

**CITY OF FRANKLIN
SITE PLAN REVIEW APPLICATION**

Location of Proposed Development: _____ New Map #: _____
Parcel ID (Map/Lot #): _____ Zoning of Parcel: _____

Applicant

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Owner of Record

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Applicant's Agent/Engineer

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Other (if Applicable)

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Development Proposal, Please explain: _____

Information:

Number of Proposed Buildings/Units: _____
Frontage on What Road(s): _____

Services Available: **Sewer** Municipal Septic **Water** Municipal Well

Non-Municipal Services Proposed/Available, Explain: _____

Site in Acres _____ Developable Acres _____

Are waiver's requested, and if so, please fill out attached Waiver Request sheet: Yes No

Zoning Board Approvals Granted: Variance Special Exception Other None

Please Explain: _____

Dates Granted: _____

Does this submission represent an amended plan: Yes No

Date approval Granted: _____

Conditions of Approval: _____

Was a conceptual plan submitted to the Planning Board: Yes No

Date approval Granted: _____

Conditions of Approval: _____

Signature of Applicant: _____

Date: _____

Application Fee: \$250.00

Abutters Notices: \$6.50 per abutter

For Office Use Only

Deadline Date: _____ Actual Date Submitted: _____

Meeting Date: _____

Amount Due Application: \$ 250.00 _____

Amount Due Abutters: \$ _____ Total Number of Abutters: _____

Total Due: \$ _____

Amount Paid: \$ _____ How Paid: Cash Check # _____

Date Paid _____

Is the following information attached to this application:

- Abutter's List, complete with Name, Address, City, State, Zip and Map/Lot #;
- 16 Paper Prints of the Plan (4 Department Review Sheets/12 Member Sheets);
- Letter of Authorization from the Owner of Record; and,
- Waiver's List and explanation.

What Supportive Documentation was submitted: _____

Hearing Dates:	Outcome:

CITY OF FRANKLIN

Three River's City

Location of Development: _____

Tax Map/Lot #: _____ New Map: _____ Zone: _____

Application #: _____

Date Submitted: _____

Applicant: _____

Owner of Record: _____

Agent: _____

	Abutter's Name	Address (C/S/Z)	Map and Lot #
1	_____	_____	Subject Lot
2	_____	_____	Agent
3	_____	_____	. .
4	_____	_____	. .
5	_____	_____	. .
6	_____	_____	. .
7	_____	_____	. .
8	_____	_____	. .
9	_____	_____	. .
10	_____	_____	. .
11	_____	_____	. .
12	_____	_____	. .
13	_____	_____	. .
14	_____	_____	. .
15	_____	_____	. .
16	_____	_____	. .
17	_____	_____	. .
18	_____	_____	. .
19	_____	_____	. .
20	_____	_____	. .

Provide Additional Pages if necessary.