. _____

Address of Applicant: _____
City, State, Zip _____

Owner's Name & Address: _____
City, State, Zip _____

(1) State purpose for which Zoning Permit is requested: _____

(2) Attach two sketches or plot plans showing size of plot, bounding streets; size, sq. footage, type and location of existing and proposed structures and distances to all property lines.

(3) Describe activities conducted in principal building and/or accessory buildings _____:

(4) State whether any of the activities described in Item (3) above are conducted as a non-conforming use. If so, Explain: _____

(5) Has above premises been subject to any prior application to the Zoning Board or Planning Board to the Applicant's knowledge: _____

APPLICATION PERMIT FEE - \$35.00
Must accompany Application

Paid: _____ Date: _____

Collected by: _____

Applicant's Signature