

## Franklin County Planning and Zoning Department

### Second Dwelling Agreement

**Submit: Completed Application, Sketch Plan, General Warranty Deed, and Application & Recording Fees - \$84**

Applicant Name		
Marital Status (Required)		
Mailing Address		
City, State, Zip +4		
Phone	Email	
Township	North	Range
Tax/Parcel ID Number (16 Digits)		Section
Development Site Address		
Zoning District	Political Township	Total Acres
Subdivision Name		
<p><b>I am requesting to place a second dwelling on the property listed above. I agree to abide by the following conditions:</b>  <b>1) the new dwelling being built for occupancy by my family and I will receive an approved final building inspection within one year of the approval of this permit. I may request in writing one 6-month extension; 2) the pre-existing dwelling, now occupied by my family and I, will be removed from the premises within 60 days of the final building inspection; 3) all applicable requirements of the Franklin County Building Codes, Planning &amp; Zoning Land Use Regulations and all appropriate state agencies will be complied with.</b></p>		
Signature of Applicant ➡		Date
Printed Name of Applicant ➡		
<p>STATE OF MISSOURI, County of Franklin }</p> <p style="text-align: center;">On _____, 20_____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that _____ executed the same as _____ free act and deed. <b>IN TESTIMONY WHEREOF</b>, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year last above written.</p> <p style="text-align: right;">_____ Notary Public</p>		
<b>Office Use Only - To Be Completed Upon Approval</b>		
<p>Your request to place more than one dwelling on a single tract of land on a temporary basis is hereby granted, subject to the conditions to which you hereby agree as evidenced by your signature above. This request shall in no way be interpreted to be a variance or exemption to Franklin County Unified Land Use Regulations and may be revoked for just cause.</p>		
Signature of Planning Director ➡		Date
Printed Name of Planning Director ➡		

**\*\*ONCE COMPLETED, THIS FORM IS NOT AVAILABLE TO THE PUBLIC\*\***

**Application Addendum**  
*Applicant/Signer Information Form*

\_\_\_\_\_  
Full Name (First, Middle(s), and Last)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address (if different than application) – **CANNOT BE P.O. BOX**

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

CLOSED RECORD