



# RV Temporary Use Permit Application

P.O. Box 1479  
Franklin, NC 28744  
828-524-2516

Permit Number --

Applicant: \_\_\_\_\_ Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Town of Franklin Limits ETJ

Zoning District of Property: \_\_\_\_\_ Flood Zone: Yes No

Macon County Building Permit Number: \_\_\_\_\_

Type of Unit: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Town of Franklin Water: Yes  No  Town of Franklin Sewer: Yes  No

**Please attach a plat plan showing lot sizes, boundary dimensions, and setbacks from each property line. After construction is complete all utilities must be disconnected from the temporary use. The unit can no longer be used as an occupied dwelling after 60 days. For more info check Chapter 152.090 (I) of the Unified Development Ordinance.**

**Certification: I certify that the information provided is true and correct to the best of my knowledge. I hereby grant permission to the Town of Franklin to conduct Zoning inspections on this property to ensure compliance with all the applicable Zoning Ordinances of the Town of Franklin.**

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied  Zoning Official: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	
Tap fees Paid: Yes No N/A	Downtown Fire Limits: Yes No
Inspection Date: ___/___/___	Amount Paid: \$_____
Expiration Date: ___/___/___	Receipt Number: _____
Notes: _____	
Inspector: _____	