



Town of Franklin

Change of Classification Application

P.O. Box 1479
Franklin, NC 28744
828-524-4540

Name of Applicant _____

Address of Applicant _____

Owner of Property _____

Location of Property _____ Size of Property _____

Parcel Number _____ Current Zoning Designation: _____

Current Use Classification _____

Requested Change in Use Application _____

Type of Home Occupation _____

Current Development on all Adjoining Lots:

North _____

South _____

East _____

West _____

Site served by Municipal Water Yes No

Site served by Municipal Sewer Yes No

I certify that all information provided in this application is accurate to the best of my knowledge, information, and belief. Furthermore, by signing this request, I agree to the conditions as outlined in the attached Home Occupation Checklist.

Signature of Applicant

Date

For Office Use Only:	
Approved ___ Denied ___	By: _____ Date _____
Inspection Date: ___/___/___	By: _____
Comply: _____	Non-Comply: _____