PLANNING AND SUSTAINABILITY DEPARTMENT

Bob Martin, AICP
Interim Planning Director

HISTORIC
FRANKLIN
TENNESSEE

Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

ACTION REQUEST – REQUEST FOR EARLIER AGENDA

Completed requests received by the first of the month will be placed on the following month's agenda (example: request received on April 1 will be placed on May's agenda)
No landscaping can be placed on agendas for the months of February; March; July; August; September; December. Landscaping limited to maximum 25% reduction when at least 50% complete.

_____
Date Submitted

_____
Complete name of project – indicate whether site plan or final plat.
Where applicable, include subdivision, section, revision, lot number and name of building.

_____
TYPE OF IMPROVEMENT
A separate action request must be submitted for each improvement.

I (we) request that the following action be taken on this agreement:

_____ Release

_____ *Reduce and extend to _____ *(six mos to one year)*

_____ Extend to _____ *(six mos to one year)*

SIGNED:

_____
Developer or Representative

This section not for landscaping.
If requesting reduction, indicate amount complete:
_____%
If requesting reduction and less than 90% complete,
estimate remaining amount to complete this improvement:
$ _____
*Reductions shall not exceed 75%, or minimum maintenance amount.

***See new guidelines for details related to reductions at** http://www.franklintn.gov/home/showdocument?id=1709

For a release or reduction to be considered, the following statement must be completed by the developer's engineer, or for landscaping improvements, by the developer's landscape architect. *(Incomplete requests will not be accepted):*

Complete either section A or B and sign/seal and date below:

A: _____ ***(Engineer or Landscape Architect – print name)*** has personally visited this site and affirms that the improvements have been completed in accordance with the plans approved by the Franklin Municipal Planning Commission/City of Franklin.

B: _____ ***(Engineer or Landscape Architect – print name)*** affirms that _____ has personally visited this site and he/she is competent by education and/or experience to inspect, and is under my direct supervision. I further affirm that the improvements have been completed in accordance with the plans approved by the Franklin Municipal Planning Commission/City of Franklin.

SIGNED / PROFESSIONAL SEAL:

_____
Engineer or Landscape Architect (sign and date on seal)

Forward completed request to COF Planning Dept., ATTN: Paula Kortas or fax to 615-791-3257