

# CITY OF FRANKLIN – SECONDARY PLAT OF EXEMPT REPLAT

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Case No.: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_

## Application for Secondary Plat of Exempt Replat

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Applicant's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
\_\_\_\_\_

Premises Affected (common address – attach recorded legal description):

\_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Existing Number of Lots: \_\_\_\_\_ Proposed Number of Lots: \_\_\_\_\_

Area (in acres): \_\_\_\_\_

The above information and attached exhibits, to my knowledge and belief, are true and correct.

\_\_\_\_\_  
Applicant's Signature

State of \_\_\_\_\_  
SS:

County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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## Affidavit & Consent of Property Owner

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I (WE) \_\_\_\_\_

after being duly sworn, depose and say:

1. That I (we) are the owner(s) of real estate located at:

\_\_\_\_\_

Common Address	City	State	Zip
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2. That I (we) have read and examined the application and are familiar with its contents.
3. That I (we) have no objections to, and consent to such request as set forth in the application.
4. That such being made by the applicant is (is not) a condition to the sale or lease of the above referenced property.

\_\_\_\_\_  
Owner's Name (Please Print)

\_\_\_\_\_  
Owner's Signature

State of \_\_\_\_\_

SS:

County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public