

CITY OF FRANKLIN

BUILDING PERMIT RENEWAL APPLICATION

Please complete the entire application, failure to do so will delay processing of the application. PLEASE PRINT LEGIBLY AND IN INK. The application must be signed and dated. The application must be signed by the owner or a letter of authorization must be submitted by the owner and attached to this application. Note: If you are filling/filing this application after your original permit has already expired, you may be required to fill out a new building permit application. Applications expire one year from the date of the original application.

1. The building permit for which this renewal application is being submitted was issued:
 - a. Date: _____ (Date of original permit issuance)
 - b. Permit No.: _____
 - c. Address: _____
 - d. Name: _____
2. Location of the property for which this permit is being completed for:
 - a. Tax Map/Lot # _____
 - b. Zoning: _____
3. Owner of the property:
 - a. Name _____
 - b. Address (Physical) _____

 - c. Phone _____
 - d. Cell phone _____
 - e. Email address _____
4. Person completing this application, if not the same as owner:
 - a. Name _____
 - b. Address (Physical) _____

 - c. Phone _____
 - d. Cell phone _____
 - e. Email address _____
 - f. Relationship to owner _____
5. Has a renewal permit already been issued for this property: ☐ Yes ☐ No

Date of 1st Renewal and Permit No: _____ RN _____

Date of 2nd Renewal and Permit No: _____ RN _____

~ Continued on back~

You MUST complete questions 6-9 on the back of this form.

6. Write a brief description of what the initial building permit was issued for:

7. Write a brief description of what the work has not been completed and the reason why a renewal permit is being applied for, note any changes, including, but not limited to, new builder, electrician or plumber:

8. What percentage of the work has been completed? _____ % complete

9. Signature: _____ Date: _____

☐ Approved: Date _____

☐ Denied: Date: _____ Reason for Denial _____

Zoning Administrator's Signature _____ Date: _____