

FRANKFORD TOWNSHIP

SITE PLAN REVIEW COMMITTEE

APPLICATION #: _____ **DATE:** _____

APPLICANT NAME: _____

ADDRESS AND PHONE: _____

CONTACT: _____

SURVEY: _____ **BUILDING PLANS:** _____

TAXES PAID: _____ **OTHER:** _____

SENT TO:

Zoning Officer _____ **Construction Official** _____ **Twp. Engineer** _____
Returned: _____ **Returned:** _____ **Returned:** _____

COMMENTS: _____

Application Approved _____ **Denied** _____