

# Franklin County Planning and Zoning Department

## Address/District Verification

*Submit the following information:*

**1. Completed Application**

**2. \$35 Review Fee**

Section A: Applicant Information		
Applicant Name		
Mailing Address		
City, State, Zip +4		
Phone	Email	
Section B: Property Location and Description		
Township(s) <div style="text-align: right; margin-top: 5px;">North</div>	Range(s)	Section(s)
Tax/Parcel ID Number(s) (16 Digits) <b>**REQUIRED**</b>		
Road Name		
Subdivision Name(s) & Lot Number		
City & Zip Code		
Section C: Purpose of Request		
<input type="checkbox"/> Address Verification <input type="checkbox"/> District Verification                Which District? _____		
Additional Comments (if any):		
Signature of Applicant X		Date

***Office Use Only***

Paid Date	Amount Paid	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____
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