

**TOWN OF FRANKLIN  
BOARD OF APPEALS  
VARIANCE APPLICATION**

VARIANCE REVIEW .....\$400  
(fee is nonrefundable after application is submitted)

Property owner(s) Name & Address \_\_\_\_\_

Phone \_\_\_\_\_ fax# \_\_\_\_\_

Petitioners Name & Address \_\_\_\_\_

Phone \_\_\_\_\_ fax# \_\_\_\_\_

Email address/ Cell Phone of contact person: \_\_\_\_\_

Address or Location of Variance Request \_\_\_\_\_

Parcel(s) numbers \_\_\_\_\_

Property Zoning is now \_\_\_\_\_

Variance Requested \_\_\_\_\_

Justification for Variance request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

One Digital File and 5 copies of scaleable site plan has been submitted \_\_\_\_\_

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***Office use only***

Has pre-application consultation been completed? \_\_\_\_\_

Date Variance was filed \_\_\_\_\_

Time Variance was filed \_\_\_\_\_

Person certifying date and time of submittal \_\_\_\_\_

Application Number \_\_\_\_\_