

**REQUEST TO WAIVE REQUIREMENTS OF THE
CITY OF FRANKLIN SUBDIVISION CONTROL ORDINANCE**

PETITIONER INFORMATION

Case Number: PC 20_____ - _____

Property Address: _____

Subdivision/Project Name: _____

Petitioner's Name(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Article of Subdivision Control Ordinance: _____

Title of the Article: _____

Reasons: _____

Signature of Petitioner

Date

OFFICE USE ONLY

This Request for a waiver of Article _____ of the City of Franklin Subdivision Control Ordinance has been . . .

Approved

Approved w/ conditions

Denied

...by the City of Franklin Plan Commission on the _____ day of _____, 20 ____.

Signature of Plan Commission President

Date