

City of Franklin, Ohio
 1 Benjamin Franklin Way
 Franklin, OH 45005
 937.746.9921



APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

PROPERTY INFORMATION		
Property Address:		
Business Name:		
Projected Opening Date:	Number of Employees:	
Type of Business:	Total Sq. Footage of Use:	
Is this a _____ New or _____ Existing Use?	Total Number of Parking Spaces:	
Detailed Description of Previous Use:		
Detailed Description of Proposed Use:		
Will there be Alterations to Existing Structure? Yes No Will there be New Signage? Yes No See City of Franklin Building & Zoning Dept regarding required permits.		
Will there be massage services provided on the premises? Yes No		
APPLICANT INFORMATION		
Name:		
Address:		
City:	State:	Zip: Phone:
Email:		
PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT)		
Name:		
Address:		
City:	State:	Zip: Phone:
Email:		
If Applicant is not the owner of the subject property, owner needs to sign application or provide a notarized letter of authorization from the property owner(s) designating the applicant as the representative. By signing this application, I attest under penalty of law that all the information provided with this application is correct to the best of my knowledge.		
Print Applicant Name	Signature	Date
Print Owner Name	Signature	Date
OFFICE USE		
Current Zoning District: _____	Previous Business Name: _____	
Proposed Use: _____	Previous Use: _____	
Notes: _____		
This application for Certificate of Zoning Compliance is hereby: APPROVED DENIED		
Zoning Reviewed By: (Print Name)	Signature	Date